

Primer on Trauma Informed Care in Schools



This information is provided for educational purposes only to facilitate a general understanding of the law or other regulatory matter. This information is neither an exhaustive treatment on the subject nor is this intended to substitute for the advice of an attorney or other professional advisor. Consult with your attorney or professional advisor to apply these principles to specific fact situations.

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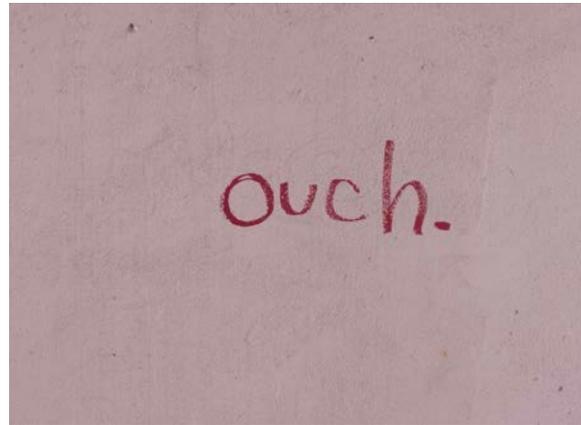
AGENDA

1. Who are we talking about?
2. What is Trauma Informed Care?
3. Why is Trauma Informed Care Important?
4. When do we address Trauma Informed Care?
5. Where is Trauma Informed Care Important?
6. How do we create Trauma Informed Care Classrooms and Schools?
7. Putting the Pieces Together.



**Who are we
talking about?**





Who are we talking about?

- Research suggests that between half and two-thirds of all school-aged children experience trauma.
- According to one National Survey of Children's Exposure to Violence, 61% of children and adolescents age 17 and younger have been exposed to violence in the past year.
- Over one-third of children experienced two or more direct victimizations, and 11% had experienced five or more direct victimizations.

Who are we talking about?

- Children from all races and socioeconomic backgrounds experience and are impacted by trauma.
- Trauma can come in many forms.
- Studies now show that nearly every school has children who have been exposed to overwhelming experiences, such as witnessing violence between their caretakers, being the direct targets of abuse, and other kinds of adversity that considerably impacts learning.



Adverse
Childhood
Experiences



ACEs

ACE Survey

ACE Survey Online



Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household often ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you ever ...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you often feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you often feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents ever separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

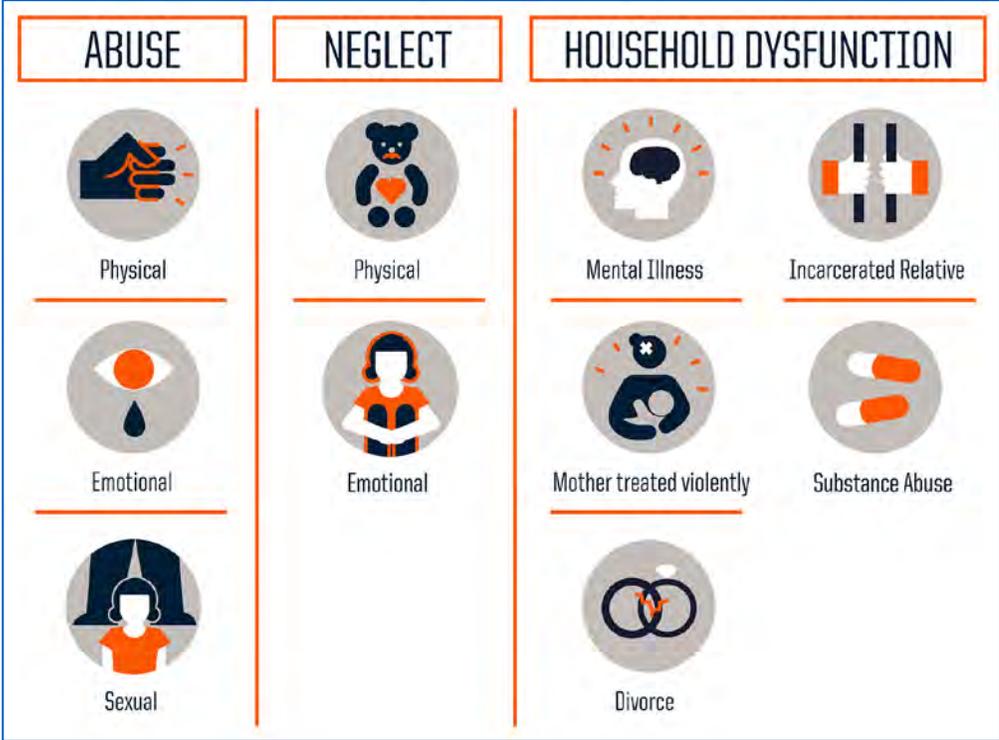
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Adverse Childhood Experiences

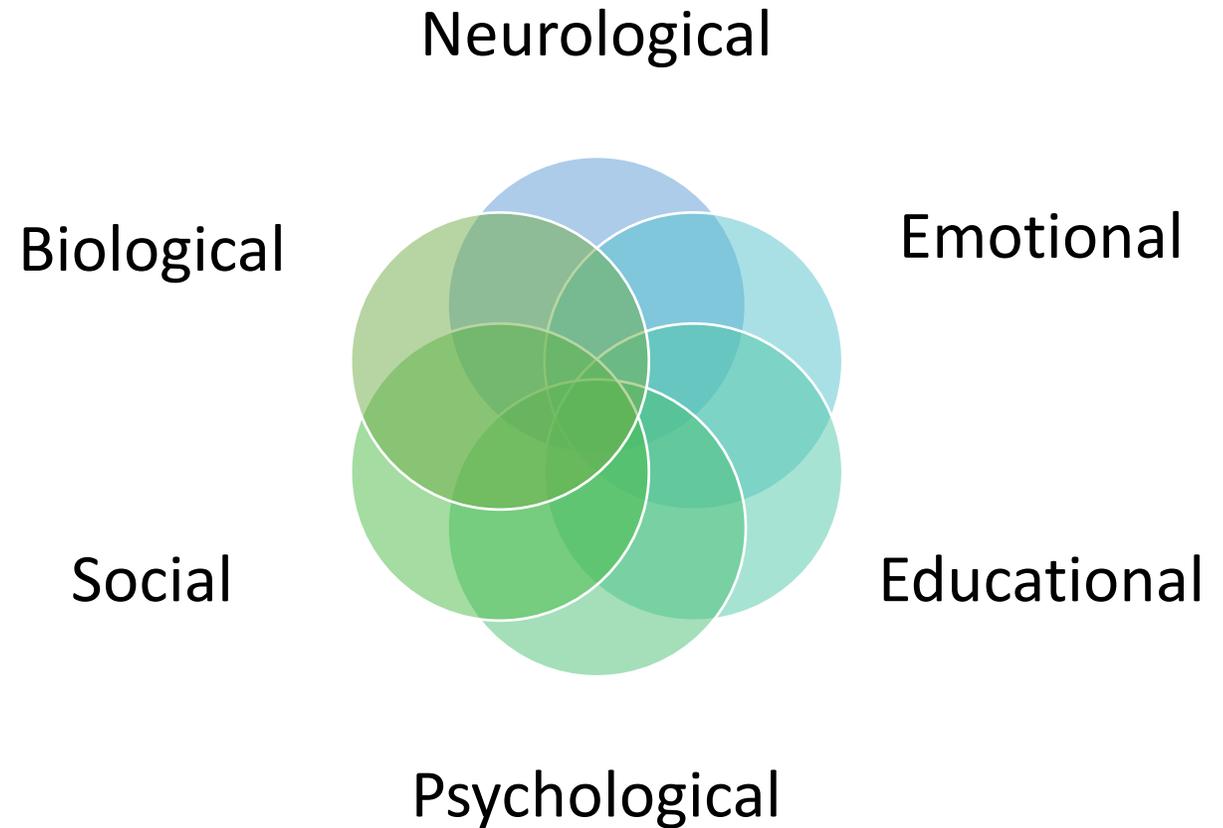
Source: Centers for Disease Control and Prevention Credit: Robert Wood Johnson Foundation



What is Trauma Informed Care?



A framework of thinking and interventions directed by the understanding of the profound and complex impact of trauma



What is Trauma Informed Care?

- Trauma Informed Care requires constant attention, caring awareness, sensitivity, and possibly a cultural change.
- Trauma Informed Care is not accomplished through any single particular technique or checklist
- Schools serve as a critical system of support for children and adolescents who have experienced trauma.
- Schools can create trauma-informed environments that mitigate against the impacts of trauma.

School Responsibilities

Under Senate Bill 11, each district must address in its district improvement plan and adopt a policy on trauma-informed care that addresses methods for increasing staff and parent awareness of trauma informed care; implementation of trauma informed practices and care by staff; and available counseling options for students affected by trauma and grief.



The screenshot shows the TEA website header with the logo and navigation links: [A - Z Index](#) and [Contact](#). Below the header is a navigation bar with icons and labels for [About TEA](#), [Texas Schools](#), [Academics](#), [Finance & Grants](#), and [Reports & Data](#). The main content area includes a breadcrumb trail: [Home](#) / [About TEA](#) / [Other Services](#). The primary heading is **Trauma Informed & Grief Informed Practices**, followed by a sub-heading: **Trauma Informed & Grief Informed Practices**.





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Serving Texas Schools Since 1949

School Safety after Senate Bill 11

Published online in [TASB School Law eSource](#)

Senate Bill 11, passed by the Texas Legislature in 2019, addressed school safety in the wake of tragic school shootings, including an attack in Santa Fe, Texas. The comprehensive bill addressed elements of Texas Governor Greg Abbott's school safety action plan, as well as recommendations from both houses of the legislature following interim hearings on school safety. The bill created a school safety allotment, estimated at \$9.72 per student. The allotment must be used to improve school safety in enumerated ways, including: improvements to school infrastructure; use or installation of physical barriers; the purchase and maintenance of security cameras or other security equipment or technology; employment of school district peace officers, private security officers, and school marshals; collaboration with local law enforcement agencies; school safety and security training and planning; and more.

The bill added requirements and resources with respect to several school safety issues, including major changes in the following areas:

[Threat Assessment](#)

[Parental Involvement](#)

[Mental Health Support](#)

[Safety Planning](#)

[Security Personnel](#)

Threat Assessment

Each district must establish a threat assessment and safe and supportive school team to serve at each campus and adopt policies and procedures for the teams. A model local policy responsive to this requirement appears at a new policy code, FFB(LOCAL), as part of TASB Policy Service's Update 114. A team may serve more than one campus, but every campus must have a team. Together, the team members have requisite expertise in areas such as mental health, safety, law enforcement, special education, and classroom management. The superintendent may assign a district-wide committee to oversee the work of the campus teams.

What do the teams do? The team is responsible for developing and implementing the safe and supportive school program created in accordance with rules to be adopted by the commissioner. In brief, TEA's program will call for a systemic and coordinated, multitiered support system that addresses students' social, emotional, behavioral, and mental health and allows for multiagency collaboration to assess risks and threats in schools and provide appropriate interventions.

Each school board's policy must be consistent with model policies and procedures from the Texas School Safety Center (TxSSC). The TxSSC has posted guidelines online to help school districts get started on threat assessment practices, and TASB and the TXSSC collaborated on the model local board policies in Update 114 to districts' local policy manuals.

Board policy must require each team to receive training from the TxSSC or an ESC and to complete mandatory reports to TEA covering a broad and detailed list of matters including, but not limited to, the professional backgrounds and training of the team members, statistical and demographic information related to the assessments conducted by the team, and specific educational and law enforcement outcomes related to the assessments.

When is threat assessment appropriate? Teams will conduct threat assessments for individuals who make threats of violence or exhibit harmful, threatening, or violent behavior as defined by the law. *Harmful, threatening, or violent behavior* includes behaviors, such as verbal threats, threats of self harm, bullying, cyberbullying, fighting, the use or possession of a weapon, sexual assault, sexual harassment, dating violence, stalking, or assault, by a student that could result in specific interventions, including mental health or behavioral supports or certain school discipline. Teams must: gather and analyze data to determine the level of risk and appropriate intervention for each student, including referring a student for mental health assessment and implementing an escalation procedure, if appropriate, in accordance with district policy; provide guidance to students and school employees on recognizing harmful, threatening, or violent behavior that may pose a threat to the community, school, or individual; and support the district in implementing the district's multihazard emergency operations plan.

If a team determines that a student or other individual poses a serious risk of violence to self or others, the team must immediately report the determination to the superintendent, and the superintendent must immediately attempt to inform the student's parent. This section does not prevent school officials from acting immediately to respond to an imminent threat or emergency.

How do the teams work with law enforcement? Senate Bill 2135 expands the information a school district will receive from law enforcement under Texas Code of Criminal Procedure article 15.27. Upon the arrest or referral of a student to a juvenile board, a law enforcement agency must give written and oral notification to the student's school with sufficient details of the arrest or referral and the acts allegedly committed by the student to enable the superintendent or superintendent's designee to determine whether it is necessary to conduct a threat assessment or prepare a safety plan related to the student. Upon request by the district, the law enforcement agency must provide information, including otherwise confidential information, relating to the student for the purpose of conducting a threat assessment or preparing a safety plan. The bill permits a school board to enter into an MOU with a law enforcement agency regarding this exchange of information.

Parental Involvement

Senate Bill 11 and related provisions focus on the need for school officials to notify parents about risks involving their children and to seek consent from parents before students undergo mental health screenings or receive mental health services.

Notice of threats: As described above, if a threat assessment team determines that a student is at risk of violence, the superintendent must immediately attempt to notify the student's parent. If a district receives a bomb threat or terroristic threat involving a facility where students are present, district officials must provide notice "as soon as possible" to parents whose students are assigned to or regularly use the facility. In addition, a district's emergency operations plan must provide for immediate notification to parents in circumstances involving a significant threat to the health or safety of students.

Information to parents: Senate Bill 11 amends Texas Health and Safety Code chapter 161 on mental health promotion, substance abuse, and suicide prevention to allow districts to provide all parents and families in the district information on identifying risk factors, accessing resources for treatment or support provided on or off campus, and accessing available student accommodations. House Bill 18, effective with the 2020-21 school year, will add to the information that must be shared with parents about available counseling in and out of school.

Consent to treatment: Senate Bill 11 requires that before a student under 18 may receive mental health services by a threat assessment team, parental consent is required on a form provided by the district that complies with state and federal law. In addition, the Texas Child Mental Health Care Consortium created by the new law must develop and post online a model form for securing parental consent for the treatment of minors. The requirement to obtain parental consent before treatment does not apply to school counseling provided pursuant to the Texas Education Code (including academic and guidance counseling and providing information about postsecondary education).

School-based health centers: House Bill 18 expands opportunities for school districts to establish school-based health centers. Mental health services and substance abuse services are added to the possible care available at school-based centers. Parental consent is required before a center refers a student for physical or mental health care, and the consent must clarify whether the referral is for a single visit or a course of treatment.

Mental Health Support

Curriculum changes: Beginning with the 2019-20 school year, health instruction required to be offered as part of the enrichment curriculum must include mental health, including instruction about mental health conditions, substance abuse, skills to manage emotions, establishing and maintaining positive relationships, and responsible decision-making; as well as suicide prevention, including recognizing suicide-related risk factors and warning signs. Starting in the

2020-21 school year, House Bill 18, addressed below, will further expand the mental health emphasis in health curriculum. In addition, the State Board of Education (SBOE) must pass rules to require each district to incorporate instruction in digital citizenship into the district's curriculum, including information regarding the potential criminal consequences of cyberbullying.

School Health Advisory Committees (SHACs): Beginning with the 2019-20 school year, suicide prevention is added to the mental health curriculum about which SHACs must advise. SHACs are charged with recommending strategies and policies to increase parental awareness regarding risky behaviors and early warning signs of suicide risks and behavioral health concerns, including mental health disorders and substance use disorders, as well as available community programs and services to address these concerns.

Starting in the 2020-21 school year, House Bill 18, described below, will clarify that all SHACs should advise on elementary and middle school health curriculum, and also high school health curriculum if the district requires health for graduation. HB 18 calls for the integration of physical and mental health in the health curriculum and expands awareness about e-cigarettes to all substance abuse. School counselors are added to the SHAC membership, and for each campus, the SHAC must post a statement of whether the campus has a full-time nurse or full-time school counselor. This bill also expands the required publication of statements from the SHAC, including a statement of the policies and procedures adopted to promote the physical health and mental health of students, the physical health and mental health resources available at each campus, contact information for the nearest providers of essential public health services, and the contact information for the nearest local mental health authority.

Trauma-informed care: Under Senate Bill 11, each district must address in its district improvement plan and adopt a policy on trauma-informed care that addresses methods for increasing staff and parent awareness of trauma-informed care; implementation of trauma-informed practices and care by district and campus staff using resources and training provided by TEA; and available counseling options for students affected by trauma or grief.

In accordance with rules to be adopted by the commissioner, the required training must be provided to all new and existing employees on a schedule set by TEA, through a program selected from the list of recommended best practice-based programs and research-based practices established under Texas Health and Safety Code. If a school district determines that the district does not have sufficient resources to provide the training, the district may partner with a community mental health organization to provide approved training at no cost to the district.

Inventory of mental health resources: Working through a rubric set by TEA, ESCs will be asked to identify regional resources for training and technical assistance on practices that support the mental health of students; school-based programs that provide prevention or intervention services to students; community-based programs that provide school-based or school-connected prevention or intervention services to students; Communities In Schools programs; school-based mental health providers; and public and private funding sources available to

address the mental health of students. TEA will use the regional reports to create a state inventory by March 1, 2020, and every other year thereafter. TEA must use the information to produce a statewide plan for mental health services, including any changes to the rubric, the results of the regional and statewide inventories, and the agency's goals for student mental health access across the state, including goals relating to: methods to objectively measure positive school climate; increasing the availability of early, effective school-based or school-connected mental health interventions and resources for students in need of additional support; and increasing the availability of referrals for students and families to specialized services for students in need of additional support outside the school.

Texas Child Mental Health Care Consortium: Senate Bill 11 also establishes the Texas Child Mental Health Care Consortium to leverage the expertise and capacity of universities to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents. The consortium will be made up of 13 named health-related institutions of higher education, as well as the Texas Health and Human Services Commission (HHSC), the Texas Higher Education Coordinating Board, and designated nonprofit organizations. The consortium will establish a network of comprehensive child psychiatry access centers housed at the 13 universities to provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region to better care for children and youth with behavioral health needs. Focused on the needs of at-risk children and youth, the consortium will establish or expand telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services.

State appropriations: In House Bill 1, the Legislature appropriated almost \$9 million to HHSC to support children's mental health and \$5 million to expand telemedicine through Texas Tech University. TEA and TxSSC both received additional appropriations to support training and guidance.

More to come: House Bill 18, effective December 1, 2019, and applicable with the 2020-21 school year, emphasizes the need to provide support for mental health awareness and substance abuse prevention in public schools. The bill requires district improvement plans to provide for positive behavior interventions and support, including interventions and supports that integrate best practices on grief-informed and trauma-informed care. Oversight of suicide prevention programs in schools is relocated from HHSC to TEA. Districts must provide for the implementation of a comprehensive school counseling program as defined by law.

HB 18 also alters the existing requirement that "up to" 25 percent of teacher continuing education address specified topics to be a requirement that "at least" 25 percent of teacher training focus on the listed topics, including school climate issues and special populations. By May 1, 2020, SBEC rules must expand and incentivize continuing education for educators in evidence-based mental health first aid training programs or evidence-based grief-informed and trauma-informed care programs.

