Resilient Gwinnett



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Introduction



Trauma is an invisible epidemic that deeply impacts individuals, families, and entire communities. Nearly 70% of adults in the U.S. have experienced at least one traumatic event in their lifetime, and more than 80% of adolescents have experienced one Adverse Childhood Experience (ACE).[1,2] Despite these staggering statistics, trauma remains one of the most critically overlooked systemic issues of our time. The need for trauma-informed communities has never been more urgent.

Trauma-informed care (TIC) is more than a therapeutic approach for individuals—it's a transformative framework that fosters healing and resilience within communities, helping them disrupt cycles of hardship and thrive.

When organizations, social services, schools, and community leaders genuinely embrace trauma-informed principles, they promote healing for individuals while nurturing entire communities, making a profound difference in the lives of many.

Introduction

This toolkit is designed to provide information and practical strategies needed to create lasting, trauma-informed change across key sectors such as schools, workplaces, and youth-serving organizations. Through evidence-based insights, the toolkit outlines why trauma is a critical issue for the community, detailing its wide-ranging impacts on public health, social systems, and economic stability. It offers a deep dive into trauma-informed care, equipping readers with a Shared Language Library for understanding and addressing trauma's effects. Additionally, the toolkit includes an implementation starter guide that serves as a roadmap for integrating trauma-informed practices into everyday operations.

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Our hope is that this empowers Gwinnett to build a more compassionate, resilient community where healing is prioritized, harm is minimized, and all individuals have the opportunity to thrive.

Understanding Trauma-Informed Care

Trauma-informed care is a framework for understanding and responding to the effects of trauma and aims to create a safe environment where individuals are treated with respect, compassion, and understanding. TIC in workplaces, schools, and other community settings fosters resilience, well-being, and positive adaptation for individuals affected by trauma.

By prioritizing safety, empowerment, and recovery, TIC ensures that policies, environments, and practices promote healing while minimizing triggers of stress. These approaches are also designed to be sensitive to the diverse racial, ethnic, and cultural backgrounds of individuals, enhancing inclusivity and support.[3]

Trauma-informed environments operate with the assumption that trauma may have influenced a person's behavior, health, or overall well-being, enabling a shift from a "what's wrong with you?" mindset to a "what happened to you?" perspective.[4] We'll dive deeper into this topic in the Defining Trauma-Informed Care section.



Continue reading to learn more about how TIC can benefit Gwinnett County.

Why Gwinnett County Should Care About Trauma and Trauma-Informed Care

Trauma extends beyond individuals, affecting entire communities and systems.

To fully grasp the scope of trauma, we must view it as a complex, systemic issue influencing most aspects of community life rather than viewing it as a series of isolated incidents and experiences. From the economic toll of untreated mental health disorders to the strain on our education systems and the disproportionate effects of trauma on marginalized populations, the consequences of trauma ripple throughout Gwinnett, affecting every part of our community. Although trauma is often invisible, its impacts are undeniable and affect the collective health, safety, and prosperity of our entire county.



Understanding trauma and its far-reaching effects is not just important—it's essential to shaping a healthier, more resilient, and compassionate Gwinnett County. Embracing trauma-informed care and engaging compassionately with one another allows us to create an environment where everyone, especially the most vulnerable among us, feels supported, safe, seen, and empowered to heal.

By deepening our understanding of trauma and striving to become a trauma-informed community, we are committing to protecting one another, working toward healing, and building a foundation of hope for future generations.

The Economic Benefits of Trauma-Informed Care

Ignoring the widespread effects of trauma comes with a high price tag, particularly in diverse communities like Gwinnett where trauma is disproportionately prevalent due to systemic inequalities, historical oppression, and higher exposure to adverse childhood experiences (ACEs), such as abuse and neglect.[5]

The economic toll of trauma is felt in healthcare costs, lost productivity, and overburdened social systems. Studies indicate that the annual economic burden of trauma and ACEs in the U.S. is $14.1 trillion, including $183 billion in direct medical costs and $13.9 trillion in lost healthy life-years.[6] Moreover, trauma contributes to chronic stress and mental health issues, negatively impacting workforce engagement and undermining the economic health of a community.

However, implementing trauma-informed practices and policies can create supportive environments that mitigate the negative effects of trauma. In addition to improving individual well-being, trauma-informed approaches have the potential to reduce the financial strain on social systems. When people are better supported, they are less likely to need public assistance programs or social services. TIC has the potential to reduce the burden on local and state governments, freeing up resources for other pressing needs. As individuals who have experienced trauma are given the support they need to heal and thrive, they are more likely to engage in sustainable employment, participate in community life, and break the cycle of economic instability and dependency.

The state of Washington implemented a community plan that saved more than $1.1 billion in health care, law enforcement, social services, and other costs from 1994 to 2011.[7]

Reducing the Impact of Trauma on Public Health

When trauma goes unaddressed, it can result in a wide array of public health issues, from mental health disorders like anxiety and depression to chronic conditions like heart disease. In Gwinnett, populations such as immigrants and racial minorities are more likely to suffer from trauma due to the stress of discrimination, violence, and economic instability. Studies consistently show that exposure to trauma increases the likelihood of poor physical health, including the development of chronic diseases such as diabetes, obesity, and cardiovascular disease. In fact, people with four or more ACEs are 1.4 times more likely to have diabetes, 2.3 times more likely to have a stroke, cancer, or heart disease, 3.2 times more likely to have chronic lower respiratory disease, and 10 times more likely to experience "problematic drug use".[8]

Trauma-informed care addresses the root of these outcomes, improving both mental and physical health outcomes by helping individuals heal from past experiences. For instance, trauma-informed care in healthcare settings can reduce stress and improve engagement with care, thereby improving overall health and preventing further medical complications.[9]

When implemented effectively, this approach decreases reliance on emergency care and hospitalizations, ultimately lowering long-term healthcare costs and improving the public health infrastructure in Gwinnett.[10]



Improving Educational Outcomes and Youth Well-being

Schools are more than just places of learning—they are a community's frontline for intervention and a critical setting for fostering social and emotional well-being on a broad scale. By nurturing both individual resilience and supportive environments, schools help cultivate protective and promotive factors that benefit students and staff alike. Research shows that trauma-informed approaches in education not only provide immediate relief for students but also build long-term resilience by equipping them with healthy coping skills and fostering strong, supportive relationships with trusted adults.[11]

Additionally, trauma-informed care in schools results in improved academic performance, fewer disciplinary incidents, and reduced absenteeism.[12] As Gwinnett's schools continue to expand, integrating trauma-informed practices will ensure that Gwinnett's students have the support they need to succeed academically and socially, laying the foundation for a brighter future for our community as a whole.

Strengthening the Criminal Justice System and Reducing Recidivism

Many people in the criminal justice system—particularly those who have experienced domestic violence, substance abuse, and childhood trauma—are at risk for reoffending, creating a cycle that harms individuals and the community as a whole. Trauma-informed practices in law enforcement and the court system can help break this cycle by offering supportive services and alternative approaches to traditional punitive measures.

Gwinnett County has achieved success with programs like the Mental Health Court, which addresses the underlying trauma and mental health issues of offenders rather than solely relying on incarceration. The results speak for themselves: only 26% of graduates are later arrested for a felony, compared to 60–81% of similar offenders who serve prison time.[13]

Expanding these efforts could help further reduce recidivism rates, lower the strain on the justice system, and foster a safer, more supportive community. There is strong evidence that suggests trauma-informed approaches in corrections reduce recidivism by addressing the root causes of criminal behavior and helping individuals reintegrate into society successfully.[14]

Enhancing Community Resilience and Social Cohesion

Communities that embrace trauma-informed care are more likely to experience increased social cohesion, lower crime rates, and greater community engagement. This collective effort can reduce social isolation, improve community well-being, and promote positive relationships between residents, ultimately building a stronger, more connected Gwinnett.[15]

Through fostering resilience and social support, Gwinnett can build a community where everyone—regardless of their past trauma—feels empowered to thrive. Trauma-informed care is not just about healing individuals; it's about healing and strengthening the community as a whole. As Gwinnett continues to grow, adopting trauma-informed practices across all sectors—healthcare, education, law enforcement, businesses, and social services—can ensure that Gwinnett is a safer, more inclusive, and more resilient community.

A Call to Action for Gwinnett County
The Power of Working Together

Organizations have a unique opportunity to lead the way in making their communities safer, more resilient, and more compassionate. Becoming trauma-informed is not just a moral imperative—it is an investment in the long-term well-being of the individuals and the communities they serve.

Ultimately, lasting change comes from collective action. Embracing trauma-informed practices across sectors—education, law enforcement, healthcare, housing, and more—creates a stronger and healthier community. Trauma is not just an individual experience but a collective challenge that requires a unified response. Community-wide collaboration fosters trust, strengthens relationships, and promotes shared accountability for the healing and well-being of all.

Are you ready to join us and make a difference? It starts with learning more about our community, trauma-informed care, and committing to building a more resilient Gwinnett.

A Look At: Trauma-informed Workplaces



Why Trauma-Informed Care Matters in Gwinnett County Workplaces

Trauma is often seen as a personal issue, but its effects extend into the workplace, influencing employee well-being, engagement, and performance. Whether stemming from personal experiences such as loss, domestic violence, or childhood adversity, or workplace-related challenges like harassment, bullying, or chronic stress, trauma can shape how employees show up at work.

In Gwinnett County, where industries and socioeconomic backgrounds vary widely, adopting trauma-informed practices in the workplace is essential for fostering both employee well-being and organizational success.



