Childhood trauma exposure is a **public health concern**

**Most U.S. children are exposed to trauma** or adverse childhood experiences (ACES), including violence, physical/sexual abuse, accidents, neglect, parent mental illness, etc.

Most childhood trauma exposure is **unreported**; screening can improve early identification of children

Childhood trauma exposure is associated with **problems with physical and mental health, suicide, substance abuse, school performance, and employment** through adulthood

The costs for children maltreated in a single year are estimated to be **$124 billion** in future healthcare and social service costs

**“Trauma-informed care”** or a **“trauma-informed approach”** refers to strategies that a state, organization, system, or program can use to prevent, identify, and intervene early for children who may be exposed to trauma

Trauma-informed care is relevant to, and has been applied in, all child-serving settings, including behavioral health, child welfare, pediatrics, juvenile justice, education, law enforcement, early care and education, and home visiting

Trauma-informed care strategies include:
- Workforce development/staff training and support
- Screening and assessment to improve early identification of children
- Access to evidence-based trauma-focused prevention and intervention programs
- Organizational and policy changes to reflect research about trauma and consumer input

**Barriers to implementation of trauma-informed care strategies include:**
- Limited local/in-house expertise in childhood trauma
- Limited funding to support training and implementation activities
- High rates of staff turnover

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**Key Resources**

- This [brief](#) summarizes child trauma and the National Child Traumatic Stress Network (NCTSN)
- [Recent legislation](#) related to trauma-informed approaches
- Recent [GAO report](#) on Children Affected by Trauma
- [This brief](#) describing CT’s trauma-informed child welfare system