Finally, under HB 18, a school district can employ or contract with one or more nonphysician mental health professionals—such as a psychologist, a registered nurse with a psychiatric background, a professional counselor, a licensed clinical social worker, or a family therapist—to provide mental health services to students or to advise school personnel on matters of mental health.

Safety Planning

Senate Bill 11 made numerous changes to districts' required multi-hazard emergency operations plans (EOPs) and safety and security audits.

- *Prevention* is added to the issues to be addressed in the plan.
- The TxSSC is now the lead entity defining the scope of EOPs, in conjunction with the governor's office of homeland security and the commissioners of education and higher education.
- Plans must address training for employees, including substitute teachers.
- Plans must ensure employees, including substitutes, must have classroom access to communications devices (like cell phones) in order to reach emergency services.
- Plans must provide measures to ensure communications technology and infrastructure are adequate during emergencies.
- Plans must provide for mandatory drills.
- Safety and security audits must comply with procedures from the TxSSC or registered providers.
- An audit must certify that the district spent its school safety allotment only on the purposes designated for the allotment.
- A district must report the results of its audit to the TxSSC in a report signed by the board or superintendent.
- Plans must include a chain of command for decision-making during emergencies, including a backup if the final decisionmaker is not available.
- Plans must provide for physical and psychological safety in natural disasters, active shooter, and other dangerous situations identified by the TxSSC.
- Plans must ensure safety for students in portables. By January 1, 2020, the TxSSC will issue guidance about best practices for ensuring safety in portables.
- Plans must ensure equal access for students and staff with disabilities.
- Plans must provide for immediate notification to parents in circumstances involving a significant threat to the health or safety of students, including identification of the individual with responsibility for overseeing the notification.

- Plans must provide for the psychological safety of students, staff, and the community during a recovery based on detailed best practices recommended by numerous sources for trauma-informed care and suicide prevention.
- Plans must provide that substitute teachers have access to buildings and materials necessary to carry out the duties of an employee in an emergency.
- Plans must list the names of the members of the safety and security committee and the date of each committee meeting in the preceding year.

School Safety and Security Committee: To the greatest extent possible, the committee will include at least the following: a representative from the county or city office of emergency management where the district is located; a representative of the local police or sheriff; a representative of the school district police, if any; the board president; another board member; the superintendent; superintendent designees including at least one classroom teacher; a member of the governing body or designee from an Open Enrollment Charter School (OECS), if the district partners with an OECS; and two parents. In addition to existing duties, the committee will periodically recommend updates to the EOP and consult with local law enforcement about how to increase law enforcement presence near campuses. Committees must meet at least three times per year (fall, spring, and summer), and are subject to the Open Meetings Act, including relevant exceptions to the Act.

Mandatory drills: By January 1, 2020, the commissioner, in consultation with the TxSSC and the fire marshal, must adopt rules on evacuating and securing facilities and designating up to eight mandatory drills including the number of evacuation fire exit, lockdown, lockout, shelter-in-place, and evacuation drills.

Waiver of operational minutes for training: The commissioner may adopt rules to offer a waiver allowing a district to operate for fewer minutes than required by Texas Education Code section 25.081(a) if the district requires all district educators to attend a school safety training course approved by the TxSSC. The waiver must allow sufficient time for the school district's educators to attend the school safety training course. The waiver may not result in an inadequate number of minutes of instructional time for students or reduce the number of minutes of operation and instructional time by more than 420 minutes.

TxSSC review of EOPs and audits: School districts must submit their EOPs to the TxSSC on request or in accordance with a schedule set by the TxSSC. The TxSSC is required to conduct random or needs-based examinations of the EOPs. Every district's EOP is supposed to be reviewed periodically. The TxSSC will review plans, looking for compliance or deficiencies. If a plan has deficiencies, the district may create a corrective action plan and address the deficiencies within six months. If, however, the district does not take corrective action within six months, the TxSSC must report the district to TEA for appointment of a conservator. Documents submitted for purpose of the review are not subject to disclosure under the Texas Public Information Act.

If the results of a district's audit indicate that the district is not complying with safety standards, the TxSSC may require the district to submit its EOP for immediate review. If a district fails to submit the results of its audit, the TxSSC must issue a warning. If the district does not comply within six months, the TxSSC must notify TEA and the district that the district must conduct a mandatory public hearing regarding noncompliance. The commissioner may adopt rules to provide that if a district fails to submit an EOP to the TxSSC, the commissioner may appoint a conservator to order the district to adopt an EOP. If the district does not comply with the conservator's order, the commissioner may appoint a board of managers for the district.

School facilities: By January 1, 2020, SB 11 requires the commissioner to adopt facilities standards for school districts and OECSSs to ensure instructional facilities provide a secure and safe environment. The standards are to cover both new construction and renovation of existing facilities. Also, in addition to existing reasons for issuing debt, school districts are authorized to issue bonds for retrofitting school buses with emergency, safety, or security equipment and purchasing or retrofitting vehicles to be used for emergency, safety, or security purposes.

Security Personnel

Training for peace officers: Under existing law, school districts with an enrollment of over 30,000 students who commissioned peace officers or used school resource officers had to require their officers to take 16 hours of training on child development, de-escalation skills, restorative practices, and related issues within 120 days of being commissioned. Under Senate Bill 11, this training is required for all school-based peace officers, regardless of district enrollment. Officers will have up to 180 days to complete the training. New board policies to implement this requirement must be adopted by October 1, 2019. Officers employed before September 1, 2019, must complete the training by August 31, 2020.

In addition, under House Bill 2195, all school-based law enforcement officers must take a training course approved by the Texas Commission on Law Enforcement on active shooter incidents as soon as practicable but not later than August 31, 2020.

Duties of peace officers: Senate Bill 1707 requires the board of trustees, in coordination with district campus behavior coordinators and other district employees, to establish the law enforcement duties of peace officers, school resource officers (SROs), and security personnel (collectively "officers"). The duties must be included in the district improvement plan, the Student Code of Conduct, any MOU for an SRO, and any other campus or district document describing the role of peace officers, SROs, or security personnel in the district. School district officers must perform law enforcement duties, which must include protecting the safety and welfare of any person in the officer's jurisdiction and the property of the school district. School districts may not assign officers routine student discipline, school administrative tasks, or contact with students unrelated to the officers' law enforcement duties. Officers may have informal contact with students unrelated to the assigned duties of the officer or an incident involving student behavior or law enforcement.

School marshals: House Bill 1387 lifts a cap on the number of school marshals a school district or private school may appoint. Under prior law, public and private schools were limited to one marshal per campus or per 200 students. Now a public school district and a private school may appoint one or more school marshals per campus.

This document is continually updated, and references to online resources are hyperlinked, at tasb.org/services/legal-services/tasb-school-law-essource/business/documents/school-safety-after-senate-bill-11.pdf. For more information on this and other school law topics, visit TASB School Law eSource at schollawesource.tasb.org.

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Updated October 2019

Why is Trauma Informed Care Important?



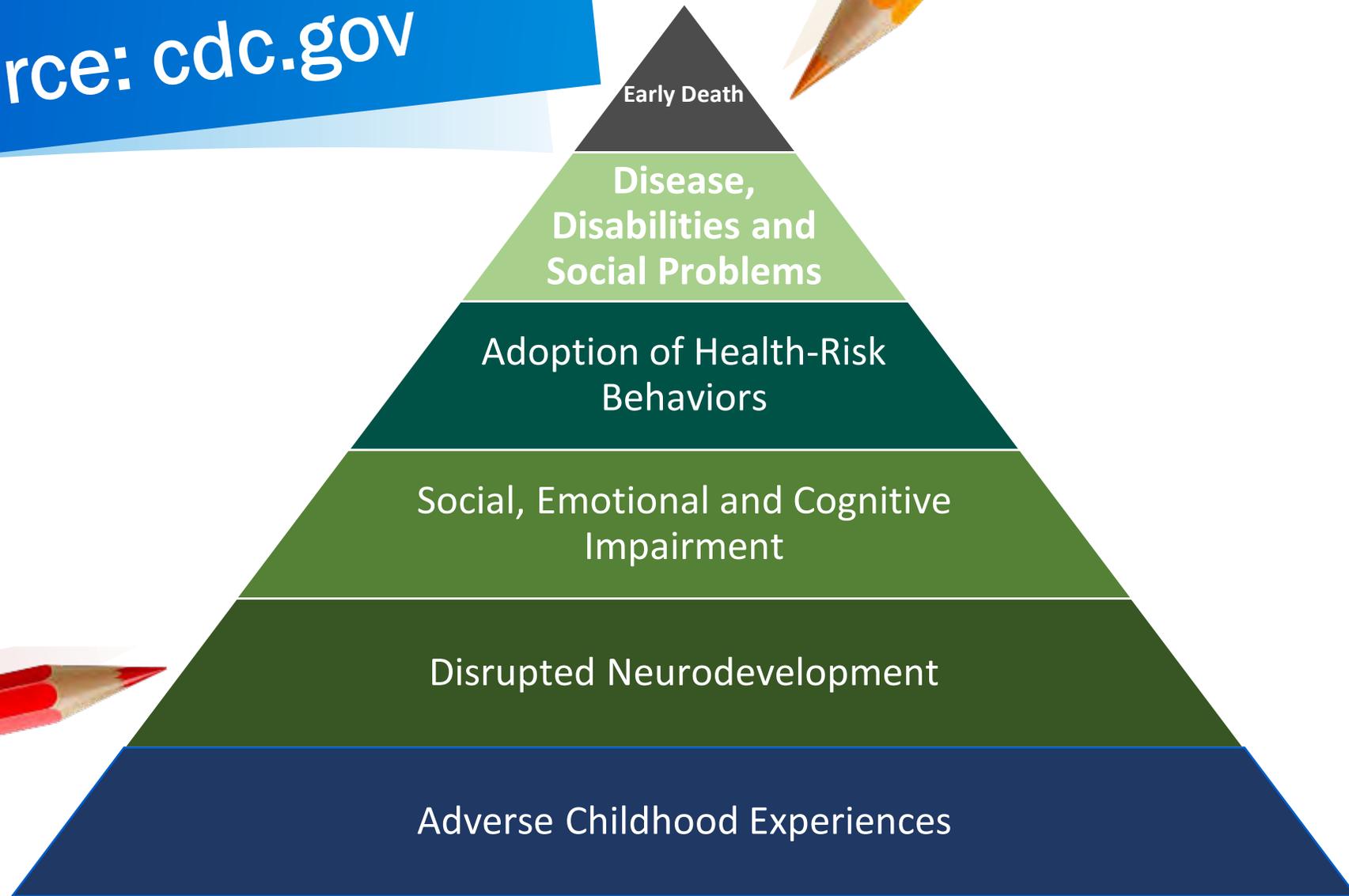
Why is Trauma Informed Care important?

One in four Texas kids (24 percent) have experienced multiple Adverse Childhood Experiences (ACEs)

Source: americashealthrankings.org



Source: [cdc.gov](https://www.cdc.gov)



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-Being Throughout the Lifespan



Conception

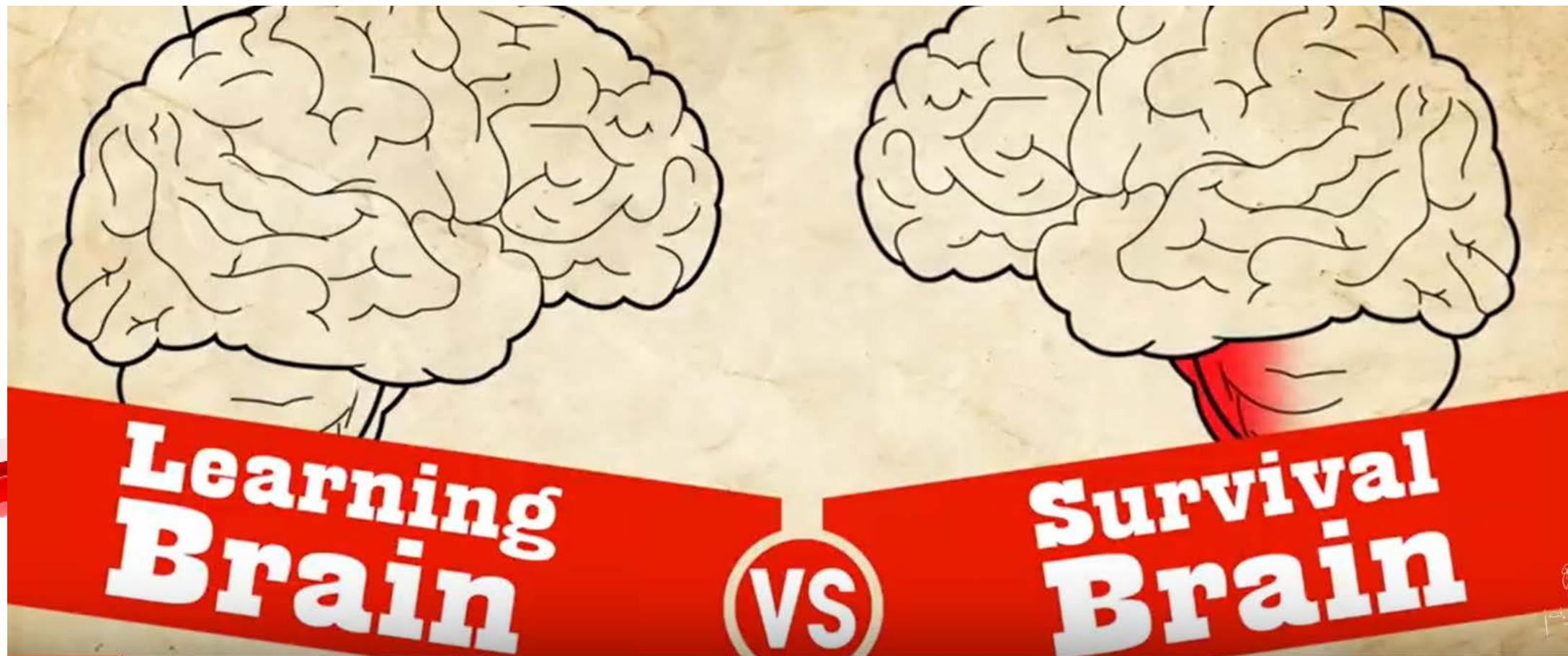
Death

Long-term impacts of ACEs

	Leading Cause of Death	Odds Ratio
1	Heart Disease	2.2
2	Cancer	1.9
3	Chronic lower respiratory problems	3.9
4	Accident	
5	Stroke	2.4
6	Alzheimer's	4.2
7	Diabetes	
8	Influenza and Pneumonia	
9	Kidney disease	
10	Suicide	12.2

Odds Ratios associated with four or more ACEs
(CDC 2015, Felitti 1998)

Big Picture



5 min

When do we address Trauma Informed Care?







**All students need
safe and
supportive schools.**

Where is Trauma Informed Care Important?





What about trauma associated with the COVID-19 pandemic?

- Uncertainty can cause trauma.
- Concerns related to danger and safety surround are children and staff.
- This concern is added to preexisting trauma.
- The pandemic brings new grief, loss and trauma.
- Families experience isolation, economic hardship and unmet basic needs.
- These uncertainties can transform the way schools connect with and support students, families and staff.



Trauma-Informed School Strategies during COVID-19

The uncertainties of the COVID-19 pandemic have challenged school systems, especially educators, staff, and administrators, to transform the ways that they connect with, teach, and support students and families. These changes also offer school systems the opportunity to build on the relationships they have formed with each other and with their students and families. It is possible within this move to largely virtual learning for schools to build resilience and coping skills, provide a much needed sense of safety and routine, and connect with families who might otherwise be isolated and overwhelmed. This document uses the National Child Traumatic Stress Network's (NCTSN) "Creating, Supporting and Sustaining Trauma-Informed Schools: A System Framework," to consider how, in the time of COVID-19, schools can adapt or transform their practices by using a trauma-informed approach to help children feel safe, supported, and ready to learn.

Why a Trauma-Informed Approach during the COVID-19 Crisis?

For most students, educators, staff, and school administrators, COVID-19 raises concerns related to danger, safety, and the need for protection. For some, this danger is added to preexisting trauma, adversity, and disparities. For others, the pandemic brings new grief, loss, and trauma, which may include increased risk for violence and abuse in the home. Many families will experience secondary adversities related to their isolation, economic hardship, and unmet basic needs. A trauma-informed approach is essential to help school communities feel safe and supported during times of danger and adversity. This approach is needed so that students can learn, educators can teach, and staff and administrators can connect and provide needed structure. Using this approach will assure parents and caregivers that the school community is strengthening their child's well-being, thereby allowing families to reinforce the importance of learning.

What Does It Mean to Be "Trauma-Informed?"

The NCTSN defines a trauma-informed system, such as a school, as one where all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, staff and service providers. Educators, staff and administrators infuse and sustain trauma awareness, knowledge, and skills into their school climate, programs and classrooms. They collaborate with all those who are involved with the child, using the best available scientific evidence, to maximize physical and psychological safety, facilitate the recovery or adjustment of the child and family, and support their ability to learn and to thrive.

What is the NCTSN System Framework for Trauma-Informed Schools?

The NCTSN System Framework for Trauma-Informed Schools identifies and describes the essential elements of a trauma-informed school that can help support school personnel in working with children who have experienced trauma. The framework includes core areas of focus for educational system improvements and organizational changes. These core elements can be applied throughout a school system to create a trauma-informed environment. In addition, applying these elements also helps to identify students and school personnel within the school system who are at risk or who might need more intensive support to address their traumatic stress reactions.

Trauma-Informed Strategies for Educators, Staff, and Administrators during COVID-19

Here we use the framework to outline specific guidance for how schools can use a trauma-informed approach while responding to the needs of their students, families and staff during this COVID-19 crisis. The framework presents 10 Core Areas of a trauma-informed school system:

The COVID-19 crisis has taken a toll on everyone. Teachers and school staff in particular are facing additional professional stress. Many of their methods of practice have changed, and they have had to learn new skills and technology platforms while also assuring that they have the necessary means (including internet access) to shift to working from their homes. Additionally, they likely have their own personal stressors such as having their children and other family members at home, facing economic insecurity, or having concerns for their own health and the health of loved ones. As educators and staff began to connect with their students, they may also have felt concerns about their students. For example, some students may attend sporadically or not at all, may be living in less than conducive conditions, or be unable to connect one-on-one. All of these layered issues have the potential to contribute to anxiety, depression, or symptoms of secondary traumatic stress.

Educators and school staff can consider the following strategies during this time, to help reduce the impact of these stressors:

- Practice self-compassion: remember that it is best to take care of yourself before you try to take care of others.
- Take time to check in with yourself to gain insight into any areas where you may be struggling. Once you identify the issues, create a plan to address the issues you can control and work on letting go of the ones you cannot.
- Utilize social supports as needed. Consider planning a virtual coffee break or lunch hour with colleagues or other educators. During these sessions, you might share strategies that are or are not working, talk about what you're cooking or watching on Netflix, and experience a much-needed sense of community.
- Create a routine that includes getting up at a regular time, then getting ready and dressed for the day, and following a work schedule. Incorporate into your day some physical movement, as well as some breaks to connect with others.
- Remember that, as adults, we can be the best guides for how our students and children will do. They are watching and listening to us, so when we take care of ourselves, we're modeling how they can take care of themselves, too.
- Be safe and follow the latest public health recommendations related to hygiene and protective equipment if you must go to the school or into the community for teaching supplies.