The Scope of Trauma in Gwinnett Workplaces

Gwinnett County is home to a workforce of more than half a million people across industries including healthcare, education, construction, manufacturing, and retail.[16, 17] While many employees arrive at work prepared to contribute, others carry the weight of past or present trauma that can affect their professional lives. Trauma in adulthood isn't limited to childhood experiences—it can also stem from job insecurity, discrimination, high-pressure environments, and toxic workplace cultures.

Workplace trauma has tangible effects on employee well-being. Employees who have experienced trauma are more likely to suffer from anxiety, depression, and burnout, leading to decreased job satisfaction, increased absenteeism, and lower productivity. Organizations that fail to address trauma in the workplace not only see reduced engagement but also higher turnover rates and increased healthcare costs associated with stress-related illnesses.

The Impact of Trauma on Workplace Performance

Employees dealing with trauma often struggle with focus, emotional regulation, and interpersonal relationships at work. Research has shown that trauma-exposed employees are at a significantly higher risk of experiencing workplace stress and disengagement, which can contribute to:

Higher staff turnover and lower job satisfaction:
Mental health struggles related to trauma can contribute to employee turnover. Employees who typically feel stressed during the workday are 3 times more likely to say they plan to quit in the next year, and 50% of full-time employees report leaving a previous job role due to mental health concerns.[18, 19]

Decreased productivity and lower quality of work:
Trauma can impair cognitive functionality, making it difficult for employees to concentrate, retain information, and complete tasks. Employees experiencing trauma-related symptoms are less likely to meet deadlines and less likely to produce work free of errors and of the same quality as their peers who are not experiencing trauma symptoms.[18, 20]



Increased absenteeism:

Trauma, especially when untreated, can manifest physically and emotionally, leading to increased absenteeism.[21] Close to 60% of work absenteeism is caused by high levels of stress, and employees experiencing anxiety and depression miss an average of 31.4 days of work per year.[22, 23] Globally, an estimated 12 billion working days are lost every year to mental health concerns, costing $1 trillion.[24]

Increased work-related stress and burnout:

Individuals who have experienced trauma are significantly more prone to experiencing high levels of work-related stress leading to increased burnout.[25] Workplace stress costs U.S. employers $500 billion annually in lost productivity.[26]

Deterioration of team dynamics:

Trauma-exposed employees may struggle with trust, communication, and conflict resolution, contributing to workplace tension. Teams that include individuals who have experienced trauma are more likely to experience interpersonal conflicts.[20] Additionally, trauma can manifest in teams through increased bullying and harassment.[27] In the U.S., workplace conflict costs nearly $540 billion* in lost time. High rates of employee turnover and absenteeism are associated with environments where conflict is poorly managed.[28]

*Adjusted for inflation using the Bureau of Labor Statistics CPI Inflation Calculator

The Power of Trauma-Informed Care in the Workplace

Gwinnett workplaces have an opportunity to lead the way in creating supportive, trauma-informed environments. Understanding and addressing trauma is not just a compassionate approach; it is a strategic one that helps create healthier, more engaged, and more productive workplaces.

Trauma-informed practices in Gwinnett workplaces can:

Improve organizational climate and employee well-being:

Research shows that implementing trauma-informed care in the workplace fosters a supportive environment, where employees feel understood and valued, that results in improved organizational climate, employee mental health, and reduced stress and burnout.[29, 30]

Increase employee retention and job satisfaction:

Research has shown that trauma-informed workplaces can significantly improve employee retention. Trauma-informed approaches have resulted in a 35% reduction in staff turnover rates.[31] Employees in these environments reported higher job satisfaction.[9] Furthermore, job seekers are more likely to apply at organizations that prioritize mental health support.[32] This translates into lower recruitment costs and a more stable workforce.

Enhance productivity and engagement:
Trauma-informed care leads to a more engaged workforce. When employees feel safe and supported, they are more likely to be present and productive. One study found that workplaces implementing trauma-informed approaches reported a near 30% improvement in employee attendance and a 20% associated cost savings.[33, 34] Moreover, organizations where team members trust leadership, an outcome related to trauma-informed practices, have been shown to have 50% higher productivity.[35]

Reduce in workplace conflict:
Employees who have experienced trauma may display irritability, withdrawal, or aggression, which can contribute to workplace conflict. However, conflict resolution experts report that trauma-informed policies reduce workplace conflicts, misunderstandings, and interpersonal tensions by equipping personnel to recognize signs of distress, respond empathetically, and facilitate constructive dialogues.[36]



Trauma-informed workplaces prioritize the well-being of their employees, leading to individual success and organization-wide success.

The evidence clearly shows that trauma-informed care is not just a good practice— it's a strategic investment that leads to improved outcomes for both employees and employers.

Taking Action in Gwinnett: What Can Be Done?

Engaging with this toolkit, utilizing it to make positive change, and sharing the information you are learning is a great first step to making a difference in Gwinnett. Our implementation guide will offer more specific direction to lead you through a journey of becoming trauma-informed, but here are a few ways workplaces can create real change right now:



Trauma-Informed training for leadership: Providing training for managers and supervisors on how to recognize trauma-related behavior and respond appropriately can help create a more supportive workplace.



Employee wellness programs: Employers can integrate wellness initiatives, such as mental health days, access to counseling, and workshops on stress management and resilience, into their existing employee support systems.

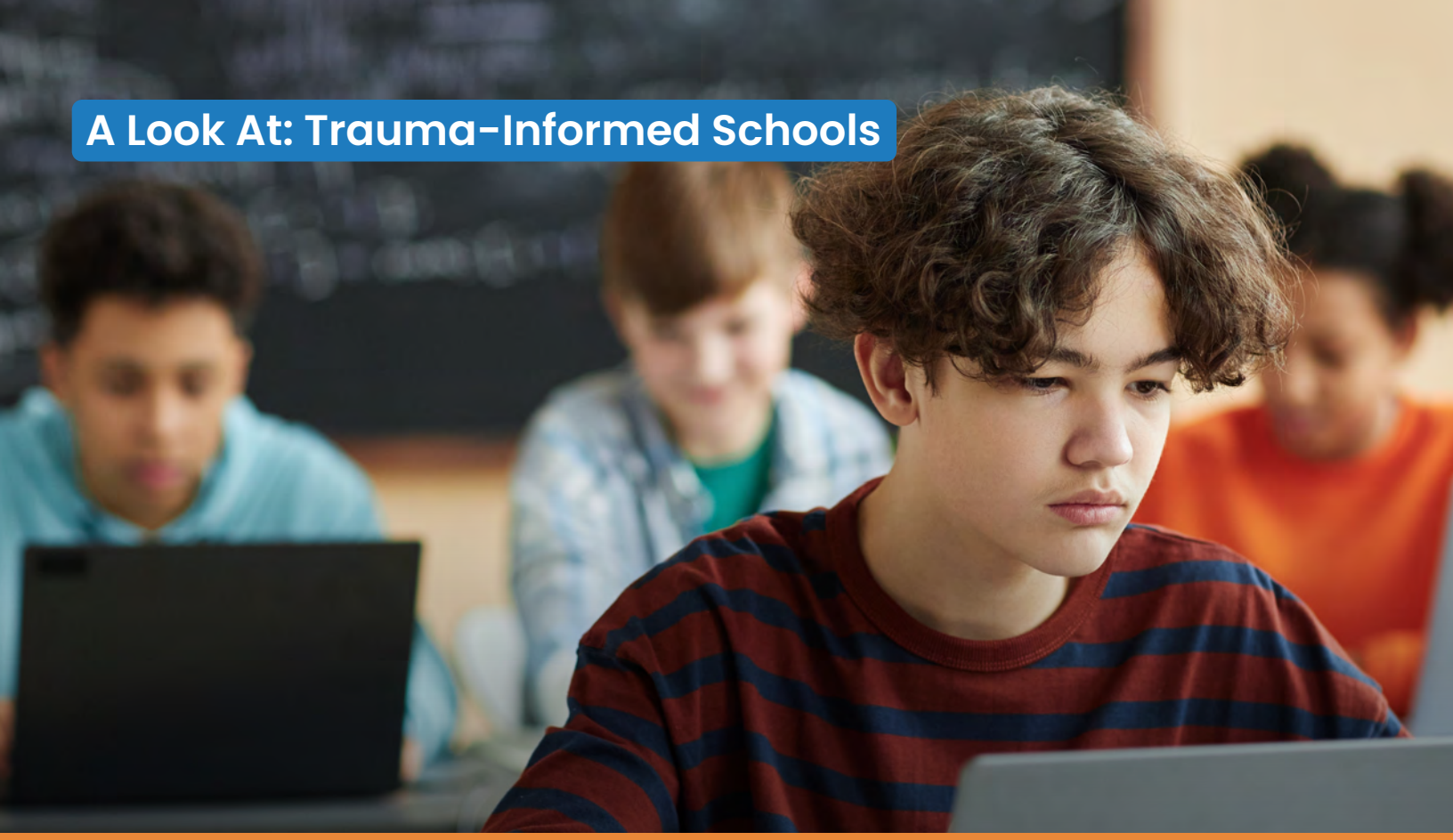


Policy changes: Organizations can implement trauma-informed policies that include non-punitive approaches to absenteeism, accommodations for mental health, and proactive support for employees going through difficult personal situations.



Community partnerships: Collaborating with local mental health organizations, community-based organizations, and local government can provide workplaces with additional resources to support employees' emotional and psychological needs.

