TRAUMA-INFORMED VIRGINIA

A trauma-informed approach to working with children and families asks "what happened to you?" not "what's wrong with you?" Our policymakers must prioritize preventing trauma, intervening early to address traumatic experiences, and dismantling systems that perpetuate trauma.

Many children experience trauma, which impacts their brain development and their long-term health and well-being.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)



Separation from a parent including death or incarceration

Physical or emotional

abuse or neglect



Living with or experiencing domestic violence, parental substance abuse or mental illness, or community violence



Economic hardship

20%

of children in Virginia have experienced two or more ACEs

The best way to buffer the impacts of trauma is to educate and encourage parents to provide safe and nurturing homes.

Early childhood home visiting programs provide support to pregnant women and families with children ages 0 to 5

but only reach

<10%



of families in need

Too often the professionals who work with children and families experience burnout related to job stressors.



50% of child welfare workers

thought about leaving their positions if offered a less stressful job

Trauma experienced by some children and families is layered on top of racial or historical trauma.









RACIAL TRAUMA

The stressful impact or emotional pain of one's experience with racism and discrimination

HISTORICAL TRAUMA

Cumulative emotional and psychological harm, as a result of group traumatic experiences, transmitted across generations within communities and families



Questions for Candidates

#VAVotes4Kids

- TRAUMA-INFORMED SCHOOLS: The Virginia School Safety Audit Report noted that half of the threat assessments made in schools were for self-harm. Teachers are reporting an increase of children with challenging behaviors, most often linked to trauma experienced at home or in the community. What would you do to ensure that teachers and school divisions have the resources to meet their children's socio-emotional and mental health needs?
- CROSS-SYSTEM COLLABORATION: Children can interact with many systems (schools, health and mental health, courts) as they grow up. At times these systems do not work together and can create additional challenges for families. What would you do to ensure better outcomes for children and families involved in multiple systems?
- MENTAL HEALTH IN SCHOOLS: To begin to address students' mental health needs, the General Assembly added more school counselor positions. These positions are considered "support staff along with nurses, social workers, and school psychologists. Do you believe that schools have adequate support staff? Why or why not?
- ACCESS TO CARE: Virginia policymakers are presented with two opportunities to implement more trauma-informed and evidence-based initiatives for children and their families; the implementation of the Family First Prevention Services Act in foster care and the redesign of Medicaid-funded behavioral health initiatives. This process will require scaling-up services, training staff, and data collection and evaluation. What do you hope will be better for vulnerable children and their families after the roll-out of these initiatives?
- COMMUNITY-LEVEL PREVENTION: Over 20 communities across Virginia are forming regional trauma-informed networks to foster trauma prevention and facilitate trauma-informed practices in health, courts, schools, and other systems. What role, if any, should the state play in advancing these efforts?
- WORKFORCE: Child-serving professionals including teachers, mental health professionals, and social workers are reporting high job stress and vicarious or secondary trauma from working with children who have experienced trauma. What efforts would you champion to support these professionals?
- **EQUITY + TRAUMA:** Historical policy decisions, such as school segregation, have led to decades of negative consequences for generations of families and neighborhoods. For some children their ACEs are layered on top of these historical traumas. **Are there policy solutions that can address both the historical and current effects of trauma? If so, what are they?**