Administrators can consider the following strategies to support the well-being of their staff:

- Prioritize the physical safety of the entire school community when making decisions related to re-opening the school or holding any in-person events.
- Ensure the physical safety of all of your staff by following the latest public health recommendations related to hygiene and protective equipment, minimizing exposure as much as possible. Make sure that any staff on the school grounds or conducting school business are provided with the equipment, policies, and enforcement tools they need to maximize their physical safety.
- Check in with your staff both collectively and individually. Encourage them to take time during the school day to manage their stress and take care of themselves and their families.
- Identify and distribute resources for staff who may need additional screening, assessment, and/or treatment for stress, mental health issues, or secondary traumatic stress symptoms. Many mental health resources are now available via tele-health platforms. Identify a range of resources that you can provide for your staff.
- Consider virtual professional development sessions that promote positive ways to cope with stress, and that help staff to understand the signs of secondary traumatic stress and the ways to prevent and address it. Offer wellness activities and promote routine health care and safety.

- Validate your staff members' concerns about their students. Communicate your district's plan for identifying students who need to be located, for helping families who need internet access or hotspots, and for reaching students who may need additional services during this time. It's important for staff to understand the expectations around their roles in reaching students as well as the limits of their responsibilities, and what other supportive methods and resources are available.
- Create opportunities for staff to connect to one another, through peer check-ins or using professional development time to reflect and process.

Creating a Trauma-Informed Learning Environment

Schools create trauma-informed learning environments by promoting the wellness of all students, ensuring they feel safe and supported physically, socially, emotionally, and academically. They do this by promoting healthy interactions among students and staff, and teaching social, emotional and self-regulation skills. These skills and interactions are even more essential during this time.

The relationships with educators and staff are often a substantial asset when motivating students to reengage with learning. Educators, staff, and administrators may consider supporting a trauma-informed learning environment by enhancing previously existing relationships with students and families. It is important to acknowledge that families are all in different places with respect to safety, support, and resources to assist with learning, and incorporating activities that strengthen social, emotional and self-regulation skills.

Educators and school staff can consider the following strategies during this time to help create and strengthen a trauma-informed learning environment:

- Establish a routine and maintain clear communication. These are crucial first steps. Then, empathize with the difficulties resulting from routines that have already changed due to current events. Explain that there will likely be future changes to routines, and that you will communicate ahead of time when it is possible to do so.
- Provide information in digestible amounts. Moving to remote learning can make assignments feel more overwhelming and daunting. Present directions in smaller bites when necessary and encourage students to ask clarifying questions.
- Encourage students to lead the way in sharing what they do and do not understand about their current situation. You can do this by asking open-ended questions, such as, "How are you feeling about not being in school?" Such questions can lead to insight without letting assumptions guide the conversation. Approach students' experiences with curiosity. Aim to clarify misinformation and connect students with other important adults (such as family members) who help them feel safe.
- Show appreciation for students' efforts to complete assignments. Remember that students may be dealing with many different home life situations while trying to maintain their academics. Students may feel embarrassed to share that their personal situation impacts their ability to complete assignments. They may also be feeling vulnerable sharing their home with their classmates online.
- Actively focus on inclusive attitudes during the shift to distance learning. Now, more than ever, students should feel valued and welcomed regardless of their backgrounds or identities.
- Create, and utilize, relational rituals before checking on distance learning assignments with students. For example, students and educators can share one tough moment, one hopeful moment, or one new lesson they learned about themselves during the day. Participating in these rituals can help educators build and maintain connection despite their physical distance from their students.



- Provide opportunities for students to complete social emotional learning practices and wellness activities that affirm their competence, sense of self-worth, and feelings of safety. These activities can promote self-regulation when students are feeling stressed and provide a healthy sense of control over controllable aspects of an overwhelming situation. Some possible social emotional and wellness practices can include the following:
 - Promote self-awareness by having students review a feelings chart and share how they are feeling. To help them communicate their feelings, encourage the use of a scale, such as, “On a scale of 1 to 10, how bored are you feeling?” or “Are you feeling a little lonely, somewhat lonely, or very lonely?”
 - Hold a [Virtual Community Reflective Circle to Build Connection During COVID-19](#)
 - Recommend quick mindfulness or self-soothing exercises such as smelling a flower (to practice taking big, deep breaths) or completing four-corner breathing prior to completing the lesson. Four-corner breathing simply involves inhaling deeply and exhaling deeply four times. Students can complete this breathing exercise by standing up and taking one inhalation and one exhalation while facing each of the four corners in a room.
 - Model and normalize a range of emotions by giving students opportunities to express themselves in nonverbal ways. This may include drawing a picture about how their lesson or day is going or showing the most important thing that happened to them that day.
 - Have students complete a virtual or long-distance appreciation or gratitude circle. Encourage students to write one thing they appreciate about classmates. Add your own, and then give each student the appreciations written about them.

Administrators can consider the following strategies during this time to help create and strengthen a trauma-informed learning environment:

- Encourage teachers and staff to focus on socio emotional learning practices in addition to setting academic expectations.
- Share community resources with teachers that support family well-being (e.g., food and housing) and encourage them to share concerns about families with administration.
- Develop and share pandemic plans (now and future) with teachers; create a plan to share with the entire school community upon return to face-to-face learning.
- Allow space for reflecting on what teachers/staff have learned about their students from seeing their home lives during virtual learning sessions.

Identifying and Assessing Traumatic Stress

Children with identified histories of trauma may be especially vulnerable to the significant changes in schedule, routine and expectations resulting from social distancing, canceled classes, remote learning, and reliance on caregivers for academics. The stressors and conditions of this crisis can place all children at additional risk for trauma and loss.

Other students may also be at additional risk during this time, including those students:

- With a history of anxiety;
- Who have had episodes of depression or suicidal ideation;
- With learning and attention disorders;
- With a history of child abuse or domestic violence;
- Whose families may have lost jobs or income;
- With loved ones particularly vulnerable to the COVID-19 virus;

- Whose caregivers are healthcare workers, or who work in occupations with potential exposure to the virus;
- Whose parents are divorced, separated, or live in different locations;
- Experiencing less supervision because of caregivers' work schedules.



Educators and school staff can consider the following strategies during this time, to help identify which students might be experiencing traumatic stress and need further intervention during this crisis.

- Use existing knowledge of your students to be aware of who may be at greater risk, and find opportunities for short, individual check-ins to see how they are doing.
- Consider doing an activity such as a reflective circle, to provide an opportunity for students to share their feelings about the crisis.
- Note any changes in students' behavior. For example, is a student acting more tired or listless than normal, or having more difficulty concentrating? Is a child who is usually relatively focused now unable to stay with one train of thought? Does a normally social child seem more withdrawn? These may be normal reactions to the change in environment and the current circumstances, or they may warrant further assessment by a mental health professional.

Administrators can consider the following strategies during this time, to help identify which students might be experiencing traumatic stress and need further intervention during this crisis.

- Consider working with school mental health and/or community partners with expertise in trauma to explore ways to identify students who may be experiencing mental health and trauma symptoms associated with the COVID-19.
- In your regular communication with families, it may be useful to normalize the stress and mention ways that mental health professionals can help children or caregivers to cope with that stress. List symptoms that children and families could be experiencing and provide mental health resources.
- Ensure that all staff have been trained to identify reactions of trauma and mental health, and know the procedures for linking a student to additional supports. You may partner with an NCTSN site or local community mental health center with expertise in trauma.

Addressing and Treating Traumatic Stress

Educators are in the unique position of being one of the few, or perhaps only, adults outside of a household to “see” children during this crisis. Of course, teachers cannot be expected to be mental health professionals. But they can use their relationships with their students and their access to them during this time to connect, listen, and help link families to additional services if they suspect that a student is experiencing serious depression, anxiety, or trauma symptoms. Even with remote interactions, educators can provide extra support to these students, and school administrators can support this.

Educators and school staff can consider the following strategies during this time, to help students and families address trauma and mental health symptoms:

- Set up individual conferences via computer or phone to check in with students and ask about their safety and worries.
- If you have developed successful classroom strategies to help a student cope with symptoms at school, consider sharing those strategies with caregivers to help the student have more success while learning at home.
- Talk with the school mental health professionals to better understand how to connect students and families with them when necessary. Ask for consultation about any worries you may have about any particular student.

Administrators can consider the following strategies during this time, to support students and families who may be experiencing trauma and mental health symptoms:

- Work with your school mental health staff to develop a list of mental health resources that families can access from their homes. This list should include a suicide hotline, disaster distress hotline, domestic violence hotline, school mental health staff available by phone or video, and community mental health resources. This list can be distributed to families as well as to educators and school staff.
- Consider offering a virtual professional development in-service that includes some strategies that educators and school staff can use to identify and connect to students and families who appear to be struggling during this time. Ensure that staff understand how a family can access the available resources.
- Develop a partnership with a local mental health agency with some expertise in trauma. People from this agency could offer professional development related to trauma and mental health, be available to students, families, and staff who may need additional support, and help navigate difficult decisions related to issues such as child abuse reporting or suicide assessments.
- Establish routine virtual “hallway check-ins” where staff can check-in with other staff related to student concerns.

Trauma Education and Awareness

The stress, uncertainty, and difficult circumstances created by the threat of COVID-19 are difficult for families. When people are facing stress and difficult life circumstances, it can particularly affect three areas: a sense of safety, feelings of connectedness, and feelings of hope. A sense of safety is the belief that an individual’s needs—and the needs of those they care about—will be met. It is a belief that one will be protected from harm. For the many families that are experiencing or will experience significant income loss, this crisis may also mean food insecurity or an inability to pay rent and bills. And all of these are losses can severely damage a child’s sense of safety. Connectedness refers to having relationships with others who make one feel understood and supported. Since social distancing has been instituted and most public places have been closed, educators have become primary contacts and have been quite creative in helping students feel connected. Finally, hope is the expectation that everything will work out and the feeling that things will be all right. Right now, many people may be feeling discouraged, hopeless, or angry. Schools can play a key role in educating students and families about the impact of safety, connectedness, and hope during these times and offering skills and resources to help.

Educators and school staff can consider the following strategies during this time, to help students and families strengthen their sense of safety, connectedness, and hope:

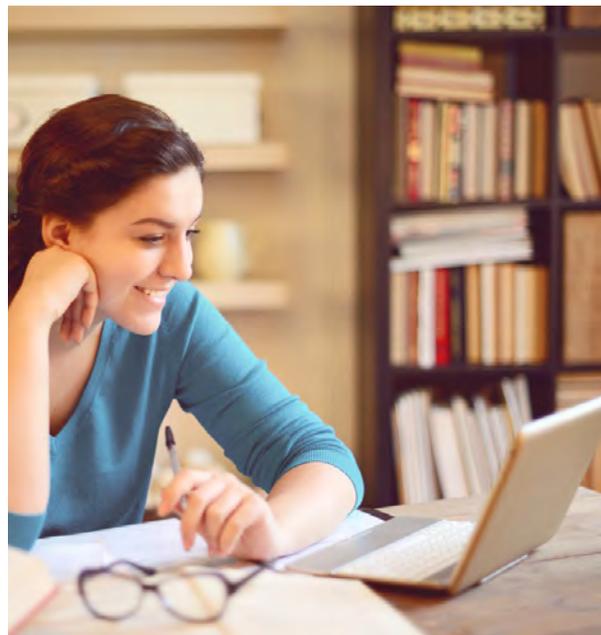
- Reach out, provide space, and encourage students to connect with educators or other trusted adults or counselors to talk about their safety concerns. Offer students a way to connect privately if there is something that they need help with or are worried about.
- Encourage students to talk to friends or family members on the phone or via video chat.
- Suggest that families maintain as much of a regular routine as possible, and plan family activities such as going for walks or hikes or playing board or video games together. Make time to ask students about something fun they are doing right now.
- Greet students by name and create a touch-free or virtual routine (similar to a handshake, a hug or a high five) to invite connection, either online or at meal pick-up.
- Consider putting students together in small groups to work on projects or activities online or by phone. Solving virtual puzzles or doing online scavenger hunts are good examples.
- Have students contact a person in their family or community that they respect and ask that person how they stayed hopeful in troubled times, then ask the student to share what they learned.
- Teach about other historical times of crisis, including how these ended and how communities rebounded.
- Encourage students to get fresh air and to move when possible.



- Share some of the many stories of hope and helping that have come out of this current crisis.
- Share a positive affirmation or a student's strength—it can go a long way right now.
- Let students know that people find help in different ways, including through spiritual beliefs and practices, and encourage students to discuss things that bring them hope.
- Engage students and families in creating rituals and celebrations for the end of the school year.

Administrators can consider the following strategies during this time, to help students and families strengthen their sense of safety, connectedness, and hope:

- Utilize community partnerships and enlist the services of telecommunication companies to help ensure that all students have access to the internet and to a device where they can connect to their classroom.
- Communicate the importance of safety, connectedness, and hope to the district's educators, staff, and families, and share strategies they can employ to strengthen these areas.
- Consider these three areas for school staff, and allow opportunities for them to suggest ways that the school and district can help to increase their own sense of safety, connectedness, and hope during this crisis.
- Consider hosting staff meet-ups or coffee breaks, and supporting ways for different groups of staff and educators to meet in small groups.
- Provide opportunities for staff to share gratitude about others, their experiences at home, or any other relevant experiences that may spark hope in others.
- Engage teachers, staff, and community members in planning for the future, including returning to school in the fall and commemorating milestones, such as graduation or changing schools.



Partnerships with Students and Families

Validated data have already shown that when parents partner with schools, students have better health and academic outcomes. (https://www.cdc.gov/healthyyouth/protective/parent_engagement.htm) During these uncertain times partnering with students and families is even more essential. Each student's physical environment, access to technology and other learning tools, and availability of essential needs such as food is unique. So, in order for any learning and enhanced well-being to occur, caregivers and schools must partner in order to determine and meet the needs of each. Families can also provide support for schools. Parents are taking on tasks formerly performed by school staff, and may have access to resources or skills that could benefit the school. For partnership to thrive in these times, there must be: frequent and clear communication, mutual assistance, and an understanding that the school, its staff, its families, and its students, are all in this together and doing their best. This spirit of partnership can be reinforced through communication of clear, shared goals related to the well-being of the entire community during this time.

Educators and school staff can consider the following strategies for partnering with families to enhance the learning and overall well-being of students and their families:

- Share information with caregivers about how kids might respond to stress, including how stress might play out by age group.
- Emphasize that families need to give themselves some space when emotions run high, and model how to regulate emotions to help children cope.
- Remind families that children become regulated through connection with a calm and regulated person. As a child's anxiety increases, their thinking, learning brain becomes less engaged and their behavior and emotions are difficult to control and manage.

- Encourage families to counter expressions of loss (“I miss soccer,” etc.) with feelings of hope (“Let’s look for the helpers”; “Would you like to help your classmates collect money for the food bank?”).
- Reach out to families and students to determine what methods of communication are most helpful for them and at what time. When checking in, discuss what kinds of supports are typically offered to support their student’s academic learning as well as regulation when at school. Consider offering virtual office hours for students and caregivers.
- Remember that it may have been a long time since caregivers were in school. Consider creating clear daily lists of work for students, with easy-to-follow instructions. Caregivers are not familiar with the jargon and acronyms that normally used with students and colleagues, so try to keep instructions jargon-free.
- Ask caregivers to partner with you. Encourage them to contact you with their needs and special circumstances so that you can develop any work-around that might accommodate their work schedules or home situations.
- Caregivers can also be tremendous resources as we all are adjusting to this pandemic. Share your needs with them and ask for suggestions, resources for yourself or for less-resourced families, or ideas for learning activities or websites that could be shared with the class. Those who are able to contribute ideas or resources will feel valued by the exchange.
- Suggest that families develop life skills such as cooking or gardening, as alternate learning options to promote feelings of control over themselves and their environment as well as feelings of competence and self worth. Perhaps give students opportunities to share these life skills they are learning at home with others in their class too.
- Express gratitude and humility to families for inviting educators to “enter their home.

Administrators can consider the following strategies for partnering with families to enhance the learning and overall well-being of students and their families:

- Send and reinforce the message that schools and families “are in this together.” This can be reinforced by a school’s efforts to continue to feed students and families in need, make learning materials available, and increase access to technology.
- Make the most of this unique opportunity to forge new bonds with families who may not have partnered with schools in the past. This is an opportunity for caregivers to see that the school cares about the well-being of their child, and for the school to appreciate the efforts of caregivers to reinforce academic goals. Schools will have greater insight into their students’ home lives, and caregivers will better understand the daily work that schools do to educate their child.
- Be flexible and understanding if families have difficulties meeting the requests of schools related to their child’s education. Consider holding a virtual town hall and provide other opportunities for families to provide input into what is working and what is challenging for them at this time.
- Consider surveying families to better determine how they are doing, what their needs are, and how schools can support them as they support their child achieve their educational goals.
- Seek and utilize input from a wide range of families on important COVID-19-related decisions such as when and how to re-open a school and with what precautions, how to honor important milestones usually celebrated in school, and to help meet the needs of families in the school community. This might be done through virtual town halls or in smaller (virtual) focus-groups.

Cultural Responsiveness

A whole-child approach is important during normal times, but it’s imperative during a crisis. A whole child approach reflects a school’s willingness to take into account the culture and context that shapes the child and how that context impacts the child’s response to the academic environment. This becomes particularly important during times of crisis. We know that students’ and their families’ stress responses are influenced by past life experiences, prior interactions with systems that are intended to support and protect such as schools and healthcare settings, and their expectations based on their cultural backgrounds. When schools are able to be responsive to this context during crises, it enables students and families to respond to stress with trust for the school system and more control that leads to better decisions. However, when schools fail to recognize the role of culture in shaping student and family responses, unintended consequences can result from well-intentioned actions and become blind spots leading to distrust between students and the schools.

A key to effectively engaging culturally-responsive approaches is to approach student and family interactions with compassion and curiosity instead of judgment. Even when cultural misunderstandings and mistakes occur during interactions, students and families who feel teachers and the school system are acting with compassion are more likely to trust the intentions of educators and work collaboratively to create the best academic experience during a crisis.

Educators and school staff can consider the following best practice strategies during crisis and actively avoid blind spots that can undermine these best practices:



- **Best Practice:** Learn what your students feel is most stressful and most helpful during the crisis by inviting them to share how their families and communities are dealing with the crisis.
 - **Blind Spot:** Don't assume student behavior during the crisis reflects how they feel about the class materials or themselves. This may miss how their behaviors are affected by stress and sources of help that are connected to their family or community.
- **Best Practice:** Believe students' stories about family members and others in their community who did not receive hospital services or who have minimal access to technology to engage in school. Communicate empathy and concern when these stories are shared.
 - **Blind Spot:** Avoid minimizing students' experience by trying to convince them that they are misreading the situation. Also, avoid encouraging them to focus only on the positive; instead, acknowledge inequities or biases that may exist for their families or communities.
- **Best Practice:** Actively seek out resilient behavior from students and reframe cultural responses to stress in an attempt to understand how it serves a purpose for managing crises or thriving after crises.
 - **Blind Spot:** Avoid assumptions that responses to stress can only happen one way. Do not assume, when the student and family are not responding in the way that you feel is best, that their response is wrong.

Administrators can consider the following best practices to support staff, students, and families, while avoiding these common blind spots.