A Look At: Trauma-Informed Schools



Why Trauma-Informed Care Matters in Gwinnett County Schools

Trauma—whether from abuse, neglect, community violence, or growing up in high-stress environments—impacts how students think, learn, and behave. Addressing trauma in Gwinnett County schools isn't just important, it's crucial for supporting academic success and fostering mental and emotional well-being. Trauma-informed care in schools is a key intervention that can profoundly shape the future of Gwinnett's youth.

The Scope of Trauma in Gwinnett Schools

Gwinnett County is home to a vibrant and diverse student body, with over 180,000 students across more than 140 schools and a minority enrollment of 80%.[37] Behind these impressive numbers, however, many students face significant challenges outside the classroom, including food insecurity, housing instability, and exposure to community violence—factors that contribute to trauma and can negatively affect concentration, memory, and behavior.

With 39% of students economically disadvantaged and over 56% qualifying for free or reduced-price lunch, trauma is a daily reality for many.[37, 38]

Additionally, Gwinnett's sizable immigrant community encounters unique challenges related to cultural adjustment, language barriers, and discrimination, which further contribute to trauma.[39] These complex circumstances create an additional layer of difficulty in meeting educational expectations, often leading to misunderstood behaviors that disrupt learning and hinder academic success.[40]

The Impact of Trauma on Student Performance

Trauma disrupts emotional regulation, cognitive function, and academic performance, making it harder for students to thrive. Below are specific ways that trauma manifests and the measurable impacts it has on student success:

Decreased academic achievement: Trauma disrupts children's brain development, impairing critical cognitive skills such as concentration, memory, and problem-solving. These disruptions can significantly hinder academic performance. Research indicates that trauma-affected students score markedly lower on IQ and reading tests, have reduced grade point averages, and are 2.5 times more likely to be held back a grade or placed in special education. Notably, students who experience four or more adverse events are 32 times more likely to struggle with learning and behavior.[41, 42, 43]

Increased behavioral issues: Trauma is consistently linked to behavioral problems in schools resulting in higher rates of suspension, expulsion, and behavioral referrals. Students with repeated exposure to trauma are 6.9 times more likely to exhibit behavioral issues, such as aggression, hyperactivity, and impulsivity.[44] Certain types of traumas, such as physical abuse combined with domestic violence, can increase the risk of behavioral and emotional problems by 30-60%.[45] These behaviors are often misinterpreted as discipline issues rather than manifestations of trauma, which can lead to punitive responses that reinforce a harmful cycle of trauma and behavioral issues.[42]

Higher rates of absenteeism: The emotional and physical stress of trauma can lead to chronic absenteeism, with students who have experienced trauma being 1.5 times more likely to miss school than their peers.[46] Those with four or more adverse experiences are five times more likely to struggle with attendance.[44] Chronic absenteeism not only hinders academic progress but also disrupts social connections and a student's sense of stability—both crucial elements for trauma recovery.

Higher dropout and lower graduation rates: Students exposed to trauma face a significantly higher risk of not completing school. Children who experience violence are 5% more likely to drop out, with this rate rising to 15% for those who endure sexual violence. Exposure to community or gang violence doubles the likelihood of dropping out. The impact on graduation rates is equally alarming—trauma-affected students are 13% more likely to not graduate, with those exposed to physical violence facing a 20% risk.[43]

Impaired mental health and social emotional skills: Stress and trauma can disrupt students' ability to regulate their emotions, making it difficult to manage their feelings, often leading to increased rates of anxiety, depression, and post-traumatic stress disorder (PTSD).[47]

The Power of Trauma-Informed Care

Implementing trauma-informed care (TIC) in schools has led to remarkable improvements in student behavior, academic performance, and school culture. In Texas, one elementary school reduced suspensions from 445 to just 19 in a single year, achieved state testing success for the first time, and saw increased teacher retention and a calmer environment. In Hawaii, a five-year TIC initiative brought behavioral incidents down from 2,260 to one, eliminated suspensions, raised graduation rates by 10%, reduced student harassment from 60% to 36%, and cut teacher vacancies in half.[48]

Trauma-informed practices in Gwinnett schools can:

Improve student mental health and well-being: Trauma-informed practices provide students with the tools and support needed to process their emotions and develop coping skills, lessening the escalation of mental health issues among students. Furthermore, trauma-informed approaches have been shown to help students build resilience, leading to an increase in overall emotional regulation, coping abilities, and confidence.[49] As students' emotional well-being improves, their ability to focus and engage in the classroom also increases.

Improve academic performance: Schools that implement trauma-informed practices see significant academic gains. For example, trauma-informed schools in Pennsylvania reported a 25% increase in students meeting or exceeding benchmark targets in math and a 30% improvement in writing scores.

These gains highlight how a supportive, trauma-sensitive environment can enhance students' cognitive function, focus, and engagement in learning.[50]

Improve behavioral outcomes:
Trauma-informed approaches help reduce the need for harsh disciplinary actions, such as suspensions and expulsions, which can disproportionately affect marginalized students. Notably, Lincoln High School in Washington experienced a

31% decline in behavioral referrals.

83% fewer suspensions.

40% less expulsions.

within one year of adopting trauma-informed approaches.[42] These reductions help to keep students engaged in school and reduce the likelihood of academic disengagement and dropout, especially among students who have experienced trauma.



Increase attendance: By creating a safe and welcoming environment,[42] trauma-informed schools help reduce the stress and anxiety that can contribute to chronic absenteeism, encouraging students to attend school regularly. The adoption of trauma-informed practices led to a 15% increase in student attendance at the Pace School in Pittsburg.[42]

Improve overall school climate and student-teacher relationships: Trauma-informed schools report a more positive school culture with stronger relationships between students and staff, improved retention of new teachers, and increased feelings of safety and belonging among students and teachers.[51]

Taking Action in Gwinnett: What Can Be Done?

Engaging with this toolkit, utilizing it to make positive change, and sharing the information you are learning is a great first step to making a difference in Gwinnett. Our implementation guide will offer more specific direction to lead you through a journey of becoming trauma-informed, but here are a few ways schools can create real change right now:

Trauma-informed training for educators: Include teachers and staff in the process of becoming aware of how to recognize signs of trauma and respond with empathy and appropriate strategies. Ensuring that information is readily-available and easy to access will increase buy-in and help all staff learn together. Gwinnett County can expand training opportunities for all educators, from elementary to high school, to ensure that every adult in the school system is equipped to effectively support students.

Integrating trauma-informed policies and practices: During this process, open and honest communication and reflection will lead to areas of policy that need to be examined and adjusted. Schools should consider implementing restorative discipline practices, increasing access to school counselors, and integrating social-emotional learning (SEL) into the curriculum to help students build coping skills and develop resilience.

Building community partnerships: Collective effort is key to transforming schools into safe, supportive spaces that promote healing alongside academics. Collaborations with local mental health organizations, community-based organizations, and local governments can provide schools with additional resources to support students and their families.

Embracing Trauma-Informed Schools in Gwinnett County

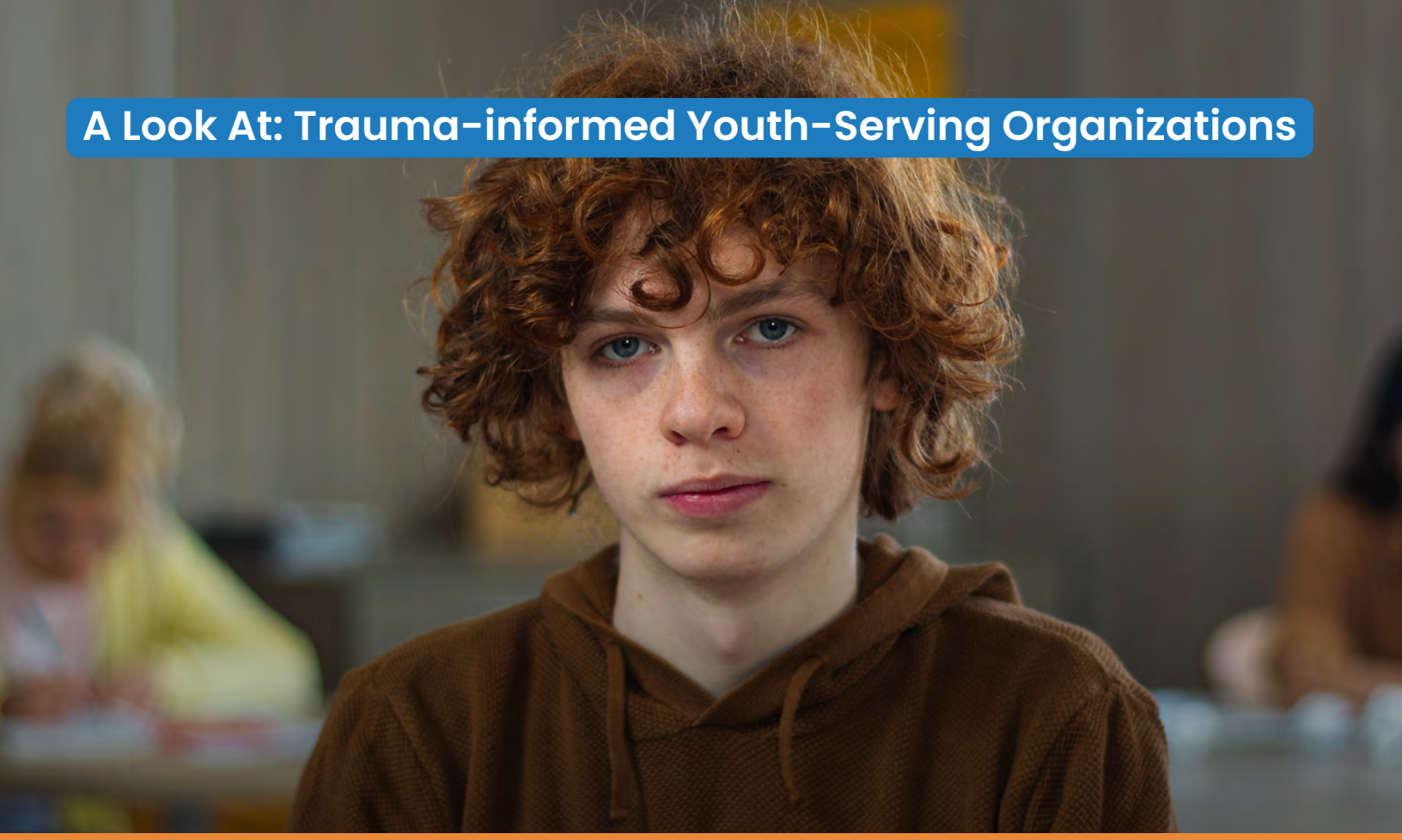
Gwinnett County stands at a pivotal moment to lead the way in trauma-informed education.