- **Best Practice:** Provide support and guidance for staff to engage conversations about how race, gender, socio-economic status and other important identities are sources of both stress and strength for the student during the crisis. Similarly, remain aware of how these social identities impact levels of stress and hopefulness among staff.
 - Avoid dissuading staff from receiving consultation about topics related to social identity because of fears that this might lead to staff or administration discomfort. Actively share with staff how these experiences may impact students and their families.
- **Best Practice:** Encourage staff to ask colleagues, students, and their families how to make the virtual classroom more welcoming to students and their families during the crisis.
 - **Blind Spot:** Avoid creating a virtual workplace environment for staff that promotes assumptions about students and their families' experiences without checking in to see whether the classroom environment is helping students feel safer and more trusting of the school.
- **Best Practice:** Actively seek to address inequities experienced by students of color within the school and healthcare system by encouraging staff to act as advocates for students' needs and to become particularly attuned to the most vulnerable student needs.
 - **Blind Spot:** Resist the desire to "treat all students the same." Different students have different needs and when we don't acknowledge these unique needs, we risk more significant harm to our most vulnerable students.

We know that when staff and students return to school they will have been through an unprecedented mental health challenge and will have ongoing concerns about their physical and psychological safety. It is important for school administrators, teachers, and support staff to create and communicate the school's plan for dealing with the COVID-19 crisis now and in the future. Schools should partner with staff, families, and older students to create this plan, and should hold ongoing meetings and discussions around what the new normal will look like when students return to school. While it is difficult to know for sure how students will respond to the many stressors they are experiencing, we can anticipate and prepare for a myriad of potential losses including: (1) grief and loss related to death of a loved one as a result of COVID-19; (2) grief and loss related to staff and/or students changing schools for a variety of reasons; and (3) grief and loss over the suspension of many smaller yet important rituals, routines, markers and milestones in their daily lives. We can create a much-needed sense of security and safety for everyone in the school community by: following a well-constructed and clearly communicated plan for returning to school; dealing with ongoing challenges; ensuring that all students have opportunities to learn; and communicating how future crises and needs for closure will be handled.

Educators and school staff can consider the following strategies during this time, to help prepare students and families to return to school in the fall:

- Know what healthy grief looks like and find ways to support your students' feelings.
- Give your students permission to feel their feelings and provide safe opportunities for them to share their feelings and loss experiences related to their COVID-19 experience.
- Create and enhance ways to foster community among students and between you and your students.
- Plan for ways to celebrate accomplishments both while you are meeting virtually and when you come together again in the future.
- Communicate the school's emergency response plan to students and families in developmentally appropriate language. Ensure that they understand the plan for reopening, how students' physical and psychological health will be maintained, and how any future needs for closures and remote learning will be handled.

Administrators can consider the following strategies during this time, to help prepare students and families to return to school in the fall:

- Reinforce confidence in your staff by reminding them that they are valued, and that they have the strength, knowledge and skills to get through this.
- Create a plan for reopening schools that incorporates necessary adjustments to accommodate both physical and psychological safety of the school community.
- Ensure that the school's response plan:
 - Includes educational opportunities for all students during this time, by considering accommodations for students with Individualized Education Plans and/or 504 plans. Those plans may include providing services over the summer.
 - Considers ways to celebrate the end of one academic year before starting the next, especially if the transition to remote learning was sudden.
 - Allows for students to spend at least a day in their former classrooms, so that they may celebrate accomplishments, honor the work they have done in this new way, and more smoothly transition to their next grade level.
 - Addresses how to maintain alternate educational programming if returning in the fall isn't possible or if some students have to remain at home due to compromised immune systems or other risk factors.
 - Adjusts leave policies to allow staff to stay at home due to sick family members, and supports staff who may have been exposed at work and now have to stay at home.
- Provide clear, concise, accurate and timely communication to the entire school community; this increases predictability, a sense of control and feelings of safety for others.
- Give staff timely updates on reopening campuses, and alternatively, what policies are being put into place if it is necessary to continue working from home.

A trauma-informed approach when administering discipline requires that the impact of traumatic life experiences on students' behavior and home life be considered. For all students, the COVID-19 crisis has created a sense of danger and uncertainty that can influence their behavior in different ways. During this time, connection and relationship should take priority over discipline.

Students who have trauma histories, as well as those who are experiencing high levels of stress caused by the COVID-19 crisis, might be less likely to engage in opportunities for remote learning. Approaching these opportunities from a frame of punishment—prioritizing rules and consequences for prohibited behavior—might discourage them even further. Educators can create a safe and welcoming experience for all students by providing consistency and structure, praising students for participation, and modeling a calm and nonjudgmental approach.

During this time, it is also important to reach out to those students who were having disciplinary issues prior to the pandemic. Students who have ongoing difficulties regulating their emotions and behavior might require more support to engage in remote learning during this time and to make the transition back to school in the fall.

Educators and school staff can consider the following strategies to promote a safe and respectful remote learning environment for all students:

- Spend time talking with students about what is needed to create a safe learning environment. Let students take the lead, and consider issues such as comfort using video, ground rules for interacting online, etc.
- Allow relationships and well-being to take priority right now. While it is important to hold high expectations for academic work and appropriate behavior, students will fare best if they know their teachers care about their overall well-being. Address academic and behavioral issues with empathy and support.
- Address disciplinary issues outside of group and class meetings whenever possible, through one-on-one contacts with students.
- Reach out to students who typically have behavioral issues at school, to ensure they are connecting with remote opportunities.
- Adapt restorative justice practices that have been used in the classroom to repair situations and relationships harmed by students' behavior. It is more important than ever for every student to be able to trust and seek appropriate social support from one another during this time, and this might require intervention and mediation by school staff when students lack needed communication and problem solving skills.

Administrators can consider the following strategies during this time, as they balance discipline and accountability with a trauma-informed approach during this crisis:

- Consider how decisions about remote learning requirements will affect students who have experienced trauma, as well as those whose families are hard hit by COVID-19.
- Establish consequences that are non-punitive and aim to support students in learning new behavioral skills, or at least provide clear pathways for appeal. Consider students' life experiences and the potential for re-traumatization when applying consequences.
- Offer supportive services to students who require frequent disciplinary actions, to address underlying causes of their behavior. Ensure that COVID-19-specific challenges are considered, including the family's economic and healthcare situation.
- Provide opportunities for teachers to come together virtually and talk openly, in a confidential space, about their most challenging students—to brainstorm strategies that will work during this time and lay the groundwork for a successful return to school.

Cross-System Collaboration and Community Partnerships

One of the most important ways for school staff and administrators to provide a trauma-informed response to COVID-19 is through active community collaboration. In order to better address the needs of students and families, it will be important for each community to consider the level of collaboration between schools and other child and family serving systems or agencies (e.g., health, mental health, child welfare, shelters, food banks, other supportive non-profits) to determine what creative and relevant supports can be put into place. This is especially important, since it may be difficult for families to ac-

cess needed services that were traditionally brokered through the school, and school staff may be fielding a flood of requests without the availability of usual solutions to assist families.

Educators and school staff can consider the following strategies during this time to enhance collaboration with community partners:

- Identify needed services and supports that could benefit your students and learn how to access them during this time.
- Work with your teams to compile a comprehensive list of needs to share with other staff and administrators.
- Communicate with families as appropriate about resources and supports needed to help their child.

Administrators can consider the following strategies to enhance collaboration with community partners:

- Connect with local child welfare agencies to determine if there are any special procedures for schools to use for reporting during this time, and review these with staff.
- Reach out to trauma-informed mental health agencies, including NCTSN members, to learn about services available to families, such as both telehealth services and in-clinic services to be accessed later.
- Help educators and staff clarify their roles in relation to providing support to families with specialized needs students to minimize the likelihood of caregivers developing secondary traumatic stress.
- Provide procedures for staff to connect families with food banks, shelters, financial assistance agencies, unemployment offices, etc. to help reduce burden and confusion among staff.
- Develop relationships with faith-based communities, recognizing that they may also be tremendous areas of physical and emotional support for families.
- Promote a culture across educators and staff to support families as best they can while also making sure to care for themselves.



Additional Resources

Suggested Citation:

Halladay Goldman, J., Danna, L., Maze, J. W., Pickens, I. B., and Ake III, G. S. (2020). [Trauma Informed School Strategies during COVID-19](#). Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Thank you to the following for providing feedback: Jen Agosti, Amy Foster Wolferman, Gretchen Henkel, Shannon Reagan-Shaw, Nicholas Tise, and Pamela Vona.

For more information about child trauma and child traumatic stress, the National Child Traumatic Stress Network has many resources to help educators and caretakers better understand the impact, consequences and resilience of children and families exposed to trauma. This page is a good place to start.

This resource was inspired by and adapted from an interview of NCTSN members by the Southern Poverty Law Center, [A Trauma-Informed Approach to Teaching Through Coronavirus](#).

Some of the answers above were adapted from the National Child Traumatic Stress Network (NCTSN) publications, including:

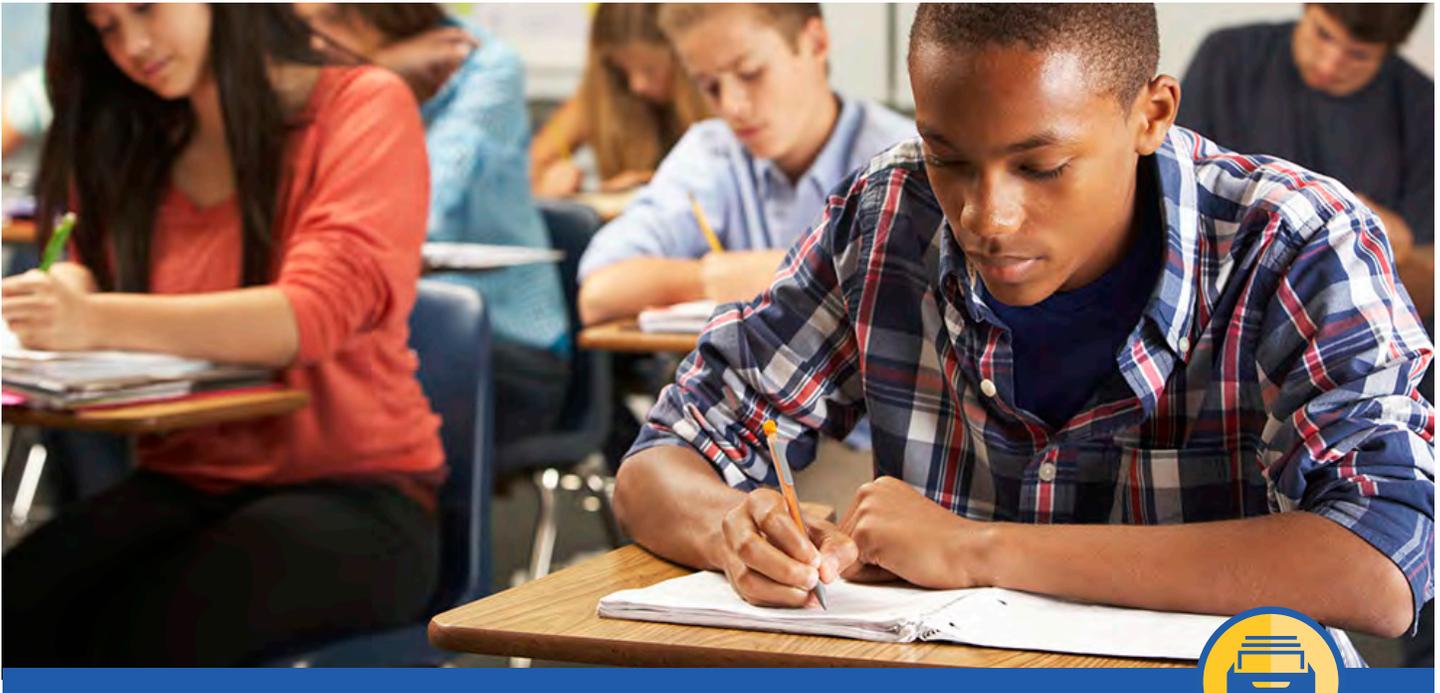
- [Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework](#)
- [Coping in Hard Times: Fact Sheet for School Staff, Teachers, Counselors, Administration, Support Staff](#)
- [Coping in Hard Times: Fact Sheet for Parents](#)
- [Coping Hard Times: Fact Sheet for Youth High School and College Age](#)
- [Child Trauma Toolkit for Educators](#)
- [Secondary Traumatic Stress for Educators](#)
- [Helping Children with Traumatic Separation or Traumatic Grief Related to COVID-19](#)
- [PDFL Recommendations for Holding a Virtual Community Circle to Build Connection During COVID-19](#)

These resources from the NCTSN expand on some of the recommendations above:

- [Parent/Caregiver Guide to Helping Families Cope With COVID-19](#) (available in English, Spanish and Mandarin)
- [Simple Activities for Children and Adolescents Amidst COVID-19 Outbreak](#)
- [Taking Care of Yourself](#)

How do racism and trauma intersect?

- We know there is a link between racism and childhood trauma.
- Many policymakers, journalists, and members of the public have learned or are learning about race, racism, and its impact on children.
- Countless studies have shown the adverse physical and psychological effects of racism on children.
- Racial trauma can involve an “ongoing physical or psychological threat that produces feelings of fear, anxiety, depression, helplessness” (Ponds, 2013). Children are impacted by that trauma.
- When you witness the kind of grotesque violence against someone who in some way resembles you or someone close to you, how can you not feel threatened, afraid, anxious, depressed or helpless?



Addressing Race and Trauma in the Classroom:

A Resource for Educators

PURPOSE OF THE GUIDE

This resource is intended to help educators understand how they might address the interplay of race and trauma and its effects on students in the classroom. After defining key terms, the guide outlines recommendations for educators and offers a list of supplemental resources. This guide is intended as a complement to two existing NCTSN resources—Position Statement on Racial Injustice and Trauma and Child Trauma Toolkit for Educators—and it should be implemented in accordance with individual school policies and procedures.

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1

What Are Trauma and Child Traumatic Stress?

Traumatic events involve (1) experiencing a serious injury to oneself or witnessing a serious injury to or the death of someone else; (2) facing imminent threats of serious injury or death to oneself or others; or (3) experiencing a violation of personal physical integrity. Child traumatic stress occurs when children's exposure to traumatic events overwhelms their ability to cope with what they have experienced. Traumatic events can have a wide-ranging impact on children's functioning and can cause increased anxiety, depression, symptoms of posttraumatic stress disorder, difficulty managing relationships, and, most important for educators, difficulty with school and learning. The traumatic event is what the child perceives as dangerous to himself or his caregiver. This perception varies by age and developmental stage and is particularly important in young children whose sense of safety is closely linked to the perceived safety of their caregivers.

When children and youth experience traumatic events, they often adopt strategies to survive these difficult life situations. Known as "survival coping," these strategies provide a context for understanding youth's behaviors following exposure to traumatic events (Ford & Courtois, 2009). Some strategies are adaptive and foster a sense of safety, for example, avoiding a route home where gun violence is likely to occur. However, a similar strategy in a different situation may instead be maladaptive, such as avoiding going to school for an extended period of time because school has become a reminder of gun violence. This strategy, if continued for a long period, can result in other consequences, such as losing contact with peers and falling behind in school.

2

What Is Historical Trauma?

Historical trauma is a form of trauma that impacts entire communities. It refers to cumulative emotional and psychological wounding, as a result of group traumatic experiences, transmitted across generations within a community (SAMHSA, 2016; Yehuda et al., 2016). This type of trauma is often associated with racial and ethnic population groups in the US who have suffered major intergenerational losses and assaults on their culture and well-being. The legacies from enslavement of African Americans, displacement and murder of American Indians, and Jews who endured the Holocaust have been transferred to current descendants of these groups and others. The result of these events is traumatic stress experienced across generations by individual members of targeted communities, their families, and their community. The impact is not only about what has happened in the past, but also about what is still happening in the present to target a group of people or reminders of historical targeting (Evans-Campbell, 2008).



Historical trauma is best understood from a public health perspective as it has implications for the physical, social, and psychological health of individuals and communities (Sotero, 2006). Patterns of traumatic experiences are highly influenced by the environments that shape us. When shaped by perceived and actual traumatic experiences, they transmit implicit

messages to their children in an attempt to ensure their safety. Social messages imparted range from preparing children for discriminatory experiences to bolstering their pride in their ethnic/racial identity (Mohatt et al., 2014). Caregivers whose family members were directly exposed to historical traumatic events such as slavery and the Holocaust may have inherited biological changes in response to trauma in the form of heightened stress responses (Evans-Campbell, 2008). Furthermore, experiences of historical trauma within a community coupled with individual traumatic experiences can contribute to survival coping strategies that both reflect a community's resilience in the face of continued difficult life circumstances and heightened risks for experiencing community-level stressors such as community violence. Historical trauma provides a context for understanding some of the stress responses that children from historically oppressed communities use to cope with difficult situations.

3

What Is Racial Trauma?

Traumatic events that occur as a result of witnessing or experiencing racism, discrimination, or structural prejudice (also known as institutional racism) can have a profound impact on the mental health of individuals exposed to these events. Racial trauma (also known as race-based traumatic stress) refers to the stressful impact or emotional pain of one's experience with racism and discrimination (Carter, 2007). Common traumatic stress reactions reflecting racial trauma include increased vigilance and suspicion, increased sensitivity to threat, sense of a foreshortened future, and more maladaptive responses to stress such as aggression or substance use (Comas-Diaz, 2016). These traumatic stress reactions are worsened by the cumulative impact of exposure to multiple traumas. This is particularly important for youth in low-income urban communities where there is increased risk for community violence and victimization (Wade et al., 2014).

Racial trauma contributes to systemic challenges faced by groups who have experienced historical trauma (Lebron et al., 2015). For example, according to a recent report from the US Department of Education's Office of Civil Rights, racial disparities persist in our education system: youth of color have disproportionately lower access to preschool, higher rates of suspension from preschool onward, and limited access to advanced classes and college counselors as compared to their white counterparts (US Dept. of Education, 2014). The racial achievement gap, which refers to disparities in test scores, graduation rates, and other success metrics, reflects the systemic impact of historical trauma and ongoing impact of racial trauma on communities of color (Lebron et al., 2015). Strategies for addressing racial trauma have centered on affirming and validating individuals experiencing traumatic stress reactions (Comas-Diaz, 2016). This is most effective when clearly identifying racism as a contributor to distress and supporting student's constructive expression of feelings and healthy self-development (Hardy, 2013).



4

Why Is This Important for Educators?

As students are exposed to the issue of racism through media, daily experience, and history, they need adult guidance to navigate all of the information and experiences. Students need avenues of discussion and information that are factual, compassionate, open, and safe. Youth's resilience and resistance to systemic oppression can be increased by creating an environment that acknowledges the role of systemic racism inside and outside of school, and how that is perpetuated by intergenerational poverty, current community unrest, and intentional targeting of young people of color by those in power.

While all students can be susceptible to distress from direct experience or viewing coverage of traumatic events related to racism, students from racial minority groups may be more likely to experience distress from acts of violence and aggression against people of color (Harrell, 2000). Repeated exposure to trauma-related media stories focusing on perceived racism can impact the student emotionally, psychologically, and even physically. Stories in the media may fail to acknowledge students' history, communities, or shared narratives of resiliency.

What Are the Effects of Racial Trauma by Age Group?

As noted earlier, responses to traumatic events vary according to the child's age and developmental stage. The Toolkit for Educators lists characteristics of trauma responses for children and youth of different ages. The effects of racial trauma add additional layers to these characteristics and are summarized here.

Infants and Toddlers (0-36 months):

Although young children lack the cognitive abilities to identify and understand discrimination and racism they are not spared from their effects (Brown, 2015). These adverse conditions affect young children's development directly and by the deleterious environmental conditions that are created. Infants and toddlers experience developmentally appropriate fears and anxieties (separation, loss of parents, loss of body parts) (Van Horn & Lieberman, 2008). They are aware of sounds and sights in their environments and of their caregivers' emotional states. For young children, their perception of safety is closely linked to the perceived safety of their caregivers (Scheeringa and Zeanah, 1995). Being exposed to racially-motivated traumatic events toward them or their loved ones can be perceived as threats by young children who might respond with physiological or emotional difficulties. In addition, caregivers' own stressors, including the effects of racial trauma, can impact their emotional availability for their children and ability to protect them from danger and stress (Brown 2015, Van Horn & Lieberman, 2008).

Preschoolers (Ages 3-5):

Children in this age range may exhibit behaviors in response to trauma that can include re-creating the traumatic event or having difficulties with sleeping, appetite, or reaction to loud sounds or sudden movements. In addition, if they are exposed to media reports of racial trauma (such as a police shooting), they tend to focus on sights and sounds and interpret words and images literally. They may not fully grasp the concept of an image being repeatedly replayed on television and may think each time that the event is happening over and over again.

School Age Children (Ages 6-11):

Children in this age range often exhibit a variety of reactions to trauma and to racial trauma in particular. Much will depend on whether they have directly experienced an event or have a personal connection with those involved. School-age children tend to view media coverage in personal terms, worrying that a similar event could happen to them. This can lead to preoccupations with their own safety or that of their friends, which in turn can lead to distractibility and problems in school.

Older Students (Ages 12-17):

Youth in this age range typically have a better understanding of events and the implications of issues such as racial trauma. They are also often still forming their identities and their views of the world and their place in it. High school-aged students may become fixated on events as a way of trying to cope or deal with the anxiety that they are feeling as a result. Older students may be exposed to a wide range of images and information via social media as well. They may benefit from discussing ways that they can promote positive changes in their communities.

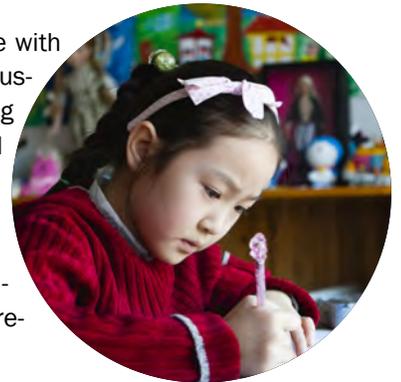
6

What Can Educators Do?

Students cannot divorce themselves from events in their homes or communities simply by stepping into the classroom. This is especially true for students of color who come from communities that experience the effects of historical trauma and ongoing racial injustice. Educators are in a unique position to open up discussion about these issues, to provide guidance and modeling for constructive expression, and thus create the space for a trauma-informed classroom. Below are recommendations about how to proceed.

1

Learn about the Impacts of History and Systemic Racism: In order to constructively engage with students, educators must commit to foundational work to meet students' needs for honest discussion. Recognize that communities of color have had previous negative experiences with "helping systems," such as law enforcement, social and child protective services, mental and physical health care providers, and school systems, and that these encounters can result in significant distrust and be distressing for some students (Vaught & Castagno, 2008; Sotero, 2006). Learn about and prepare to discuss historical traumas perpetrated within the United States as the context for systemic racism in this country, including genocide, forced displacement, colonialism, slavery, Jim Crow laws, boarding schools, segregation enforced through terror, medical "research," etc.



- Understand the culture in which you are working and find cultural references that will resonate with your students. Be aware of your connection to the communities you are discussing. Recognize that even people who are members of the same racial or ethnic group may have very different life experiences, emotions, and responses. Be careful not to generalize about groups of people.
- Understand yourself and your own beliefs, biases, privileges, and responses, because this is an essential foundation for facilitating discussions with students. Take time to do the Implicit Association Test (Project Implicit, 2011) and reflect on what the results might mean about your own personal beliefs, biases, privileges, and/or responses.

2

Create and Support Safe and Brave Environments: Establish a safe and brave environment for discussing emotionally charged issues. This provides opportunities to first acknowledge the impact various traumas may have on students' academic experiences and then to create a safe space to engage academically (Bloom, 1995). A "safe" environment is one that promotes feeling safe both within oneself and from the risk of physical or psychological harm from others. In a trauma-informed classroom, psychological safety is clearly defined for students; potential triggers or trauma-reminders that may undermine psychological safety are identi-

fied; and plans are in place to help youth re-establish psychological safety when being triggered or experiencing traumatic stress reactions (see NCTSN Child Trauma Toolkit for Educators). A “brave” environment is one in which everyone is willing to take a risk in order to authentically engage. You can help students honor both safe and brave environments by doing the following:

- Highlight that all students need to have a sense of psychological safety and trust so that they can express their perspectives and listen respectfully to others’ perspectives, even when there are disagreements.
- Prior to engaging in the discussion, set up options and provide clear directions for managing overwhelming emotional responses related to the discussion. These options could include permission to leave the room or to have a buddy to rely on for debriefing, processing, or support.
- Validate and de-escalate emotions when possible, but also realize that some students, especially those who have experienced complex trauma, often have difficulty identifying, expressing, and managing emotions.
- Check in with students periodically throughout the discussion, to ensure that they are managing emotional experiences in a healthy manner and that they continue to feel safe.
- Learn to recognize when a student’s emotional responses can no longer be managed safely in the classroom setting and know how and to whom to refer for clinical intervention.

3

Model and Support Honesty and Authenticity: Be truthful and acknowledge that exploring and discussing race and experiences related to historical and racial trauma can bring up emotions for all students. Supporting students’ ability to manage these emotions involves helping them develop skills to authentically express themselves (Singleton, 2014; Dickinson-Gilmore & La Prairie, 2005). Help students define racism, bias, privilege and inequalities so they can develop common language for discussion. (See the Definitions Sidebar.)

- As an educator, remember you don’t have all the answers. That’s okay. Learn to say “I don’t know” or invite others to share their own answers instead.
- Be authentic and respectful with your students. It is natural to worry whether you are saying “the right thing.” However, respectful authenticity is often more important because the chief contributor to a psychologically safe classroom is learning to have honest, albeit hard, conversations in healthy and constructive ways.
- Use processes (such as restorative or dialogue circles) to facilitate and support authentic discussions, even when conflict may be at the core.
- Practice by having conversations with other colleagues or staff before

YOUNG CHILDREN

Helping young children process racially traumatic events will require practicing different skills, some of which are summarized below. For educators working with young children,

Consider that changes in behavior and mood might be the result of exposure to stressors, including instances of racial trauma affecting the child’s family.

Provide a physical space for the child to feel safe

Support predictability in routines.

Help to connect behaviors with emotion by verbalizing possible feelings.

Support the children’s caregivers.

Provide opportunities for emotion and body regulation by helping children calm their bodies and minds when they become upset.

Create developmentally appropriate and welcoming environments that impart messages of inclusion and diversity to children and their caregivers.



attempting dialogue with students. Get comfortable modeling the ability to have – and stay in – hard conversations. Differences of opinion, expression of real emotions, or challenging perspectives do not need to signal an end to conversation. Hearing others speak their truth can be painful, but this often means you are likely having honest conversations.

- Offer a variety of ways for students to deal with their emotions in productive, constructive, and meaningful ways. Consider devoting time to physical activities, art, music, and/or quiet time following these discussions.
- Honor and respect differences in emotions and responses just as you do differences in perspectives. Remember that no one has control over the impact their words have on others. Avoid responding angrily or defensively if someone interprets your – or someone else’s – words differently than they were intended. As best as possible, attempt to clarify.

4

Honor the Impacts of History and Systemic Racism: Recognize that some students may be triggered when learning about or studying historical events related to racism. Honor their emotional responses and permit them to connect with support when needed. If discussing their perspectives will promote greater classroom psychological safety, leave time for discussion. In this case, students can be invited to share their own family and community stories, especially when learning about or studying this history in the classroom. Acknowledge that the impact of historical racism does not live in the past, but is an active part of the present.

- Help students and colleagues understand the connection between historical trauma, systemic racism, and community trauma in communities of color.
- Understand the culture in which you are working and find cultural references that will resonate with your students.
- Give students opportunities to share cultural stories and experiences in a variety of ways, such as using art and music, to validate their worldviews and give them an opportunity to develop their own interventions for coping and healing.
- Offer empathy and understanding to students who express distrust and distress, as these emotions are key to acknowledging the past hurt. Validate and honor students’ experiences and emotions rather than trying to convince them that they no longer have a rational reason to feel that way. Avoid telling them that their past experiences should not affect their current beliefs.
- Use local and/or national issues to highlight the pervasive harms of racism on individuals and on communities.

5

Encourage and Empower Students as Leaders: Support students in their efforts to become engaged and promote healing in their school and home communities. Helping students feel empowered can promote wellbeing and counteract traumatic stress reactions that increase feelings of helplessness (Hardy, 2013).

DEFINITIONS

Racism

The belief that all members of each race possess characteristics or abilities specific to that race, especially so as to distinguish them as inferior or superior to another race or races.

Institutional Racism

A system of privileges or disadvantages placed on one group by another group supported by such entities as government institutions, laws, policies, etc.

Discrimination

Action for or against an individual or group by an individual based on group membership.

Bias

Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.

Privilege

A special right, advantage, or immunity granted or available only to a particular person or group of people.

Inequities

Lack of fairness or injustice.

Stereotype

A real or imagined trait of an individual applied to a group.

Prejudice

A conscious or unconscious assignment of positive or negative value to the (perceived) traits of a group.



Merriam-Webster's dictionary (11th Ed.). (2016).
Springfield, MA: Merriam-Webster.

- Study various movements in racial and social justice history to illustrate how individuals can make a difference.
- Help students think broadly about their options and opportunities for leadership. Some options might include organizing dialogues, small gatherings, or school events to discuss race and trauma, and to advocate for equity and inclusion; volunteering with local grassroots organizations; or helping to make messages of equity and inclusivity visible on school grounds, such as designing and displaying posters.



- Engage students directly and support student-led activism to help students experience teachers as allies. This can further enhance the learning experience, applying lessons learned in a meaningful manner as well as deepening trusting relationships.
- Create and support student-led activities and organizations that teach leadership skills through action. Make sure the activities are truly led by students and give them space and permission to be creative and heard.

6

Care for Yourself: Be introspective and reflective to better understand your own beliefs, ideas, and responses. Working with students who exhibit traumatic stress reactions in response to historical and racial trauma can be emotionally and psychologically draining for educators. Seek out assistance and secure support for yourself when needed (Keengwe, 2010; Carter, 2007).

- Reflect on your own identity and worldview, regardless of your race or cultural identity. Consider sharing reflections with other staff or colleagues and discuss about how your identity and worldview may impact your beliefs, biases, experiences, and responses.
- Keep in mind that these conversations about race and historical trauma, whether with colleagues or students, are often challenging, regardless of your race. Working to maintain a safe and brave environment for students while facilitating these discussions can add additional stress, difficulty, and exhaustion.
- Seek out various allies to help you process and grow as you address race and trauma in the classroom. Consider identifying allies who are of different races and cultures as well as those with whom you share racial or cultural experiences.
- Do what you can to process the stories, experiences, and images that bother you most with your colleagues and peers before engaging your students. Make sure you're emotionally ready to hear students' perspectives.
- Be ready to consult with parents, mental health staff, and community partners for assistance when addressing these types of issues in the classroom.
- Form a staff or colleague "buddy system" to practice using trauma-informed and culturally- responsive language and creating a safe and brave environment for students to discuss race.



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ADDITIONAL RESOURCES

The following resources may also be useful to educators, although they do not necessarily reflect the views and opinions of the NCTSN.

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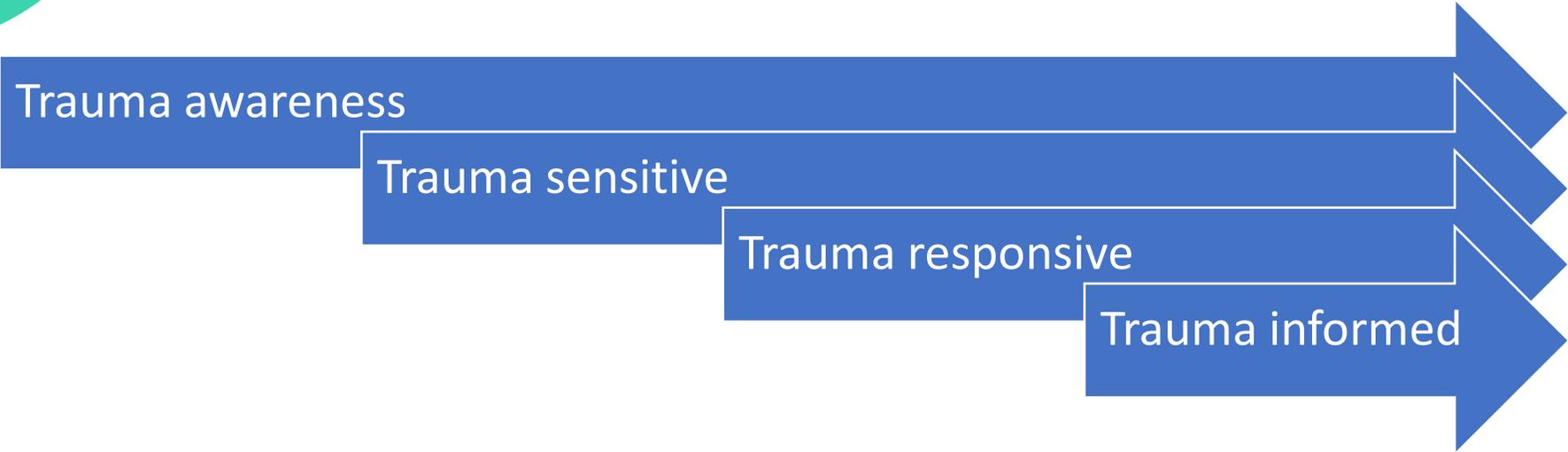
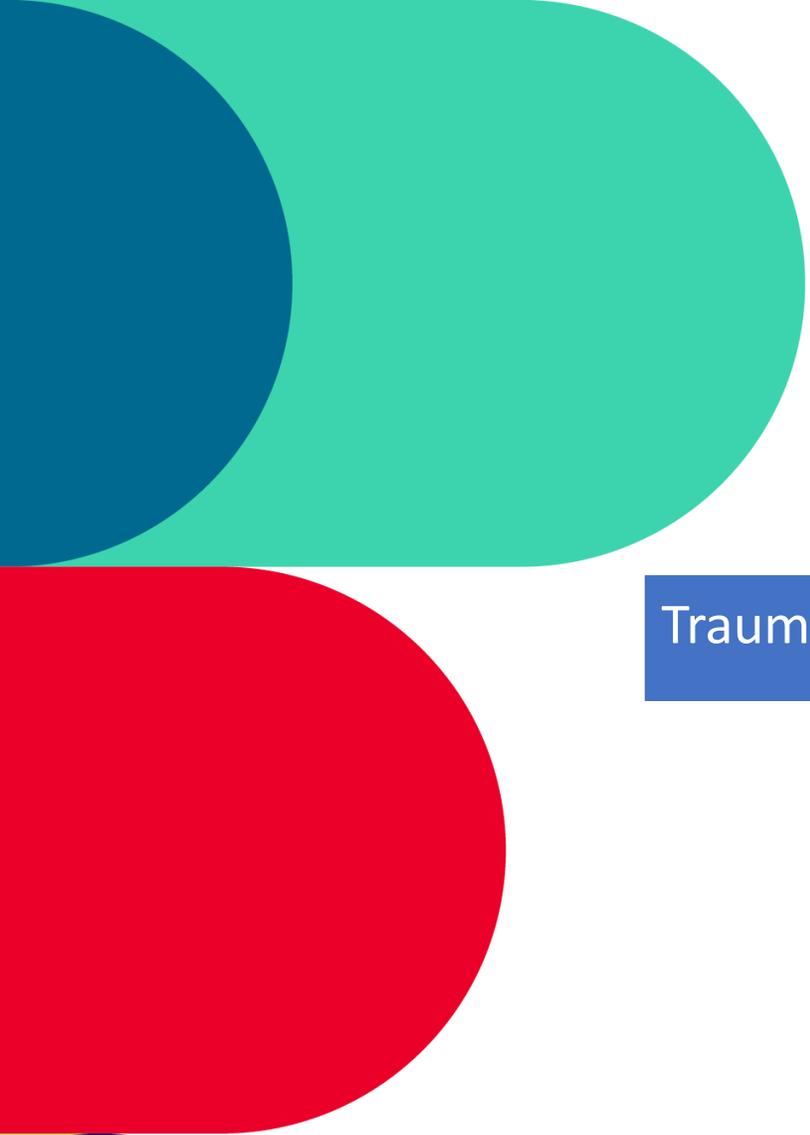
Suggested Citation:

National Child Traumatic Stress Network, Justice Consortium, Schools Committee, and Culture Consortium. (2017). *Addressing Race and Trauma in the Classroom: A Resource for Educators*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Where is Trauma Informed
Care not important?

How do we create Trauma Informed Care Classrooms and Schools?





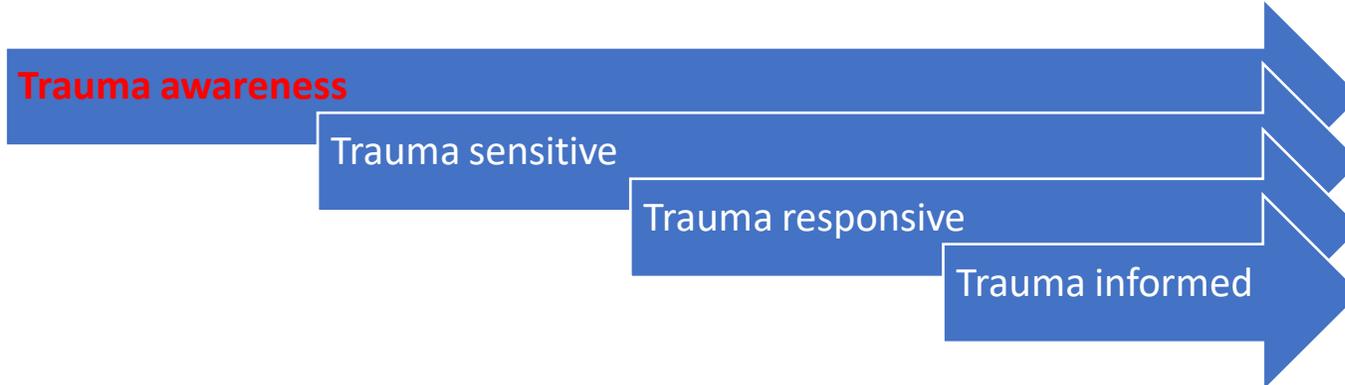
Trauma awareness

Trauma sensitive

Trauma responsive

Trauma informed





Trauma awareness

Trauma sensitive

Trauma responsive

Trauma informed

Schools have become aware of how prevalent trauma is and have begun to consider that it might impact their students and staff.

Awareness training is offered including definitions, causes, prevalence, impact, values and terminology of trauma-informed care.