By shifting from reactive discipline to proactive understanding, schools can create environments where every student feels seen, supported, and empowered to succeed. Trauma-informed practices don't just reduce disciplinary issues—they build resilience, strengthen relationships, and set the stage for lifelong success.

Embracing this approach isn't just an investment in students; it's a commitment to a stronger, more connected community.



A Look At: Trauma-informed Youth-Serving Organizations



Why Trauma-Informed Care Matters in Youth-Serving Organizations in Gwinnett

In Gwinnett County, youth-serving organizations have a unique opportunity to create lasting change by adopting trauma-informed care. These organizations—including after-school programs, mentoring groups, recreational services, and community outreach initiatives—are ideally positioned to support youth who have experienced various forms of trauma, such as abuse, neglect, exposure to violence, or community instability.

Understanding trauma and fostering environments that prioritize emotional and psychological safety is essential for promoting positive development and long-term well-being in youth. Given the rates of youth living in poverty and facing other adverse conditions in Gwinnett, adopting a trauma-informed approach is not just beneficial—it's necessary.[52, 53]

The Scope of Trauma in Gwinnett County Youth

Gwinnett County is the second-largest county in Georgia, home to over one million residents, including

> approximately 257,000 youth under the age of 18.[54] More than 15% of Gwinnett's youth live in poverty, with many facing trauma related to financial instability, violence, neglect, or family dysfunction.[52, 53]

As a result, a substantial number of young people are at increased risk for not only mental health challenges but also behavioral issues, strained relationships, and difficulties in various community settings, affecting their social, emotional, and interpersonal development.

For Gwinnett's youth-serving organizations, this means that many of the young people they serve may be carrying the weight of unaddressed trauma. Without proper interventions, the impact can be far-reaching—not only affecting individual well-being but also contributing to broader community challenges, such as cycles of violence, disengagement, and poor mental health outcomes.

The Impact of Trauma on Youth Development

Trauma can profoundly affect youth, particularly in their emotional, social, and cognitive development. The effects of trauma are measurable and can lead to a range of negative outcomes, including the following:

Increased risk of mental health disorders: Trauma-exposed youth experience suicidal ideation and attempts at alarming rates, with 12% reporting suicidal thoughts or behaviors. As much as 16% of youth who have experienced significant trauma develop symptoms post-traumatic stress disorder (PTSD) and face a significantly higher risk of developing major depression, aggression, and conduct disorders. Despite these serious challenges, many trauma-exposed youth are hesitant to seek mental health support.[55, 56, 57] As a result, youth-serving organizations play a critical role as the first point of intervention, offering essential support and resources for those who may otherwise go untreated.

Decreased emotional regulation: Youth who have experienced trauma often struggle with emotional regulation, exhibiting difficulties at rates up to twice as high as their peers. These challenges are closely linked to behaviors that pose significant risks, including impulsivity, aggression, and substance use.[58]

Greater likelihood of risky behavior: Trauma-exposed youth face a significantly higher likelihood of engaging in risky behaviors, often as a way to cope with unaddressed emotional distress. Research shows they are 18% more likely to experience sexual exploitation, 14% more likely to run away from home, and 13% more likely to engage in criminal activity. Additionally, they face an increased likelihood of substance abuse (8%), alcohol use (11%), and school avoidance (6%).[56] In Gwinnett, these statistics translate to thousands of students at risk of choices that can negatively impact their well-being and future opportunities.

Greater likelihood of violent behavior: Youth who experience adverse experiences, particularly abuse and household dysfunction, are significantly more likely to engage in both interpersonal violence and self-directed violence. Adverse Childhood Experiences are strongly linked to bullying, physical fighting, dating violence, weapon-carrying, and an increased risk of self-harm.[56, 59]

The Benefits of Trauma-Informed Care in Youth-Serving Organizations

Adopting trauma-informed care in Gwinnett's youth-serving organizations offers numerous benefits, not just for the youth served but for the broader community as well. By recognizing and addressing the impact of trauma, organizations can foster environments that promote healing, resilience, and positive growth.



Trauma-informed practices in Gwinnett youth-serving organizations can:

Improve youth's ability to regulate their emotions: Youth who experience trauma-informed care are better able to manage their emotions and demonstrate greater self-control, leading to more stable and positive interactions with peers and adults.[60]

Better mental health outcomes: Trauma-informed care has been shown to reduce mental health challenges in youth. Several studies have demonstrated significant improvements in depression, anxiety, and PTSD. Notably, one intervention resulted in an 86% reduction in PTSD symptoms and a 66% reduction in depression symptoms among those receiving trauma-informed treatments.[61, 62]

Reduce risky behaviors: By addressing the root causes of distress, trauma-informed care helps reduce the likelihood of youth engaging in substance abuse, criminal activity, and other risky behaviors.[61, 62]

Strengthen relationships: With the support of trauma-informed programs, youth are more likely to form healthy, supportive relationships with peers, family members, and adults, fostering a sense of trust and connection.[60, 63]

Increase behavioral success: Trauma-informed care has been shown to improve behavioral issues–including aggression, defiance, and non-compliance–and increase skills needed to focus, engage, and succeed in educational and work settings.[64]



By embracing trauma-informed care, youth-serving organizations in Gwinnett can disrupt cycles of adversity and create lasting change.

When young people receive the support they need, they develop stronger emotional resilience, build healthier relationships, and make choices that set them on a path to success. But achieving these outcomes isn't just about awareness—it requires action. Real change happens when community leaders, educators, and service providers commit to embedding trauma-informed principles into every aspect of youth support.

Taking Action in Gwinnett: What Can Be Done?

Engaging with this toolkit, utilizing it to make positive change, and sharing the information you are learning is a great first step to making a difference in Gwinnett. Our implementation guide will offer more specific direction to lead you through a journey of becoming trauma-informed, but here are a few ways youth-serving organizations can create real change right now:

Trauma-informed education for staff, volunteers, and families:

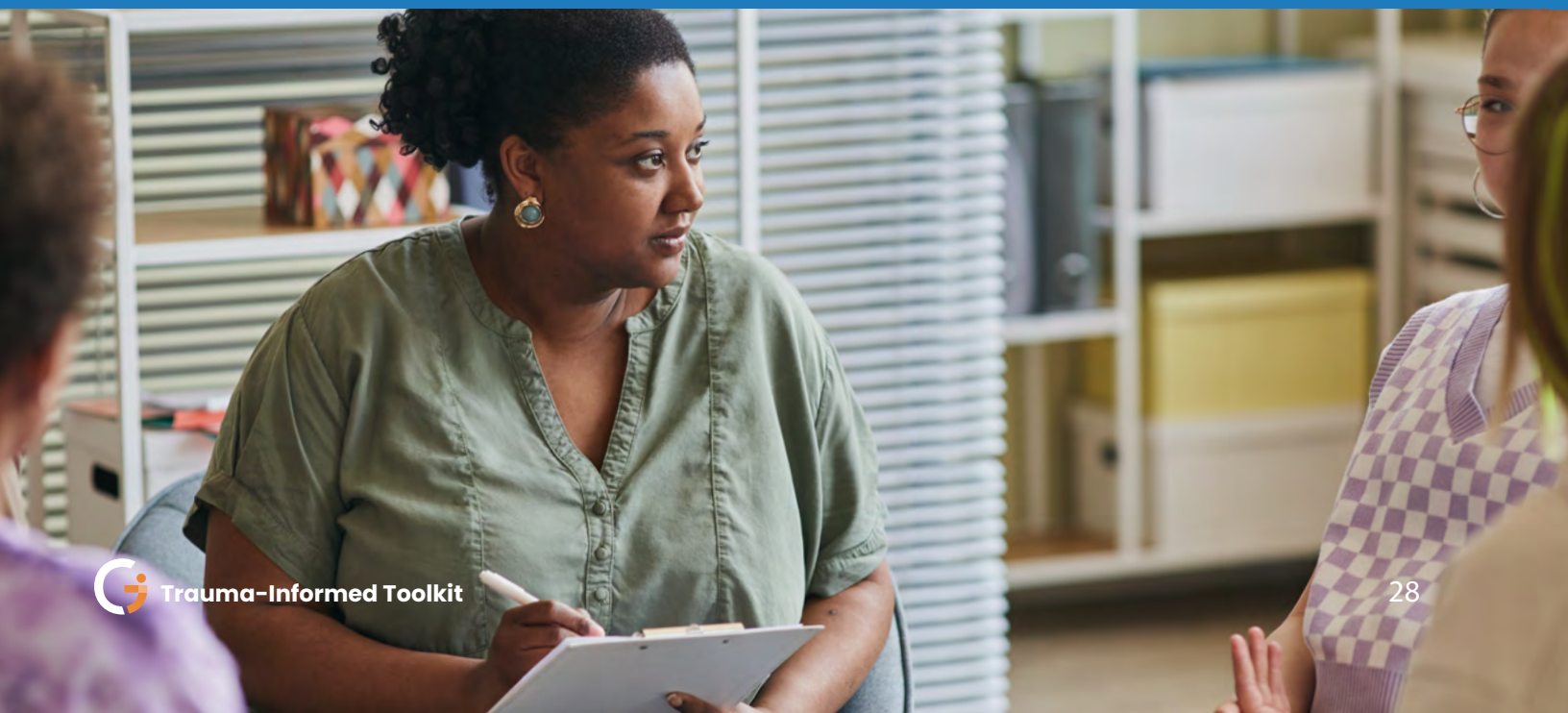
Start the shift towards trauma-informed care by equipping all organizational members with education and training on the basic concepts of trauma and how to identify its signs and risks. Including families in this communication is key to trust-building and allows for better collaboration among a young person's support system.