Trauma awareness

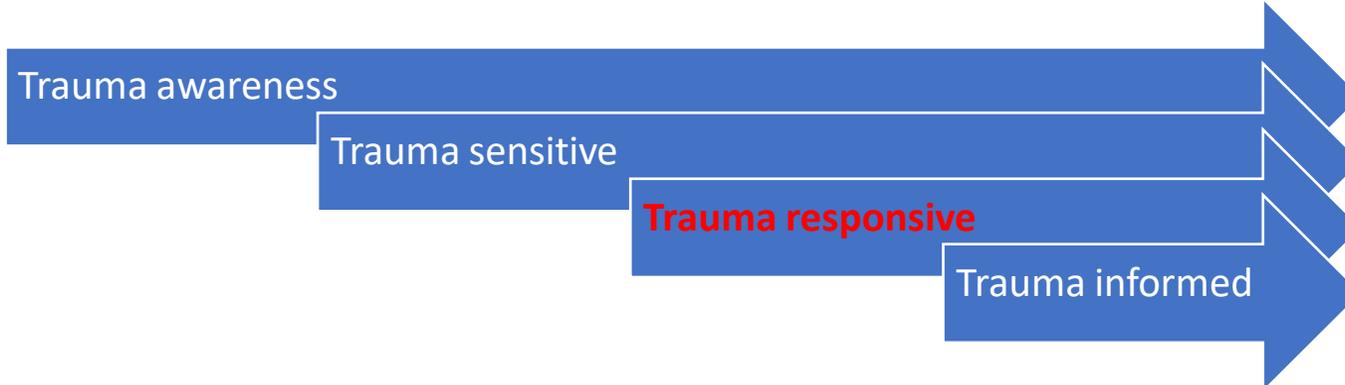
Trauma sensitive

Trauma responsive

Trauma informed

Explore the principles of trauma-informed care (safety, choice, collaboration, trustworthiness, and empowerment) within their environment and daily work.

The organization begins to review tools and processes for universal screening of trauma.



Trauma awareness

Trauma sensitive

Trauma responsive

Trauma informed

Schools have begun to change their culture to highlight the role of trauma. Staff begins re-thinking the routines and infrastructure.

Begin integration of principles into staff behaviors and practices, supports and organizational structures.

Trauma awareness

Trauma sensitive

Trauma responsive

Trauma informed

Schools have made trauma-responsive practices the norm and work with other partners to strengthen the collaboration.

Measuring impact on students, program assessments, revision of policies and procedures, etc.

How do we create Trauma Informed classrooms?



- Understand what trauma looks like
- Respond with compassion first, not discipline
- Provide consistency and stability
- Avoid labeling children negatively
- Create opportunities that support a sense of community and safety
- Don't forget to take care of the adults too

What can be done at school to help a traumatized child?

- Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on.
- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.
- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive—consequences.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.
- Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.
- Give simple and realistic answers to the child’s questions about traumatic events. Clarify distortions and misconceptions. If it isn’t an appropriate time, be sure to give the child a time and place to talk and ask questions.
- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event.
- Anticipate difficult times and provide additional support. Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn’t like being alone, provide a partner to accompany him or her to the restroom.
- Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.
- Be aware of other children’s reactions to the traumatized child and to the information they share. Protect the traumatized child from peers’ curiosity and protect classmates from the details of a child’s trauma.
- Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home.
- Although not all children have religious beliefs, be attentive if the child experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the child to appropriate support.

- While a traumatized child might not meet eligibility criteria for special education, consider making accommodations and modifications to academic work for a short time, even including these in a 504 plan. You might:
 - Shorten assignments
 - Allow additional time to complete assignments
 - Give permission to leave class to go to a designated adult (such as a counselor or school nurse) if feelings become overwhelming
 - Provide additional support for organizing and remembering assignments

When should a referral be made for additional help for a traumatized child?

When reactions are severe (such as intense hopelessness or fear) or go on for a long time (more than one month) and interfere with a child's functioning, give referrals for additional help. As severity can be difficult to determine—with some children becoming avoidant or appearing to be fine (e.g., a child who performs well academically no matter what)—don't feel you have to be certain before making a referral. Let a mental health professional evaluate the likelihood that the child could benefit from some type of intervention.

When to seek self care?

Seek support and consultation routinely for yourself in order to prevent “compassion fatigue,” also referred to as “secondary traumatic stress.” Be aware that you can develop compassion fatigue from exposure to trauma through the children with whom you work.



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6 WAYS TO BECOME A
TRAUMA-INFORMED
SCHOOL

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How do we create Trauma Informed schools?

- **Education** – provide PD for educators to better understand the trauma’s impact on learning
- **Safety** – help students feel safe (physically, socially, emotionally, and academically)
- **Holistic** – meet students’ needs in multiple areas
- **Community** – connect students to the school
- **Adaptability** – anticipate and adapt to the ever changing needs of students
- **Accountability** – embrace shared responsibility





6 WAYS TO BECOME A

TRAUMA-INFORMED

SCHOOL

NATIONALRESILIENCEINSTITUTE.ORG



EDUCATION

Provide staff development for educators to better understand trauma's impact on learning.

SAFETY

Help students feel safe (physically, socially, emotionally, and academically).



HOLISTIC

Meet students' needs by taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being.

COMMUNITY

Connect students to the school community and provide them with multiple opportunities to practice newly developing skills.



ACCOUNTABILITY

Embrace a shared responsibility for all students.

ADAPTABILITY

Anticipate and adapt to the ever-changing needs of students.

Putting the Pieces Together.



Board Members should consider

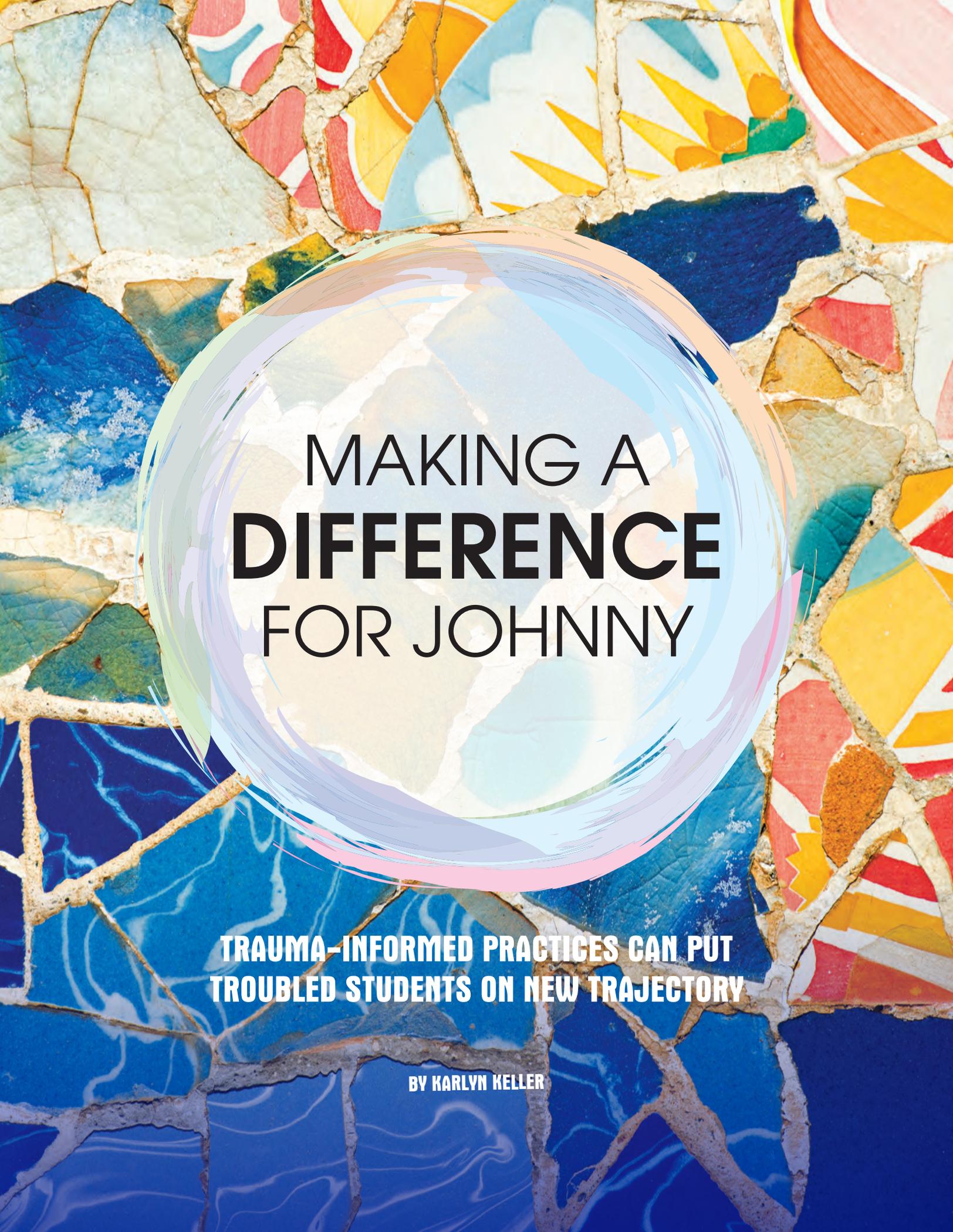
- Do we understand the role of trauma in a child's life?
- Do we know enough to understand when children are experiencing adverse childhood experiences?
- Do we talk about children's mental, emotional, social, and behavioral well-being in addition to their academic well-being?
- How do we think about and talk about mental health, childhood trauma, and toxic stress and its impact on our students, families, and educators?
- How can we support trauma-informed practices in our district?
- How can we engage in and encourage serious discussion within our community that includes a wide range of stakeholders?

Texas Lone Star,
November 2019



MAKING A
DIFFERENCE
FOR JOHNNY

**TRAUMA-INFORMED PRACTICES CAN PUT
TROUBLED STUDENTS ON NEW TRAJECTORY**



MAKING A **DIFFERENCE** FOR JOHNNY

**TRAUMA-INFORMED PRACTICES CAN PUT
TROUBLED STUDENTS ON NEW TRAJECTORY**

BY KARLYN KELLER



Imagine with me: Nine-year-old Johnny has been up all night because a relative became ill during the evening, resulting in a trip to the hospital in the family's only vehicle. Too young to stay home by himself, Johnny goes with the family to the hospital. He is late to school the next morning because the family stayed all night at the hospital waiting for news. Johnny arrives at school at 9:45 a.m., in the same clothes from yesterday, with no breakfast because the family relies on breakfast provided by the school.

He is anxious because this is the fourth time he has been late this month, and the last time he was told he was going to get detention if he came in late again. The other tardies were because his mom had to get to work early and wasn't able to take him to school. Walking to school in bad weather made him late. Approaching school, Johnny feels his stomach begin to ache, and he wishes he could be anywhere but here—except he really likes school. His teacher is kind to him; he gets to eat; and it is warm at school, unlike at home, where the family can't always afford to keep the heat on.

The school office staff has grown weary of Johnny's excuses. The other students can get here on time. And, frequently, Johnny smells bad. Why doesn't he bathe and use deodorant? The school principal, busy in the office, takes note of staff issuing detention for yet another tardy and thinks that if Johnny doesn't start taking school seriously he will be lucky to pass this year. Already there have been issues with him failing to bring school supplies or pay for school lunches.

Johnny begins his day in one of his favorite places, but he is filled with anxiety. He's hungry, tired, dirty, and behind everyone else in his studies. And those are only the issues that are easy to identify. How many other problems does Johnny face—difficulties most people aren't even aware of?

This story may seem far-fetched, but I can tell you, as a lifelong educator with more than 20 years of experience in primarily inner-city, low-income schools, that it is much more common than many people understand. But what does this have to do with you? You can be the difference for students like Johnny.

Startling Statistics

Many children in our schools today are living lives filled with trauma of one sort or another—trauma that is often beyond their control. Currently, the primary focus of education is on passing the next test, passing the next grade, and measuring up to state accountability standards. When some students don't measure up, do we really work to address the underlying factors that may result in poor performance? Are we working to truly recognize such factors as trauma and mental illness?

MANY CHILDREN IN OUR SCHOOLS TODAY ARE LIVING LIVES FILLED WITH TRAUMA OF ONE SORT OR ANOTHER—TRAUMA THAT IS OFTEN BEYOND THEIR CONTROL.

The statistics surrounding childhood mental health and trauma are startling and heartbreaking. According to the Texas Education Agency, in any given class of 24 students, approximately four students struggle with mental health issues that impair them in some way.¹ In this same classroom of 24 students, nearly half have been exposed to at least one traumatic event and approximately 10 percent have been exposed to three or more.²

In this article, we will explore childhood trauma and the role board members and administrators play that can make a difference in the lives of the children they serve. According to a National School Boards Association resource on Adverse Childhood Experiences (ACEs), "childhood trauma is among the most relevant and significant psycho-social factors affecting education today."³

It is our role as educators and educational advocates to understand what childhood trauma is, the role it plays in a child's life, and how we can make a difference.

Legislative Awareness

There is substantial research that delves into the complex issue of childhood trauma and its impact on a child's development. Beginning in the late 1990s, research surrounding ACEs has focused on the role of negative experience, toxic stress, and the consequences of childhood trauma. These studies continue to inform educators today on the need to focus as much on a child's mental and emotional state as the child's academic performance.

According to the American Psychological Association, trauma can affect school performance, lower students' academic performance, lead to more school absences, increase the possibility of dropping out, result in more suspensions and expulsions, and fundamentally impact a child's reading ability.⁴ The National Child Traumatic Stress Network notes: "Chronic exposure to traumatic

events, especially during a child's early years, can adversely affect attention, memory, and cognition; reduce a child's ability to focus, organize, and process information; interfere with effective problem solving and/or planning; and result in overwhelming feelings of frustration and anxiety."⁵

In 2019, the Texas Legislature took note of the issue, passing legislation requiring schools to have trauma-informed practices. Senate Bill 11, School Safety and Mental Health Promotion, requires each district to adopt a policy that addresses "Trauma Informed Care" practices. Schools are required to develop methods to increase staff and parent awareness of trauma-informed care, implement practices in their districts that are considered "Trauma Informed," and provide staff training. House Bill 18 lays out additional requirements calling for teachers to receive training in trauma-informed care.

Trauma-Informed Schools

Just what can be done to address childhood trauma? Prevention is the key; research points to prevention being the most effective response to ACEs. According to the National Center for Injury Prevention and Control, Division of Violence and Prevention, there are eight major ways schools can initiate trauma-prevention measures:

1. Home visits to pregnant women and families with newborns
2. Parenting training programs
3. Intimate partner violence prevention
4. Social support for parents
5. Parent support and teen pregnancy prevention programs
6. Mental illness and substance abuse treatment
7. High-quality childcare
8. Sufficient income support for lower-income families



SCHOOLS ARE REQUIRED TO DEVELOP METHODS TO INCREASE STAFF AND PARENT AWARENESS OF TRAUMA-INFORMED CARE, IMPLEMENT PRACTICES IN THEIR DISTRICTS THAT ARE CONSIDERED "TRAUMA INFORMED," AND PROVIDE STAFF TRAINING.

While schools can't provide services directly to families for the most part, the single most important thing the school can do is create a caring, safe environment that supports students and is sensitive to the complex dynamics of life that might be fueling childhood trauma.

A focus on developing resilient, self-confident children can make major inroads. Creating or strengthening school-based mental health supports is a first step. Providing social, emotional, and behavioral health resources for students is key.

Numerous districts across the state include trauma-informed care training for staff as a first step toward building Trauma-Informed Schools. East Central ISD created multidisciplinary teams that meet regularly as a part of the EC Cares initiative. The committee focuses on being informed and proactive in supporting the needs of its students. Midway ISD provides an opportunity for interactive training with students developing, writing, and enacting different safety scenarios for teachers to observe and respond to.

Outstanding educators across the state are leading the way in trauma-informed care, working with students, parents, faculty, and staff. Larry Rodriguez of Region 20 Education Service Center helped establish Handle with Care in San Antonio, which works with local law enforcement





to notify school districts if they encounter children during a police call so that the school is ready to support various needs that may arise.

Much information about trauma-informed care is also available on the Internet. The National Child Traumatic Stress Network, for example, created a resource to help schools create trauma-informed environments that address the needs of all students, staff, administrators, and families who might be at risk of experiencing the symptoms of traumatic stress.⁶

Organizations such as the consulting firm A.I.M., LLC, address the need to prepare schools and staff to work with students who are the victims of trauma. Lizzy Perez, director of School Leadership for A.I.M., said she believes that children who live in trauma are living in a war zone.

“What if war was in your home, and you could not get off the front lines? That is what it may feel like for some kids who have been faced with Adverse Childhood Experiences,” Perez said. “Research shows that just one caring, safe relationship early in life allows a child a much better shot at growing up healthy. The brain’s neuroplasticity can help rewire itself if given enough therapeutic encounters with adults. The most damaging findings of ACEs are that they are tied to chronic stress, increased health risks, and a shorter life span.”

Perez noted that her organization’s trauma-informed care team, AIM Cares, is certified to train and coach school personnel on trauma-informed care practices.

“We assembled our team to raise awareness by providing trainings and workshops. Our goal is to help schools assemble a task force, create a group vision, coach stakeholders to understand and engage in TIC practices, and take action,” Perez said. “We know increased doses of love for kids each day, especially by school teachers and staff, can change the trajectory of their lives. We want to help do just that.”

Leadership Team’s Role

As a school board member or administrator, you may be asking yourself what you can do. You have a unique role in the direct response to children who are experiencing trauma, toxic stress, and prolonged exposure to multiple ACEs. You play a critical role, but you can’t do it alone. Meaningful intervention and treatment must include an integrated, comprehensive effort among all stakeholders. Schools can get the discussion started by participating in channels already established in their area or creating those channels from scratch. Local school boards can step up and make a change that will generate waves of change through generations.

When school board members consider how to address childhood trauma in their district, it may be helpful to reflect on the following questions:

- Do we understand the role of trauma in a child’s life?

(See *Trauma-Informed*, page 20.)



Behavioral Health Summit Scheduled for November 6

The Fourth Annual Summit on Advancing Behavioral Health Collaboratives for Student Success is November 6 at the Hilton Austin, 500 East 4th Street, Austin. The theme of this year’s summit, presented by The University of Texas at Austin’s Texas Institute for Excellence in Mental Health, is *Strong Schools: Advancing Wellness and Resiliency in Texas*.

The summit, scheduled as a kickoff for the 2019 Annual Conference on Advancing School Mental Health November 7-8 at the Hilton Austin, features:

- Evidence-based best practices for school mental health
- Model school behavioral health programs and practices
- Texas Education Agency and Texas Health and Human Services Commission strategies to promote student success
- Texas’s Project AWARE plan

Summit attendees include school administrators and counselors, local mental health authorities, and regional education service center professionals. For more information about the summit, visit <https://sites.utexas.edu/mental-health-institute/strong-schools/>.





Trauma-Informed (from page 19)

- Do we know enough to understand when children are experiencing adverse childhood experiences?
- Do we talk about children's mental, emotional, social, and behavioral well-being in addition to their academic well-being?
- How do we think about and talk about mental health, childhood trauma, and toxic stress and its impact on our students, families, and educators?
- How can we support trauma-informed practices in our district?
- How can we engage in and encourage serious discussion within our community that includes a wide range of stakeholders?