Integrating trauma-informed policies and practices:

Prioritizing physical and emotional safety can pave the way for crucial changes to policies directly impacting the lives of youth served by your organization. Ensuring there are safe ways to report harassment or bullying, offering resources for anyone struggling with their mental health, and modeling healthy and reciprocal peer-to-peer relationships promote an environment of growth, trust, and support.

Building community partnerships:

Reaching out for extra support from mental health providers in the community, schools, and community members allows for a wider net of protection and prevention around at-risk youth.



Building a Bridge from Data to Implementation: Shared Language

The evidence is clear: trauma-informed practices can create profound, positive change across workplaces, schools, and youth-serving organizations.

These approaches do more than support individuals—they transform communities, breaking cycles of adversity and fostering resilience. Organizations that embrace trauma-informed care see improvements in engagement, behavior, and emotional well-being, ultimately creating environments where people can heal, grow, and succeed.

To bring this change to life, we need more than new policies—we need a shared understanding. Adopting a common language for trauma is the key to consistent, collaborative practices that support healing and growth.

In the next section, we introduce the Shared Language Library, which provides essential terms and concepts to build a unified, trauma-informed approach in Gwinnett County. By embracing this language, we can lay the groundwork for lasting, positive change.



Shared Language Library



Introduction: The Power of Shared Language in Trauma-Informed Practices

Language is more than just words—it's a bridge that connects us and shapes how we understand the world. In the context of trauma, having a shared language is essential for creating supportive, safe environments. Shared language improves communication and helps reduce misunderstandings, especially when dealing with sensitive topics like mental health and stress.[65] Additionally, using consistent terminology allows us all to recognize and address trauma in ways that foster clarity, empathy, and collaboration.

Building a foundation of trauma-informed language means creating a common agreement across teams and organizations. This makes it easier for everyone to speak the same language, ensuring understanding and respect in conversations about trauma. By learning and using trauma-related terminology, we lay the groundwork for informed and supportive environments, and we help organizations implement trauma-informed practices consistently.
In Gwinnett County, adopting this shared language helps create unified spaces that foster healing, growth, and success for everyone.

Our Shared Language Library offers a comprehensive collection of principles, concepts, and terms relevant to creating and enacting a shared understanding of trauma and resilience.

Here are some practical ways to use the Library:

Classroom, group, and team discussions: Use the library to guide age-appropriate or workplace-specific conversations about trauma and resilience, helping students, employees, and teams better understand and navigate these concepts in their environment.

Policy development and review: When updating behavior, discipline, or culture policies, reference the library to embed trauma-informed principles in organizational practices. Support for well-being: Guide conversations on mental health and self-care for both students and employees, fostering a supportive environment for well-being.

Peer support and mentorship: Equip peers in schools or workplaces with trauma-informed language to support and guide others.

Parent and caregiver resources: Educate parents or caregivers on trauma-informed approaches through workshops or informational materials.

Creating inclusive spaces: Use the library to create conditions for safe, supportive, and inclusive environments, both physically and emotionally.

Trauma-Informed emergency protocols: Integrate trauma-sensitive responses into emergency protocols, ensuring care and sensitivity during crises.

Behavioral support plans: In schools and workplaces, trauma-informed behavioral support plans should be created focusing on strengths and healing.

Community partnerships: Use the library to guide collaboration with community partners, ensuring a unified, trauma-sensitive approach across organizations.

Mindful Engagement with Trauma Language

Words associated with trauma can evoke emotional reactions or bring up painful memories, particularly for those who have experienced trauma firsthand. We recommend approaching the material with self-awareness and care to support your journey through this language. If you encounter difficult or unsettling terms, take a moment to pause, breathe, and reflect on your personal feelings. Consider contacting a trusted colleague, supervisor, or counselor for support if needed.

Additionally, it might be helpful to read the content in manageable segments and take breaks when necessary to ensure you are processing the material in a way that feels safe and healthy for you.

Fundamental Principles, Concepts, and Terms

To provide a clear and accurate understanding of key principles, concepts, and terms, the explanations in this section are drawn from multiple trusted sources.[66]

A full list of sources can be found in the References section.

Trauma refers to an emotional and physiological response to an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or life-threatening. Trauma can have lasting adverse effects on a person's well-being, including their mental, emotional, physical, social, and spiritual health. It can result from a wide range of experiences, including abuse, neglect, violence, discrimination, loss, or systemic inequities. Trauma responses vary by individual and are influenced by personal, social, and environmental factors.

Types of Trauma

Acute trauma: A single, sudden, and overwhelming traumatic event or experience that causes significant distress or harm. This type of trauma typically occurs in response to a specific, identifiable incident, such as a natural disaster, an accident, or a violent attack. Acute trauma is often characterized by a short-term, intense emotional response, but the effects can still have lasting impacts on a person's well-being, depending on the severity of the event and the individual's resilience.

Chronic trauma: Prolonged or repeated exposure to traumatic events, often occurring over an extended period of time. This type of trauma can result from ongoing circumstances such as living in an abusive relationship, experiencing long-term discrimination, or enduring repeated violence or neglect. Chronic trauma can deeply affect an individual's mental and physical health and is often associated with more persistent and pervasive symptoms, including anxiety, depression, and difficulty maintaining healthy relationships.

Complex trauma: Exposure to multiple, chronic, and ongoing traumatic events typically involving a fundamental betrayal of trust in primary care relationships in childhood. Examples include physical abuse, sexual abuse, emotional abuse, and neglect. Unlike single-incident trauma, complex trauma often has a pervasive and enduring effect on the individual's sense of safety, trust, and ability to function.

Three E's of Trauma: Event, Experience, Effects

The Three E's framework (event, experience, and effects) is foundational to understanding trauma and its impact on individuals and communities. These categories help differentiate between the types of traumatic events, how those events are experienced, and their lasting effects.

Traumatic event: Any experience or occurrence that overwhelms an individual's ability to cope and causes significant emotional, psychological, or physical distress. It often involves exposure to actual or threatened harm, injury, or death, and may result from incidents such as accidents, violence, natural disasters, loss, or abuse.



The event is perceived as life-threatening or highly distressing, and its impact can vary depending on the person's resilience, coping mechanisms, and support systems. The consequences of a traumatic event can be immediate or long-term and may affect an individual's mental health, behavior, and over all well-being.

Terms that describe the event, including examples:

Emotional abuse: Verbal or nonverbal behaviors that inflict anguish, fear, or distress and harm a person's psychological well-being and sense of self-worth –also known as psychological abuse.

Family trauma: Any distressing experience within the family system, such as experiencing or witnessing neglect, conflict, or substance abuse.

Grief and loss: The emotional distress caused by the death of a loved one, classmate/teacher, or someone the individual knows, including pets.

Human-caused disasters: Traumatic events resulting from human actions, such as terrorism, war, or industrial accidents.

Natural disasters: Events like earthquakes, floods, or wildfires that cause destruction and trauma to those affected.

Physical abuse: The infliction of bodily harm on another person, including hitting, slapping, or other forms of physical violence.

Poverty: The economic hardship and lack of resources, support networks, or mobility that expose individuals or communities to various forms of trauma.

Sexual abuse: Any unwanted or coercive sexual act, including assault, exploitation, or harassment, which often has long-lasting psychological effects.

Violence: The intentional use of physical force or power—whether threatened or actual—against oneself, others, or a group, resulting in harm. Community violence is a specific type of violence that occurs in public spaces or neighborhoods, often involving multiple individuals or groups. It includes acts like gang violence, assault, and domestic violence, and creates a climate of fear that affects both individual and community well-being.

Traumatic experience: The personal, internalized response to a traumatic event. It includes how the individual perceives, processes, and is affected by the event, as well as the mental and physical effects that endure long after the event has passed. A traumatic experience is shaped by the person's emotional resilience, coping mechanisms, past history, and support systems, meaning that different individuals may have vastly different experiences of the same event. The impact of a traumatic experience can affect an individual's mental health, relationships, sense of safety, and worldview, and may result in long-term emotional distress or trauma-related symptoms.



Terms that describe the experience:

Adverse Childhood Experiences (ACEs): Potentially traumatic events that occur in childhood, such as neglect, abuse, and household dysfunction, that undermine a child's sense of safety, stability, and bonding and are frequently associated with negative long-term outcomes across the lifespan. Learn more about ACEs in the Risk Factors section.

Adverse Community Experiences: Negative or harmful events or conditions experienced by a community or group that may cause distress or hardship but do not necessarily lead to long-lasting collective trauma. These experiences may be more localized or situational, such as economic downturns, temporary displacement, or community violence, and while they may affect the community, they may not lead to the same deep, intergenerational psychological impacts that characterize collective trauma. Adverse Childhood Experiences and Adverse Community Experiences are sometimes referred to as Pair of ACEs.

Collective trauma: The widespread psychological and social impact experienced by a group or community as a result of a traumatic event or series of events. It occurs when large groups of people experience significant harm, such as in cases of war, genocide, slavery, or natural disasters. The trauma is not only felt individually but also shared within the community, shaping cultural identity, social bonds, and collective memory.

The effects can persist across generations, influencing community resilience, behaviors, and responses to future stressors. Collective trauma may also be called cultural trauma.

Household dysfunction: A family environment marked by instability, such as through parental substance abuse, mental health issues, or domestic violence. The experience of living in such an environment often shapes an individual's psychological responses to their surroundings and can deeply influence their development and future well-being.

Intergenerational trauma: The transmission of trauma across multiple generations within a family, community, or group. It occurs when the effects of trauma experienced by one generation—such as psychological or social harm—are passed down to subsequent generations, often unconsciously. This transmission can happen through behavioral patterns, coping strategies, or unspoken cultural norms that continue to affect the well-being of descendants. Examples may include armed conflict, genocide, slavery, and domestic violence. It is also known as historical trauma.

Neglect: An ongoing lack of basic, age-appropriate needs–such as emotional support, physical care, or attention from a caregiver. The experience of neglect is subjective and deeply personal, influencing a child's sense of worth, safety, and attachment. Pervasive neglect can be classified as complex trauma.

Racial trauma: The mental and physical impact of experiencing or witnessing racism, discrimination, prejudice, or racial violence. This trauma can result from both direct personal experiences (such as being targeted by hate crimes or racial profiling) and indirect experiences (such as witnessing racial discrimination or hearing about racially motivated events).

Positive Childhood Experiences (PCEs): Supportive, nurturing, and enriching experiences during childhood that promote healthy development and well-being. PCEs help build resilience, foster emotional regulation, and create a strong foundation for future mental health, well-being, and positive social connections.

Positive Childhood Experiences (PCEs) play a critical role in buffering the negative effects of adverse childhood experiences (ACEs) and contribute to long-term health outcomes. Learn more about PCEs in the Protective Factors section.



Racial microaggressions: Subtle, often unintentional, verbal, nonverbal, or environmental slights or insults directed at individuals based on their race or ethnicity. These comments or behaviors may be dismissive, stereotypical, or demeaning. While they may seem insignificant or minor to those who commit them, they can accumulate over time and have a profound psychological impact on those who experience them, leading to feelings of alienation, frustration, or devaluation.

Refugee and immigrant trauma: The psychological and social impact experienced by individuals who have been displaced from their home country due to conflict, violence, persecution, or unsafe living conditions, and who have sought refuge or a new life in another country. This trauma encompasses the experiences of fleeing life-threatening situations, the loss of home and community, and the often prolonged journey to safety, which can be filled with danger, uncertainty, and loss. Upon resettlement, refugees and immigrants may also face ongoing challenges such as cultural adaptation, discrimination, marginalization, and economic hardship.

Traumatic effects: The mental and physical consequences that result from exposure to trauma. These effects can manifest immediately following a traumatic event or may develop over time. Traumatic effects include a wide range of responses and can vary widely among individuals, influenced by factors like resilience, coping mechanisms, social support, and the severity of the trauma. Over time, if left unaddressed, these effects can shape an individual's mental health, relationships, and overall well-being.

Terms that describe the effects:

Avoidance: The behavioral and psychological coping mechanism in which an individual consciously or unconsciously seeks to evade situations, thoughts, emotions, or memories that are distressing, anxiety-provoking, or associated with trauma. Avoidance can manifest in various forms, such as staying away from reminders of a traumatic event, avoiding certain people or places, or blocking out distressing feelings or memories.

Attachment trauma: The psychological harm that occurs when an individual's primary attachment figure (typically a caregiver or parent) fails to provide consistent care, safety, and emotional support during critical developmental periods. This disruption in the attachment process can lead to difficulties in forming secure and healthy relationships later in life. Individuals who experience attachment trauma may struggle with trust, emotional regulation, and self-worth.

Burnout: A state of mental and physical exhaustion caused by prolonged stress, overwork, or the feeling of being overwhelmed, particularly in demanding or emotionally taxing environments. It often results from a perceived lack of personal accomplishment, emotional depletion, and a sense of detachment from one's work or responsibilities. Common symptoms of burnout include fatigue, irritability, reduced motivation, feelings of helplessness, and a diminished sense of purpose or satisfaction. Burnout is frequently observed in caregiving, healthcare, education, and service-oriented professions, but it can occur in any setting where individuals face chronic stress without sufficient rest or support.

Compassion fatigue: The mental and physical exhaustion experienced by individuals who are consistently exposed to the suffering of others, especially those in caregiving, helping, or service-oriented roles. It results from the cumulative stress of empathetically engaging with people in distress, often leading to a diminished capacity to provide effective care or support. Compassion fatigue can manifest as emotional numbness, irritability, difficulty in feeling empathy, and a sense of burnout or depletion. Unlike burnout, which is more related to the exhaustion from overwork, compassion fatigue is specifically tied to the emotional toll of caring for others' trauma or pain.

Emotional dysregulation: The inability to manage, modulate, or respond appropriately to intense emotional experiences. It involves difficulty in controlling one's emotional responses to situations, which can lead to extreme emotional reactions such as anger, sadness, or anxiety, even in situations where these emotions may not seem proportionate. Emotional dysregulation can manifest as mood swings, impulsivity, difficulty calming down after being upset, or problems with self-control in emotional situations.

Epigenetic changes: When an individual's genes are changed because of the environment they experience, particularly when young, and those genetic changes are passed down to their children. In the context of trauma, epigenetic changes may explain how the effects of traumatic experiences can be biologically embedded and persist beyond the immediate experience, potentially contributing to long-term health outcomes and the transmission of trauma across generations.

Lack of boundaries: The inability or difficulty in establishing, maintaining, or respecting personal limits in relationships, interactions, or environments. This can manifest in various ways, such as allowing others to overstep personal space, neglecting one's own needs or desires in favor of others, or becoming overwhelmed by external demands without setting appropriate limits. A lack of boundaries can result from trauma, particularly in early relationships or environments where personal needs and autonomy were not respected.

Post-Traumatic Stress Disorder (PTSD): A mental health condition that can develop after an individual has experienced or witnessed a life-threatening or deeply distressing event, such as a natural disaster, serious accident, physical assault, combat, or abuse. PTSD is characterized by persistent symptoms that interfere with daily life, including intrusive memories or flashbacks of the traumatic event, nightmares, severe anxiety, emotional numbness, and difficulty sleeping. Individuals with PTSD may also experience hypervigilance (heightened alertness), irritability, or avoidance of situations that remind them of the trauma.

Hypervigilance: A heightened state of alertness and sensitivity to potential threats. Individuals who are hypervigilant are constantly on edge, overly aware of their surroundings, and may perceive even minor stimuli as dangerous or threatening. This state of heightened arousal can lead to difficulty relaxing, difficulty focusing, irritability, and an exaggerated startle response. Hypervigilance is commonly associated with conditions like post-traumatic stress disorder (PTSD), where individuals remain in a constant state of "fight or flight" due to past traumatic experiences.



Retraumatization: The process of experiencing new trauma or being triggered by reminders of a past traumatic event, which leads to a resurgence of mental or physical distress. This can occur when an individual is exposed to situations, environments, or experiences that mirror or resemble the original trauma, causing them to relive or re-experience the distressing feelings and symptoms associated with it. Retraumatization can happen in various contexts, such as in therapy, relationships, or daily life, and may exacerbate existing trauma-related symptoms like anxiety, fear, or dissociation.

Secondary Traumatic Stress (STS): The mental and physical strain experienced by individuals who are indirectly exposed to trauma through their work with people who have experienced direct trauma. Often seen in caregiving or helping professions (such as healthcare, social work, or emergency response), STS occurs when individuals become emotionally affected by hearing about or witnessing others' trauma. Symptoms of STS may include anxiety, intrusive thoughts, irritability, emotional numbness, and difficulty sleeping, similar to those experienced by individuals with PTSD. While STS doesn't result from direct exposure to trauma, it can still significantly affect the well-being of those providing care, leading to burnout, compassion fatigue, and emotional exhaustion. STS is also referred to as vicarious trauma.



Traumatic response: The immediate or longer-term mental or physical reactions that an individual experiences following a traumatic event or experience. These responses can manifest in various ways, such as anxiety, depression, hypervigilance, dissociation, or changes in behavior.

Toxic stress: The prolonged activation of the body's stress response system due to ongoing, intense, or chronic adversity without the buffering effect of supportive relationships or protective factors. Unlike normal stress, which is temporary and can be managed with coping mechanisms and social support, toxic stress occurs when a person faces frequent or severe stressors–such as abuse, neglect, or exposure to violence–and lacks consistent, nurturing support from caregivers or other reliable figures. Over time, toxic stress can lead to dysregulation in the brain and other biological systems, increasing the risk of mental health issues, substance abuse, chronic health conditions, and difficulties in emotional regulation. It is particularly harmful to children, as their developing brains are more vulnerable to the effects of prolonged stress.