Johnny's New Scenario

As a licensed professional counselor and school counselor, over the last 20 years I have been fortunate enough to work with districts and organizations that stood in the gap—districts that focused on creating caring, safe environments where children were seen as whole beings and where staff were allowed to nurture and support their needs not only academically and behaviorally but also mentally, emotionally, and socially.

I've worked in districts in which the school board allocated funds to train staff fully, hire professionals to support students in crisis, and support the belief that as educators our primary responsibility is to love our children and help them grow into all that they possibly can be and more.

I am heartened by what I see happening today as more educators become aware of and learn how to support children by wrapping them with the resources and supports they need to navigate successfully into adulthood.

Imagine with me, then, a different scenario for Johnny. Tired, hungry, emotionally fragile, Johnny comes to school after being in the hospital all night. He walks into the school office, where staff recognize that regardless of what is going on in the world around him—family illness, bad weather, dirty clothes, no food—Johnny has come to school.

Staff members immediately move into triage for Johnny by providing a safe, caring environment that sees to his needs, teaching him that he is safe and worthy, while giving him the education he needs.

How different would Johnny's school experience be? How different would the experience of everyone in school be if they knew how to identify the real issues, if they had the knowledge and resources necessary to bring aid and support to Johnny during those fragile times? Everyone would win in the end.★

¹https://tea.texas.gov/About_TEA/Other_Services/Mental_Health/Mental_Health_and_Behavioral_Health.

²The Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, www.childhealthdata.org.

³<https://www.nsba.org/-/media/NSBA/File/nsba-adverse-childhood-experiences-report-2019.pdf>.

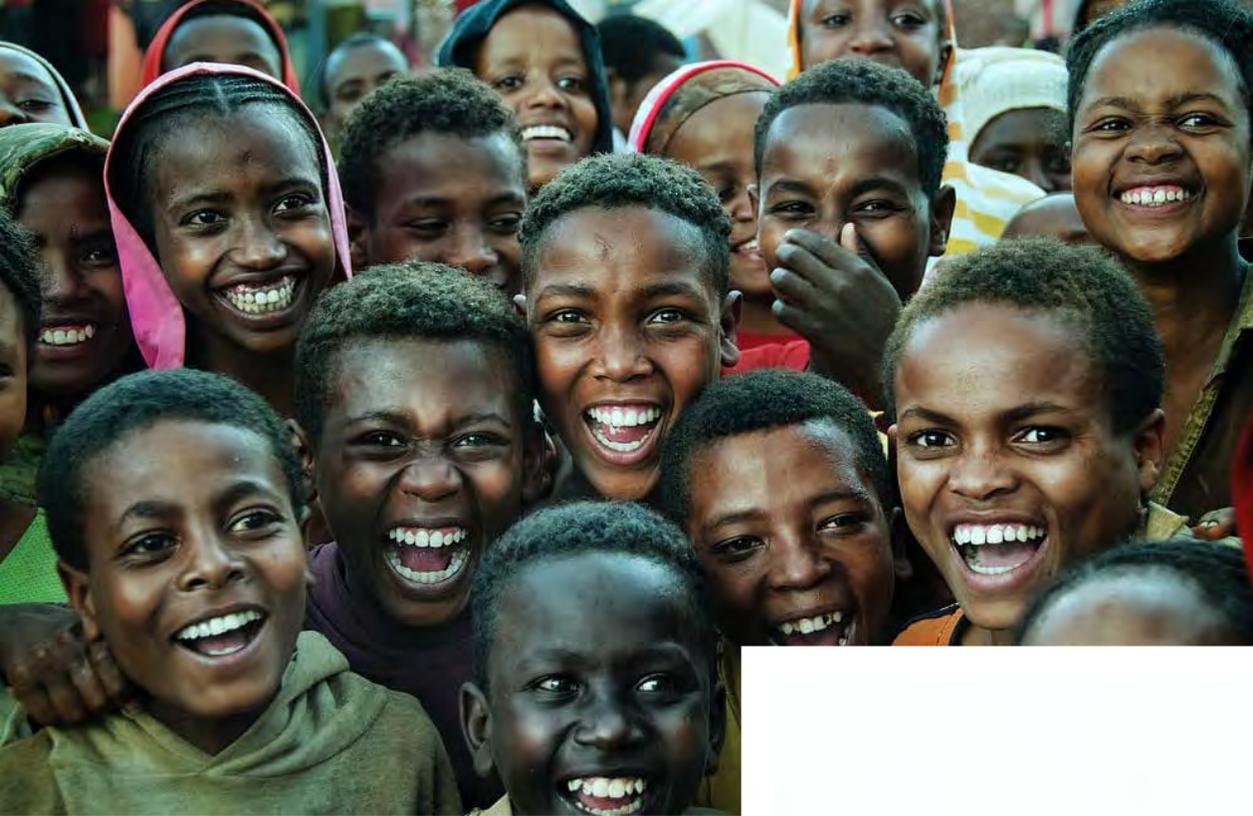
⁴<https://www.apa.org/pi/families/resources/children-trauma-update>.

⁵National Child Traumatic Stress Network, http://depts.washington.edu/lendl/pdfs/2017-03-06_8_NCTSN-Facts_Suggestions_for_Educators.pdf.

⁶www.nctsn.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework.

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THANK YOU

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Preventing Adverse Childhood Experiences (ACEs):

Leveraging the Best Available Evidence



National Center for Injury Prevention and Control
Division of Violence Prevention





Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence

2019

Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Atlanta, Georgia



National Center for Injury Prevention and Control
Debra E. Houry, MD, MPH, Director

Division of Violence Prevention
James A. Mercy, PhD, Director

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What are Adverse Childhood Experiences?

Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide.^{1,2} Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household.^{1,2}

Traumatic events in childhood can be emotionally painful or distressing and can have effects that persist for years.² Factors such as the nature, frequency and seriousness of the traumatic event, prior history of trauma, and available family and community supports can shape a child's response to trauma.²

Preventing ACEs is a priority for CDC

An estimated 62% of adults surveyed across 23 states reported that they had experienced one ACE during childhood and nearly one-quarter reported that they had experienced three or more ACEs.³ ACEs can have negative, lasting effects on health, wellbeing, and opportunity. These exposures can disrupt healthy brain development, affect social development, compromise immune systems, and can lead to substance misuse and other unhealthy coping behaviors.⁴⁻⁹ The evidence confirms that these exposures increase the risks of injury, sexually transmitted infections, including HIV, mental health problems, maternal and child health problems, teen pregnancy, involvement in sex trafficking, a wide range of chronic diseases and the leading causes of death such as cancer, diabetes, heart disease, and suicide.^{1,10-16} ACEs can also negatively impact education, employment, and earnings potential.¹⁷ The total economic and social costs to families, communities, and society is in the hundreds of billions of dollars each year.¹⁸⁻²¹

ACEs can have lasting effects on...



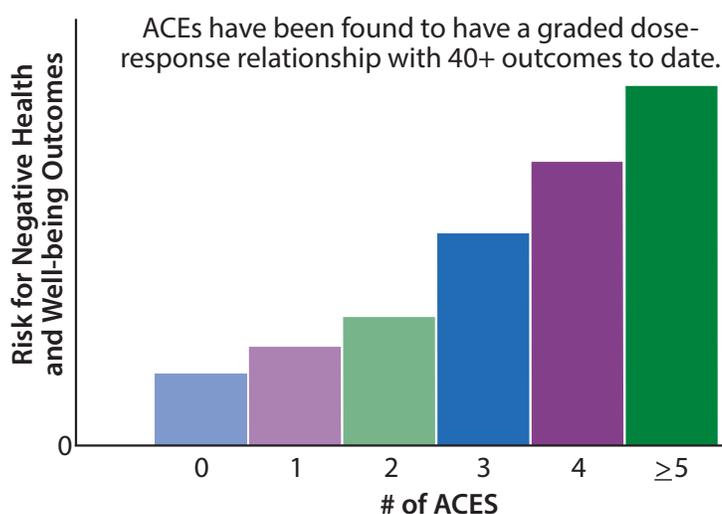
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



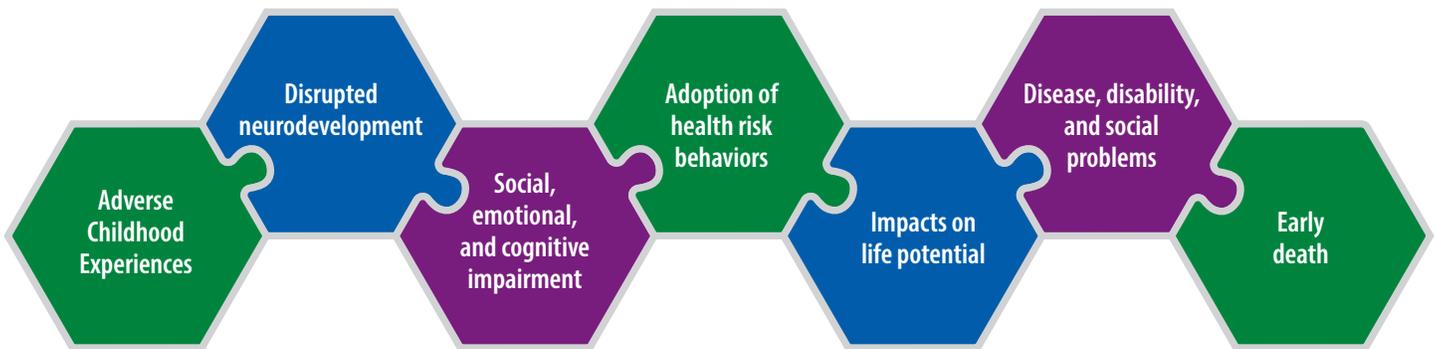
*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.



How ACEs influence health and opportunity

The childhood years, from the prenatal period to late adolescence, are the “building block” years that help set the stage for adult relationships, behaviors, health, and social outcomes. ACEs and associated conditions such as living in under-resourced or racially segregated neighborhoods, frequently moving, experiencing food insecurity, and other instability can cause toxic stress (i.e., prolonged activation of the stress-response system⁴). Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of multigenerational poverty resulting from limited educational and economic opportunities.

A large and growing body of research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems, and that such exposures can even alter the physical structure of DNA (epigenetic effects).^{4,5} Changes to the brain from toxic stress can affect such things as attention, impulsive behavior, decision-making, learning, emotion, and response to stress.⁵ Absent factors that can prevent or reduce toxic stress, children growing up under these conditions often struggle to learn and complete schooling.^{5,22} They are at increased risk of becoming involved in crime and violence,^{23,24} using alcohol or drugs,^{6,7} and engaging in other health-risk behaviors (e.g., early initiation of sexual activity; unprotected sex; and suicide attempts).^{9,13,16,23} They are susceptible to disease, illness, and mental health challenges over their lifetime.^{5,14,15} Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, family, jobs, and depression throughout life—the effects of which can be passed on to their own children.^{5,12,17}



What can be done to prevent ACEs?

ACEs and their associated harms are preventable. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full health and life potential. CDC has produced a [suite of technical packages](#) to help states and communities take advantage of the best available evidence to prevent violence, including the many types of violence and social, economic, and other exposures in the home and community that adversely affect children.²⁵⁻²⁹

A “technical package” is a select group of strategies to achieve and sustain substantial reductions in a specific risk factor or outcome.³⁰ Technical packages help communities and states prioritize prevention activities with the greatest potential for impact. A technical package has three parts. The first component is the strategy or the preventive direction or actions to achieve the goal of preventing ACEs. The second component is the approach. The approach includes the specific ways to advance the strategy. This can be accomplished through programs, practices, and policies. The third component is the evidence for each of the approaches in preventing ACEs or its associated risk factors.



Across the CDC Technical Packages there are several strategies that can prevent ACEs from happening in the first place as well as strategies to mitigate the harms of ACEs. The evidence tells us that ACEs can be prevented by:

- Strengthening economic supports for families
- Promoting social norms that protect against violence and adversity
- Ensuring a strong start for children and paving the way for them to reach their full potential
- Teaching skills to help parents and youth handle stress, manage emotions, and tackle everyday challenges
- Connecting youth to caring adults and activities
- Intervening to lessen immediate and long-term harms

Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders

These strategies focus on changing norms, environments, and behaviors in ways that can prevent ACEs from happening in the first place. The last strategy focuses on mitigating the immediate and long-term physical, mental, and behavioral consequences of ACEs. By addressing the conditions that give rise to ACEs and simultaneously addressing the needs of children and parents, these strategies take a multi-generation approach to prevent ACEs and ensure safe, stable, nurturing relationships and environments. Together, these strategies are intended to work in combination and reinforce each other to prevent ACEs and achieve synergistic impact.





Strengthen Economic Supports for Families

Research shows that parents facing financial hardship are more likely to experience stress, depression, and conflict in their relationships and family, all of which compromise parenting and increase the risk for violence and other ACEs.^{31,32} Parents facing financial hardship also have fewer resources to invest in their children and face difficult choices when trying to balance work and family responsibilities. About 4 in 10 children under the age of 18 in the United States live in a low-income household* including more than half of African American and Hispanic children.³³ Nearly 1 in 10 children in the U.S. live in deep poverty.³³ Strong evidence consistently links low income to ACE exposures and children's long-term health, educational, and social outcomes.^{5,34} Addressing the social and economic underpinnings of ACEs is critical to achieving lasting and sustainable effects.

Policies that **strengthen household financial security** (e.g., tax credits, childcare subsidies, other forms of temporary assistance, and livable wages) and **family-friendly work policies**, such as paid leave and flexible and consistent work schedules, can prevent ACEs by increasing economic stability and family income, increasing maternal employment, and improving parents' ability to meet children's basic needs and obtain high-quality childcare.^{27,28} These types of policies can also prevent ACEs by reducing parental stress and depression and by protecting families from losing income to care for a sick child or family member.^{27,28} Strengthening economic supports for families is a multi-generation strategy that addresses the needs of parents and children so that both can succeed and achieve lifelong health and well-being.

Evidence



Tax credits, such as the *Earned Income Tax Credit (EITC)* and *Child Tax Credit (CTC)* help increase income for working families while offsetting the costs of childcare. The *EITC* has been shown to lift families out of poverty^{35,36} and has demonstrated impacts on infant mortality, health insurance coverage,³⁷ school performance,^{38,39} maternal stress, and mental health problems.⁴⁰ *CTC*'s have also been shown to reduce child behavioral problems (e.g., physical aggression, anxiety, and hyperactivity)⁴¹—factors that are linked to later perpetration of violence toward peers and intimate partners.^{26,28}



Parents who receive childcare subsidies tend to access higher quality childcare,⁴² which increases the likelihood that children will experience safe, stable, nurturing relationships and environments. Access to affordable childcare also reduces parental stress⁴³ and maternal depression,⁴⁴ which are risk factors for child abuse and neglect³¹ and other risk behaviors associated with ACEs.⁴⁵



Research suggests that women who receive paid maternity leave are more likely to maintain their current employment⁴⁶ and that access to paid leave may be protective against depression⁴⁷ and pediatric abusive head trauma.⁴⁸ Paid maternity leave also may be protective against intimate partner violence (IPV),⁴⁹ which is another ACE exposure. Apart from the trauma of witnessing IPV, children growing up in homes with IPV are at increased risk for experiencing violence themselves and at increased risk for later involvement in crime and violence.^{26,27}



Flexible and consistent work schedules provide parents with a predictable pattern of work (e.g., consistent beginning/ending times to the workday; flexibility in the number of hours worked or location) which makes it easier for parents to access quality childcare. Children whose parents work unpredictable schedules have more cognitive deficits (e.g., with memory, learning, and problem-solving) than children whose parents have more predictable schedules.⁵⁰⁻⁵² Parents who work irregular shift times are also more prone to work-family conflict and stress,⁵³ which are risk factors for multiple forms of violence.

*The low-income category includes both the poor and the near poor. Poor is defined as income below 100% of the Federal Poverty Threshold (FPT), and near poor is between 100% and 199% of the FPT. Deep poverty is below 50% of the FPT.





Promote Social Norms that Protect Against Violence and Adversity

Norms are group-level beliefs and expectations about how members of the group should behave.^{25,27} Changing social norms that accept or allow indifference to violence and adversity is important in the prevention of ACEs.²⁵⁻²⁹ There are a number of norms that can protect against violence and adversity, including those that:

- Promote community norms around a shared responsibility for the health and well-being of all children²⁷
- Support parents and positive parenting, including norms around safe and effective discipline;²⁷
- Foster healthy and positive norms around gender, masculinity, and violence to protect against violence towards intimate partners, children, and peers;^{25,26,28}
- Reduce stigma around help-seeking;²⁹ and
- Enhance connectedness to build resiliency in the face of adversity.²⁹

Public education campaigns are one way to shift social norms and reframe the way people think and talk about ACEs, and who is responsible for preventing them.²⁷ They can help shift the narrative away from individual responsibility to one that engages the community and draws upon multiple solutions to promote safe, stable, nurturing relationships and environments for all children.²⁷ Such a narrative can also normalize protective factors by enhancing connectedness and reducing the stigma around seeking help with parenting or for substance misuse, depression, or suicidal thoughts.^{27,29} **Legislative approaches to reduce corporal punishment** can help establish norms around safer, more effective discipline strategies to reduce the harms of harsh physical punishment, particularly if paired with public education campaigns.²⁷ **Bystander approaches** and efforts to **mobilize men and boys as allies in prevention** can be used to change social norms in ways that support healthy relationship behaviors.^{25,28} Such approaches work by fostering healthy norms around gender, masculinity, and violence with the goal of spreading these social norms through peer networks.^{25,28} They also work by teaching young people skills to safely intervene when they see behavior that puts others at risk and reinforcing social norms that reduce their own risk for future perpetration.^{25,28}

Evidence



Research suggests that public education campaigns to help parents understand the cycle of abuse and campaigns specifically targeting child physical abuse positively impact parenting practices, reduce children's exposure to parental anger and conflict, reduce child behavior problems, and improve parental self-efficacy and knowledge of actions to prevent child abuse.⁵⁴



Legislative approaches to reducing corporal punishment are associated with decreases in support of and use of harsh physical punishment as a child discipline technique.^{55,56} Experiencing harsh physical punishment as a child increases the risk for involvement in crime and violence in adolescence⁵⁷ and later perpetration of violence toward a partner and one's own children.³² Experiencing harsh physical punishment as a child is also associated with mental health problems, lower academic performance, and lower self-esteem.^{58,59}



Bystander approaches and efforts to mobilize men and boys as allies in prevention change the social context for violent and abusive behavior.^{25,28} Programs such as *Green Dot* and *Coaching Boys into Men*[®], for instance, have been shown to reduce violence against dating partners, negative bystander behaviors (such as laughing at sexist jokes or encouraging abusive behaviors), as well as sexual violence perpetration and victimization.⁶⁰⁻⁶²





Ensure a Strong Start for Children

A child's relationship with others inside and outside the family plays a role in healthy brain development, as well as in the development of physical, emotional, social, behavioral, and intellectual capacities.^{26,27} Parents may struggle to provide the care and nurturing necessary for children to develop these capacities and thrive for a number of reasons, including health, substance misuse, mental health, financial issues, or access to resources or support. **Early childhood home visitation** can prevent ACEs by providing information, caregiver support, and training about child health, development, and care to families in their homes to build a safe, stable, nurturing and supportive home environment.²⁶⁻²⁸ **High-quality childcare** and **preschool enrichment programs with family engagement**²⁶⁻²⁸ help children build a strong foundation for future learning and opportunity by improving their physical, social, emotional and cognitive development, language and literacy skills, and school readiness. These approaches also help by strengthening connections between home and school environments, and can be especially beneficial to economically disadvantaged children who may not have educational resources at home or the support to help them learn and thrive.²⁶⁻²⁸