Trauma Factors:

Trauma factors refers to the various individual, environmental, and situational variables that influence the likelihood, severity, and impact of trauma. These factors can include personal characteristics (age, gender, mental health status), the nature of the traumatic event (type of trauma, duration, and frequency), and social factors (support systems, socio-economic status, and cultural context).

Early brain development: The critical process by which the brain forms and grows during the first few years of life, laying the foundation for cognitive, emotional, and social functioning. During this period, the brain's neural pathways are shaped by experiences and interactions. Positive experiences, like nurturing caregiving and secure attachments, foster healthy brain development, while negative experiences—such as chronic stress, neglect, or trauma—can disrupt this process. These disruptions can have lasting effects on emotional regulation, behavior, and learning, making early brain development a key factor in how individuals respond to and process stress and trauma throughout their lives.

Risk factors: Characteristics, conditions, or behaviors that increase the likelihood of a negative outcome, such as developing a mental health disorder, experiencing trauma, or encountering adverse life events.

Adverse Childhood Experiences (ACEs) as a Risk Factor

ACEs refer to a range of potentially traumatic events that occur before the age of 18. These experiences can have a profound and lasting impact on an individual's physical and mental health. ACEs are considered a significant risk factor because they increase the likelihood of experiencing negative outcomes, such as mental health disorders, trauma, or other adverse life events. Early exposure to these traumatic experiences can disrupt healthy development and make individuals more vulnerable to long-term emotional, behavioral, and physical challenges. The effects of ACEs are cumulative—meaning that the more types of ACEs a person experiences, the higher the risk for a range of negative outcomes in adulthood, including substance abuse, chronic health conditions, and relationship challenges.

The ACEs study, conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, identified a set of 10 categories of childhood experiences linked to health risks and outcomes later in life. The study has been influential in shaping how we understand the long-term impact of early adversity.

ACEs are typically divided into three broad categories:

Abuse
- Physical abuse
- Emotional abuse
- Sexual abuse

Neglect
- Physical neglect
- Emotional neglect

Household Dysfunction
- Substance abuse
- Mental illness
- Domestic violence
- Parental separation or divorce
- Incarceration of a family member

It's important to note that not all individuals who experience ACEs will experience negative outcomes. Resilience factors, such as strong family support, positive relationships with mentors or community members, and access to mental health care, can help buffer against the negative effects of ACEs. **Trauma-informed care and early intervention are key strategies in supporting children who have experienced ACEs and helping them build resilience.** Learn more about resilience in the Protective Factors section.

In the context of trauma-informed care, understanding ACEs is crucial for recognizing how early experiences can shape an individual's future well-being. By identifying ACEs, professionals can tailor interventions that address the long-term impacts and offer supportive services aimed at healing and preventing further trauma. **Programs that focus on building resilience and providing safe, supportive environments are key to mitigating the effects of ACEs.**

Additional individual and family risk factors may include:

- Early dating or engaging in sexual activity early
- Caregivers who were abused or neglected as children
- Young caregivers or single parents
- Families with low income
- Families with low levels of education
- Families experiencing high levels of parenting stress or economic stress
- Families with low levels of parental monitoring and inconsistent discipline

Community risk factors may include:

- High rates of violence and crime
- High rates of poverty and/or limited educational and economic opportunities
- High unemployment rates
- Easy access to drugs and alcohol
- Low community involvement among residents
- Few community activities for young people
- High levels of food insecurity, social, and environmental disorder

Protective factors: Characteristics, conditions, or behaviors that reduce the likelihood of a negative outcome, such as developing a mental health disorder, experiencing trauma, or encountering adverse life events. Protective factors do not eliminate the risk of trauma but help mitigate its impact and increase an individual's ability to cope and recover.



Positive Childhood Experiences (PCEs)

Positive Childhood Experiences (PCEs) refer to the supportive, enriching, and nurturing experiences that help to promote healthy psychological and social development in children. PCEs are characterized by the presence of supportive relationships, consistent and positive social connections, and experiences that contribute to a sense of safety, belonging, and self-worth. While they are not a guarantee that children will never face adversity, they play a crucial role in shaping how children respond to challenges and recover from difficult experiences.

Research has identified a core set of PCEs that act as protective factors and are statistically linked to positive outcomes despite significant adversity.

These factors include:

- The ability to talk with family about feelings and emotions
- The sense that family is supportive during challenging times
- Enjoyment of participation in community traditions, including faith, hope, and cultural traditions
- Feeling a sense of belonging
- Feeling supported by friends
- Having at least two non-parent adults who genuinely care
- Feeling safe and protected by an adult in the home

PCEs have a significant impact on building resilience and facilitating recovery from traumatic experiences.

Studies have shown that positive experiences in childhood can buffer the negative effects of ACEs, reducing the likelihood of mental health disorders, substance abuse, and difficulties in adulthood. Fostering PCEs within trauma-informed schools, programs, and communities can help create environments where children not only survive difficult situations but thrive despite them. By focusing on cultivating PCEs, professionals can empower individuals and families to build resilience, repair past wounds, and prevent further harm.



Additional individual and family protective factors may include:

- Academic achievement
- Caregivers with college degrees
- Caregivers with steady employment
- Caregivers who engage in parental monitoring, supervision, and consistent enforcement of rules



Community protective factors may include:

- Access to resources, including economic support, medical care, mental health services, and safe, stable housing
- Access to safe childcare and high-quality preschool
- Safe, engaging after school programs and activities
- Social networks
- Supportive community structures, including strong partnerships between business, education, health care, government, and other sectors

Resilience: The ability to adapt, recover, and thrive in the face of adversity, stress, or trauma. It involves the capacity to bounce back from difficult or challenging experiences, maintaining emotional well-being and functioning despite setbacks.

Resilience is not about avoiding hardship but rather about how individuals, communities, or systems navigate and recover from it. Resilient individuals often exhibit strong coping skills, emotional regulation, and problem-solving abilities. While resilience can be developed and strengthened over time, it is influenced by both individual traits and environmental supports, such as caring relationships or access to resources.

Terms related to resilience:

The Seven C's of Resilience outline key components that contribute to an individual's capacity to cope with and adapt to adversity:[67]



Confidence: The belief in one's ability to succeed, try new things, and bounce back from setbacks. It grows through real effort, feedback, and the support of others. Confidence isn't built on empty praise but on recognizing progress and the value of persistence.

Competence: Having the skills to navigate life's challenges and make wise decisions. This includes problem-solving, communication, and decision-making skills. Whether in youth or adulthood, competence is nurtured through practice, support, and learning from both successes and mistakes.

Connection: Building meaningful relationships that provide support, security, and understanding. Whether with family, peers, or colleagues, these relationships provide the foundation for emotional support and shared growth.

Character: Living with integrity and core values. A strong sense of character guides actions and decisions, even when no one is watching. Cultivating character involves reinforcing ethical values and modeling them in everyday life.

Contribution: Having a sense of purpose through meaningful involvement in the world. Whether through work, volunteering, or supporting loved ones, contributing to others creates a sense of belonging and reinforces the belief that our actions matter.

Coping: Using healthy strategies to manage stress and discomfort. Resilient individuals rely on positive coping mechanisms, like problem-solving, mindfulness, or seeking support, rather than turning to harmful habits. Building resilience includes learning and practicing these healthy coping strategies.

Control: Recognizing that our actions matter and that we have influence over our choices and outcomes. Both youth and adults thrive when they feel they have control over their lives and decisions, and when they are supported in taking responsibility for their actions.
Community resilience: The capacity of a community to anticipate, prepare for, respond to, and recover from adverse events, such as natural disasters, economic challenges, or social disruptions. It involves the collective strength of social networks, resources, and systems within the community, as well as the ability to adapt to changing circumstances. Community resilience is built through strong relationships, shared values, effective communication, and the active involvement of community members in problem-solving.

Vicarious resilience: The ability to experience growth, strength, and healing through exposure to the resilience and recovery of others, particularly in the context of supporting individuals who have experienced trauma. Vicarious resilience is common among caregivers, social workers, therapists, and others in helping professions, as they may experience growth by helping others through their own traumatic experiences.

Post-traumatic growth: The positive psychological change that can occur as a result of struggling with highly challenging or traumatic experiences. It involves the development of greater personal strength, enhanced relationships, a deeper sense of purpose or meaning, and a renewed appreciation for life.



Unlike resilience, which focuses on bouncing back from adversity, post-traumatic growth emphasizes moving beyond previous levels of functioning to achieve new levels of psychological well-being and insight.

Defining Trauma-Informed Care

Trauma-Informed Care (TIC), also known as a trauma-informed approach, is a frame work for recognizing, understanding, and responding to the effects of trauma in individuals, organizations, and communities.

It shifts the focus from "What's wrong with you?" to "What happened to you?" and prioritizes creating environments that promote healing, safety, and empowerment.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma-informed approach is guided by four core assumptions, known as the 4 Rs, and six guiding principles that serve as the foundation for creating trauma-sensitive environments. The 10 domains of implementation, which outline the practical steps for integrating these principles into practice, are discussed in the next section on implementation.

The following is adapted from SAMHSA's resources.[68, 69]



The Four Assumptions of a Trauma-Informed Approach (The 4 Rs)

Trauma-informed approach is based on four key assumptions that shape how individuals, organizations, and systems understand and respond to trauma:

Realization: Awareness of the widespread impact of trauma and understanding potential paths for healing.