Evidence



Effective home visiting models,⁶³ such as the *Nurse Family Partnership Program*® (*NFP*), have demonstrated many benefits for children and parents. *NFP* is associated with a 48% relative reduction in rates of child abuse and neglect.⁶⁴ Children participating in the program have better cognitive and language development, better academic achievement, fewer behavioral problems, lower rates of substance use, and fewer arrests, convictions, and parole violations by age 19.⁶⁵⁻⁶⁷ For mothers, *NFP* is associated with better pregnancy outcomes, improved parenting practices, reductions in the use of welfare and other government assistance, greater employment, lower rates of substance use, and reduced exposure to intimate partner violence.^{64,65,68,69}



Research suggests that access to affordable, high-quality childcare can buffer against a lower quality home environment and reduce child behavior problems, parental stress and depression, and rates of child abuse and neglect.²⁷ Difficulties finding quality childcare, for instance, have been linked to self-reported child neglect among mothers with substance use problems.⁷⁰ Access to affordable, high-quality childcare may also reduce child abuse deaths associated with having to leave children at home in the care of unrelated adults.⁷¹



Children enrolled in preschool enrichment programs that actively involve and support parents have better math, language, and social skills as they enter school; require less special education services as they grow older; are less likely to be held back a grade in school; are more likely to graduate high-school and attend college; and are more likely to be employed and have higher earnings as adults.⁷²⁻⁷⁵ In addition to these documented benefits, programs such as *Child Parent Centers* are also associated with lower rates of substantiated reports of child abuse and neglect and out-of-home placements; youth depression and substance use; and arrests for violent and nonviolent offenses, convictions, and incarceration well into adulthood.⁷³⁻⁷⁶





Teach Skills

Skill-based learning is an important part of a comprehensive approach to prevent ACEs. Decades of research shows that teaching children and youth skills to handle stress, resolve conflicts, and manage their emotions and behaviors can prevent violence victimization and perpetration, as well as substance misuse, sexually transmitted infections, including HIV, and teen pregnancy.^{25,26,28,29} Strengthening parenting skills and promoting nurturing and supportive family environments can build a strong foundation for children and protect them from multiple forms of violence, substance misuse, and other negative health outcomes across developmental periods and into adulthood.²⁵⁻²⁹

There are a number of approaches to teach skills. **Social emotional learning approaches** (also referred to as universal school-based programs when delivered to all students in a particular classroom, grade or school) are widely used across the United States to enhance interpersonal skills.^{25,26,28,29} This includes skills related to communication, problem-solving, alcohol and drug resistance, conflict management, empathy, coping, and emotional awareness and regulation. **Safe dating and healthy relationship skill programs** address similar skills within the context of dating and intimate partner relationships with the goal of promoting caring, respectful, and non-violent relationships.^{25,28} **Parenting skills and family relationship approaches** cover developmentally appropriate expectations for child behavior; teach behavior management, monitoring, and problem-solving skills; safe and effective discipline; healthy relationship behaviors; and work with parents to enhance parent-child communication and ways to support children and youth.²⁵⁻²⁹

Evidence



Systematic reviews of the evidence for social emotional learning approaches finds that they significantly reduce peer violence across grade levels, school environments, and demographic groups.^{77,78} In addition to impacts on aggression and violent behavior,⁷⁹⁻⁸⁶ programs such as *Life Skills® Training*, the *Good Behavior Game*, and *Promoting Alternative THinking Strategies® (PATHS)* have demonstrated other benefits as well, including reductions in youth alcohol, tobacco, and drug use, depression and anxiety, suicidal thoughts and attempts, delinquency, and involvement in crime.^{80,83-85,87} Social emotional learning approaches are also associated with improvements in reading, writing, and math proficiency, paving the way for future academic success.^{79,88}



Unhealthy relationships can start early and last a lifetime, especially for teens who display aggression towards peers, engage in early sexual activity, and witness or experience violence in the home.^{25,28} Programs such as *Dating Matters®*, *Safe Dates* and the *Fourth R*, which teach healthy relationship skills to adolescents, have been shown to significantly reduce teen dating violence.⁸⁹⁻⁹¹ *Dating Matters®* and the *Safe Dates* program are also associated with reductions in peer violence and weapon carrying.⁹²⁻⁹⁴



The evidence is also strong for skill-based parenting and family relationship approaches in reducing known risk factors for child abuse and neglect and protecting children and youth from multiple forms of violence and other health compromising behaviors.^{25-29,79} For instance, programs such as *The Incredible Years®* and *Strengthening Families 10-14* decrease child behavior problems,^{79,95} youth substance use (including prescription opioid misuse),⁹⁷⁻⁹⁹ physical fighting and involvement in crime;⁹⁶ reduce parental stress, depression, and family conflict;^{96,100} and improve parenting practices related to child discipline, monitoring and supervision.¹⁰⁰





Connect Youth to Caring Adults and Activities

Relationships with caring adults who are positive role models can prevent ACEs and improve future outcomes for young people.²⁶ Caring adults could include teachers, coaches, extended family members, neighbors or community volunteers. Connecting youth to caring adults and activities helps to ground them, improve their engagement in school, and establish positive networks and experiences.^{25,26} It is an important preventive strategy to buffer against parental absence or other difficulties at home, frequent moves, and exposure to negative influences at school and in the community. It can also buffer against the impact of ACEs for youth who have already experienced ACEs.

Mentoring and **after-school programs** are ways to connect youth to other caring adults and activities.²⁶ Mentoring programs pair youth with an adult volunteer with the goal of fostering a relationship that will contribute to the young person's growth opportunities, skill development, academic success, and future schooling and employment outcomes.^{26,101} Mentoring programs may be delivered in a school or community setting and to youth of all ages, from early childhood through adolescence.¹⁰¹

After-school programs are a way to provide opportunities for youth to strengthen their behavioral, leadership, and academic skills and become involved in positive school and community activities.^{25,26} Programs range from those offering tutoring and homework assistance to more formal skill-based programming and structured learning activities.²⁶ These programs also address other key risk and protective factors for high-risk behavior by providing adult supervision during critical periods of the days, such as between 3:00 to 6:00 p.m., when youth crime and violence peaks.¹⁰² Mentoring and after-school programs can reduce the prevalence of crime, violence, and other adolescent risk behavior and pave the way for positive outcomes in adulthood.^{25,26}

Evidence



Research suggests that mentoring programs improve outcomes across behavioral, social, emotional and academic domains.^{103,104} **Big Brothers, Big Sisters** is the oldest and best known example of a one-on-one mentoring program.¹⁰⁵ Evaluations of the program show that mentored youth are less likely to skip classes, skip school, initiate drug and alcohol use, or engage in physical fighting.¹⁰⁶ Other benefits include improvements in academic performance, parent-child and student-teacher relationships, and parental trust.¹⁰⁶⁻¹⁰⁸



Opportunities to develop and practice leadership, decision-making, self-management, and social problem-solving skills are important components of after-school programs with documented benefits.^{104,109} One example is the **After School Matters** program, which offers apprenticeship experiences in technology, science, communication, the arts, and sports to high-school students.¹¹⁰ Rigorous evaluations of the program show many program benefits, including improved attitudes toward school, fewer course failures, and higher graduation rates.^{111,112} Youth in the program are also less likely to sell drugs or participate in gang activity.¹¹²



Another example is **Powerful Voices**, which helps adolescent girls build confidence and develop individual leadership skills as a way to strengthen their future education and employment outcomes and reduce risk for sexual and other forms of violence.²⁵ Evaluation results show improvements in girls' job skills, motivation to excel at school, connections to their cultural identity and values, and ability to develop healthy relationships with peers and adults.¹¹³





Intervene to Lessen Immediate and Long-term Harms

Children and youth with ACE exposures may show signs of behavioral and mental health challenges. They may be irritable, depressed, display acting-out behaviors, have difficulty sleeping or concentrating, and show other traumatic stress symptoms.²⁵⁻²⁸ They may be struggling with school, associating with delinquent peers, and already engaging in other health compromising behaviors (e.g., alcohol use, opioid misuse, high-risk sexual behavior).²⁵⁻²⁸ Continued exposure to violence and other adversity increases the risk that these patterns will continue in adulthood potentially affecting their own future and their children's future.²⁵⁻²⁸ Timely access to assessment, intervention, and effective care, support, and treatment for children and families in which ACEs have already occurred can help mitigate the health and behavioral consequences of ACEs, strengthen children's resilience, and break the cycle of adversity.²⁵⁻²⁹

There are a number of approaches to lessen the immediate and long-term harms of ACE exposures. **Enhanced primary care** may be used to identify and address ACE exposures with brief screening assessments and referral to intervention services and supports.²⁷⁻²⁹ For children, assessments may be used with parents or caregivers to identify risks in the family environment such as parental alcohol or drug use, depression, stress, the use of harsh punishment, as well as intimate partner violence.²⁷ For adults, assessments may be used to identify a history of ACE exposures to assist with risk mitigation and improve treatment outcomes.^{25,28} Follow-up intervention services are tailored to assessment findings and coordinated with local community agencies.

For children and adult survivors of violence, **victim-centered services** can be both lifesaving and helpful in reducing the harms of violence.^{25,28} Such services include crisis intervention, hotlines, medical and legal advocacy, housing support, social support, and access to community resources.^{25,28} For children of survivors, such services also include meeting their needs around recreation, school supports, and material goods.²⁸

Treatment to lessen the harms of ACEs may be used to address depression, fear and anxiety, post-traumatic stress disorder (PTSD), problems adjusting to school, work, or daily life, and other symptoms of distress.²⁵⁻²⁹ These symptoms can be successfully reduced with therapeutic treatments that are trauma-informed (i.e., delivered in a way that is influenced by knowledge and understanding of how trauma affects a survivor's life and experiences long-term²⁸) and tailored to the specific circumstances and needs of children, youth, and families.^{2,25-28} **Treatment to prevent problem behavior and future involvement in violence** is another approach to mitigate consequences.²⁵⁻²⁸ This includes therapeutic interventions and other supports to address the social, emotional, and behavioral risks associated with ACE exposures.²⁵⁻²⁸ Evidence-based treatments are provided by trained clinicians in the home or clinic setting and typically include multiple components (e.g., individual and family counseling, parent training, and school consultation).²⁵⁻²⁸ Referrals may come from social services, the juvenile justice system, schools, or other community organizations working with children, youth, and families.²⁵⁻²⁸

Finally, **family-centered treatment approaches for substance use disorders** may be used to simultaneously address substance misuse by parents and the needs of their children with this ACE exposure.¹¹⁴ Parents with alcohol or drug use problems may have difficulty regulating stress, processing emotions, and fulfilling the many childrearing tasks that are essential for children's healthy social and emotional development.¹¹⁴ These approaches utilize integrated program models that combine evidence-based treatments for substance use disorders (e.g., medication-assisted treatment for opioid use disorder¹¹⁵) with a range of preventive services (e.g., mental health services, parenting education and training, medical and nutrition services, education and employment assistance, childcare, children's services, and aftercare). Programs may be delivered in residential or outpatient settings.



Evidence



Primary care settings offer a unique opportunity to identify and address ACE exposures. Randomized trials of the *Safe Environment for Every Kid (SEEK)* model (which screens for ACE exposures in the family environment), have demonstrated a number of positive effects including fewer reports to child protective services, fewer reported occurrences of harsh physical punishment by parents, better adherence to medical care, and more timely childhood immunizations.¹¹⁶ *SEEK* is also associated with less maternal psychological aggression,¹¹⁷ fewer minor maternal physical assaults,¹¹⁷ and improvements among providers in addressing depression, substance misuse, intimate partner violence, and serious parental stress.¹¹⁸



Women receiving victim-centered services report less abuse from former intimate partners, less depression, decreased feelings of distress, and overall improvements in self-esteem, safety and well-being¹¹⁹⁻¹²¹ —outcomes that help to ensure safe, stable, nurturing relationships and environments for their children. Many victims of partner violence have a history of ACEs. Victim-centered services in this regard also help women cope with their own history of ACEs and access support.



Effective treatments such as *Trauma-focused Cognitive Behavioral Therapy® (TF-CBT)* have demonstrated many benefits for children, youth, and families with ACE exposures.²⁵⁻²⁸ *TF-CBT* effectively reduces symptoms of PTSD, depression, fear, anxiety, shame, and behavioral problems.¹²²⁻¹²⁶ It also reduces parental emotional distress and depressive symptoms and is associated with improvements in parenting behaviors.^{125,126} For children who may face treatment barriers, such as stigma and access to services, *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)* is another treatment option that is associated with improvements in symptoms of PTSD, depression, and parent-reported behavioral problems.^{127,128}



Children with a history of ACE exposures are at increased risk of becoming involved in crime and violence, using alcohol or drugs, and engaging in other health-compromising behaviors.²⁵⁻²⁸ Effective treatments such as *Multisystemic Therapy® (MST)* have demonstrated both short- and long-term benefits in reducing these risks and strengthening protective factors.¹²⁹ *MST*, for example, effectively reduces rates of arrests for violent felonies and other crime,¹²⁹⁻¹³² problematic sexual behavior,¹³³⁻¹³⁵ and out-of-home placements.^{136,137} *MST* has also demonstrated beneficial impacts on family functioning, parenting practices, youth substance use, peer relations, academic performance, mental health, involvement in gangs, and sibling criminal behavior.^{129,130}



Available evidence suggests that integrated programs that combine evidence-based treatments for substance use disorders (e.g., medication-assisted treatment for opioid use disorder) with a range of preventive services benefit both children and parents and that pairing effective parenting interventions with substance use treatment has benefits that go beyond substance use treatment alone.^{138,139} Integrated programs are associated with improvements in child development and emotional and behavioral functioning.¹³⁹ They are also associated with positive impacts on maternal mental health, birth outcomes, parent-child attachment, and positive parenting behaviors.^{138,140-142}



Sector Involvement

Public health can play an important and unique role in preventing ACEs. Public health agencies, which typically place prevention at the forefront of efforts and work to create broad population-level impact, can bring critical leadership and resources to bear on this problem. For example, these agencies can serve as a convener, bringing together partners and stakeholders to plan, prioritize, and coordinate prevention efforts.²⁵⁻²⁹ Public health agencies are also well positioned to collect and disseminate data, implement preventive measures, evaluate programs, and track progress.²⁵⁻²⁹ Although public health can be a lead in preventing ACEs, the strategies and approaches outlined here cannot be accomplished by the public health sector alone.

Other sectors vital to preventing ACEs and mitigating the immediate and long-term harms of ACEs include, but are not limited to, education, government (local, state, and federal), social services, health services, business and labor, public safety, justice, housing, media, and organizations that comprise civil society such as faith-based organizations, youth-serving organizations, domestic violence and sexual assault coalitions, foundations and other non-governmental organizations.²⁵⁻²⁹ Collectively, these sectors can make a difference in preventing ACEs by impacting the various contexts and underlying risks that contribute to violence and adversity and by supporting safe, stable, nurturing relationships and environments for all children.







Monitoring and Evaluation

Monitoring and evaluation are necessary components of the public health approach to prevention. Timely and reliable data are essential for monitoring the extent of the problem, determining how best to utilize resources, and evaluating the impact of prevention efforts. Data are also necessary for program planning and implementation.

Surveillance data can help researchers and practitioners track changes in the burden and consequences of ACEs. There are a number of surveillance systems that collect information related to ACE exposures and consequences at the federal, state, and local levels. For example, the Behavioral Risk Factor Surveillance System (BRFSS) is an example of a surveillance system that provides state data on previous exposure to ACEs among adults aged 18 and older reporting on their childhood. The system also gathers information on a range of health conditions to assess the impact of ACE exposures on health. The Youth Risk Behavior Surveillance System (YRBSS) collects information on multiple forms of violence among high-school students in the United States, including information about lifetime and past year sexual violence victimization, past year physical and sexual teen dating violence victimization, youth violence (including bullying), and suicidal behavior. It also collects lifetime and current use of alcohol and other substances. YRBS data are available at the local, state, and national levels.

Other sources of data include the National Survey of Children's Exposure to Violence (NatSCEV), the National Intimate Partner and Sexual Violence Survey (NISVS), the National Survey of Children's Health (NSCH), and the National Crime Victimization Survey (NCVS). NatSCEV provides self-reported data on violence against children through a nationally representative random-digit dial survey of children (aged 0-9) and youth (aged 10-18). Youth report on their own past year and lifetime victimization experiences across five general areas (i.e., conventional crime, child abuse and neglect, peer and sibling victimization, sexual victimization, and witnessing violence). Caregivers report on these victimizations for children. NISVS collects lifetime and past year information on intimate partner violence, sexual violence, and stalking victimization at both the state and national level, including data on characteristics of the victimization, demographic information on victims and perpetrators, impacts of the violence, age at first experiences of these types of violence, and health conditions associated with the violence. The NSCH is a nationally representative survey that gathers information on the physical and emotional health of children aged 0-17 and the child's family, neighborhood, school, and social context. The survey includes several ACE exposures as well as information on family, school, and neighborhood protective factors. The NCVS gathers information from a nationally representative sample of households on the frequency, characteristics, and consequences of criminal victimization among persons aged 12 and older in the United States.

National, state, and local data are available from other sources as well. The National Child Abuse and Neglect Data System (NCANDS) provides official reports of child abuse and neglect made to Child Protective Services. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system that combines data from death certificates, law enforcement reports, and coroner or medical examiner reports to provide detailed information on the circumstances of violent deaths such as homicide and suicide, including intimate partner violence, mental health problems and treatment, and recent life stressors. Information about violent offenses, victimization, and involvement with the justice system are also available from the Department of Justice's Bureau of Justice Statistics, the Federal Bureau of Investigation's Uniform Crime Reports, and the Office of Juvenile Justice and Delinquency Statistical Briefing Book.

No matter the data source, it is important that routine and ongoing monitoring align with the work of multiple federal, state-level, and local partners and agencies to achieve a more comprehensive understanding of ACE exposures, their consequences, and effective prevention efforts in this area. It is also important to track progress of prevention efforts and to evaluate the impact of those efforts. Evaluation data, produced through program implementation and evaluation, is essential in providing information on what does or does not work to prevent ACEs and associated risk and protective factors.



Conclusion

ACEs are a serious public health problem with far-reaching consequences across the lifespan. They are also preventable. The strategies outlined here, drawn from the *CDC Technical Packages to Prevent Violence*, are intended to change norms, environments, and behaviors in ways that can prevent ACEs from happening in the first place as well as to lessen the immediate and long-term harms of ACEs. To maximize impact, these strategies and approaches are intended to be used in combination as part of a comprehensive effort to help ensure that all children have safe, stable, nurturing relationships and environments in which to thrive and achieve lifelong health and success. The hope is that multiple sectors, such as public health, health care, education, public safety, justice, social services, and business will use this information as a guide and join CDC in efforts to prevent ACEs.

Learn More

CDC's Technical Packages to Prevent Violence

<https://www.cdc.gov/violenceprevention/communicationresources/pub/technical-packages.html>

CDC's Violence Prevention in Practice

is a resource to help state and local health agencies and other stakeholders with their violence prevention efforts
<https://vetoviolence.cdc.gov/apps/violence-prevention-practice/#/>





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