- Trauma is not a rare occurrence; it affects individuals, families, and communities at all levels of society. A trauma-informed approach acknowledges the profound effects trauma can have on a person's physical and mental health, relationships, and overall well-being.
- Organizations that adopt this approach understand that trauma can result from various sources, including adverse childhood experiences (ACEs), systemic oppression, violence, natural disasters, and other distressing events.
- Realization also involves recognizing that healing is possible and that resilience can be nurtured through supportive relationships, safe environments, and trauma-informed practices.

Recognition: Identifying the signs and symptoms of trauma in individuals, families, staff, and organizations.

- Trauma manifests in many ways, including emotional distress, difficulty trusting others, hypervigilance, dissociation, self-destructive behaviors, and physical health challenges.
- A trauma-informed approach ensures that staff and service providers are trained to recognize these signs—not only in the individuals they serve but also in themselves and their colleagues, acknowledging the potential for secondary or vicarious trauma.
- Recognition goes beyond individual symptoms and includes understanding how trauma impacts relationships, community well-being, and organizational culture.

Response: Integrating trauma knowledge into policies, procedures, and practices to support healing.

- A trauma-informed response involves actively applying trauma awareness to all aspects of an organization's operations, from direct services to leadership decisions and institutional policies.
- This includes training staff in trauma-informed practices, creating environments that promote psychological and physical safety, and ensuring that interactions with individuals are grounded in empathy, collaboration, and empowerment.
- Trauma-informed organizations make adjustments to reduce potential stressors or triggers, such as modifying intake procedures, offering choice in service delivery, and ensuring clear and transparent communication.

Resist re-traumatization: Actively working to avoid practices or environments that could re-trigger trauma.

- Re-traumatization occurs when individuals encounter environments, policies, or interactions that inadvertently mirror past traumatic experiences, causing further harm.
- A trauma-informed approach proactively seeks to minimize re-traumatization by eliminating punitive or coercive practices, fostering a culture of trust, and empowering individuals with voice and choice.

- This assumption also applies to staff well-being, recognizing that workplace policies and interactions should support employees' mental health rather than contribute to stress or burnout.

By incorporating these four assumptions (the 4 Rs), trauma-informed care ensures that individuals and systems not only understand trauma but also actively create environments that foster healing, empowerment, and resilience.

The Six Principles of Trauma-Informed Care

A trauma-informed approach is built upon six guiding principles that shape policies, interactions, and environments to support healing and resilience. These principles ensure that individuals feel safe, empowered, and valued within trauma-informed systems.

Safety: Ensuring physical, emotional, and psychological safety for all individuals

- A trauma-informed environment prioritizes safety at every level, ensuring that individuals feel secure, both physically and emotionally.
- Physical safety includes well-lit spaces, non-threatening environments, and clear boundaries, while emotional and psychological safety means fostering an atmosphere of respect, predictability, and support.
- In practice, this means avoiding actions or language that could trigger trauma responses and making efforts to help individuals feel in control of their experiences.

Trustworthiness & transparency: Building and maintaining trust through clear, consistent, and transparent practices

- Trauma can erode a person's ability to trust others, particularly in institutions or with authority figures. A trauma-informed approach prioritizes honesty, clarity, and follow-through in all interactions.
- This principle requires open communication, predictable routines, and clear expectations to ensure that individuals feel they can rely on the people and systems designed to support them.
- Organizations should provide transparency in policies and decision-making, ensuring that individuals understand how and why decisions are made.

Peer support: Encouraging healing through shared experiences and mutual support

- Trauma-informed care recognizes the power of connection and shared experiences in the healing process.
- Peer support involves creating opportunities for individuals with lived experiences to connect, share their stories, and learn from one another in a way that fosters mutual understanding and validation.
- This principle acknowledges that isolation can deepen trauma, whereas community and peer support can rebuild a sense of belonging and hope.

Collaboration & mutuality: Recognizing the importance of shared decision-making and equal partnerships.

- Trauma-informed care rejects hierarchical power dynamics that can disempower individuals and instead emphasizes shared decision-making, partnership, and mutual respect.
- Whether in organizations, schools, healthcare settings, or community programs, this principle means valuing the expertise of those with lived experience and ensuring that services are co-created with input from the people they impact.
- Staff and service providers also benefit from this approach, as trauma-informed organizations recognize that everyone within the system has a role to play in fostering a supportive, healing-centered environment.

Empowerment, voice & choice: Honoring individual autonomy, strengths, and the right to make choices.

- Trauma often strips individuals of a sense of control, leaving them feeling powerless. A trauma-informed approach seeks to restore that sense of agency by ensuring that individuals have a voice in decisions that affect them.
- This principle prioritizes strengths over deficits, recognizing that individuals are not defined by their trauma but by their ability to heal, grow, and make choices for themselves.
- In practice, this looks like offering choices in service delivery, respecting personal boundaries, and avoiding coercion or force in any form.

Cultural, historical & gender sensitivity: Acknowledging and addressing the impact of cultural, racial, historical, and gender-based trauma.

- Trauma-informed care recognizes that trauma does not occur in a vacuum—it is shaped by culture, history, and systemic factors.
- This principle ensures that organizations are responsive to the unique needs of diverse communities by addressing issues such as racial trauma, historical oppression, gender-based violence, and discrimination.
- Trauma-informed systems commit to ongoing learning, cultural humility, and equity-focused practices that affirm and respect individuals from all backgrounds.

These six principles guide the way organizations, systems, and individuals engage with those who have experienced trauma, ensuring that services and interactions promote healing rather than harm.

They are not standalone ideas but rather interconnected values that must be embedded in policies, practices, and everyday interactions to create truly trauma-informed environments.

From Awareness to Action: Roadmap to Implementation

The concepts and terms covered in this Shared Language Library lay the foundation for understanding trauma-informed care and its transformative potential. By grounding your organization in a shared understanding of the language of trauma, you equip everyone with the knowledge needed to approach trauma in a compassionate, informed way. This shared language serves as the starting point for deeper reflection and action.

While implementing trauma-informed care is a complex, multi-phase process, it begins with recognition and intention. The implementation section that follows provides guidance on how to take what you've learned from this library and begin integrating trauma-informed principles into your organization. Here, you'll find an overview of the key stages of trauma-informed care, including insights on how to prepare for change, adapt existing practices, and foster a supportive environment for all stakeholders.

Rather than a detailed, step-by-step guide, this section will offer you frameworks, tips, and curated resources to help you along the way.

By the end of this journey, you will be equipped with both the shared language and practical tools to help guide your organization toward becoming trauma-informed.



Implementing Trauma-Informed Care



Implementing trauma-informed care is a vital process for organizations committed to creating safer, more supportive environments for all. This section provides a practical framework and resources to serve as a starter guide for your organization's journey toward becoming trauma-informed, building on the foundation laid by earlier sections of this guide. The ten implementation domains should serve as key considerations as you move through the trauma-informed care roadmap, which outlines the phases of transformation from being trauma aware to becoming fully trauma-informed.

TIC Implementation Domains Overview

The journey to implementing trauma-informed care (TIC) requires not only understanding the phases and actions involved but also actively addressing key areas throughout the process. These areas—known as the implementation domains—are fundamental to successfully integrating TIC principles. They provide structure and guide your organization across various stages, from readiness to full implementation. As you progress through each phase of the TIC roadmap, it's important to continuously assess how these domains are being developed and applied.

The implementation domains are not isolated steps but interrelated action areas that span multiple stages of the process. Whether you are building awareness, enhancing foundational knowledge, or institutionalizing trauma-informed practices, these domains ensure every aspect of your organization is aligned with and supports trauma-informed care.

Before diving into the roadmap below, familiarize yourself with the ten implementation domains. This will provide a strong foundation, helping you stay on track as you move through each destination on your TIC journey and ensuring you're considering key aspects of organizational change along the way. These explanations are adapted from SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach.[68]

Governance and leadership:
This domain focuses on the role of leadership in guiding and modeling trauma-informed practices. Strong governance structures are essential for establishing a shared vision, aligning organizational priorities, and supporting long-term sustainability. Governance and leadership positions must also include individuals with lived experience of trauma.

Training and workforce development:
Ensuring that all staff, from leadership to front-line workers, have the knowledge and skills needed to engage with trauma-informed practices is crucial. This domain includes ongoing education and skill-building to deepen understanding and improve competencies. This involves intentional strategies for recruiting, hiring, and training staff.

Cross sector collaboration:
Building partnerships with other organizations and sectors strengthens the impact of trauma-informed care. This domain highlights the importance of collaboration to share resources, knowledge, and support across systems. Engaging in a community-based learning collaborative is one way to accomplish cross sector collaboration.

Financing:
This domain addresses the allocation of financial resources to support trauma-informed initiatives, including securing funding, budgeting for TIC efforts, and ensuring that resources are sustainable over time.

Physical environment:
A trauma-informed physical environment is one that feels safe, welcoming, and supportive both physically and psychologically. This domain focuses on creating spaces that promote well-being, reduce triggers, and support positive interactions.

Engagement and involvement:
Engaging stakeholders at all levels is key to building a trauma-informed organization. This domain encourages the involvement of staff, clients, and community members in decision-making processes, fostering a sense of ownership and shared responsibility. Intentionally engaging individuals with lived experience is key to this domain.

Screening, assessment, treatment services:
This domain involves integrating trauma-specific screening and assessment tools to identify and address the needs of those affected by trauma. It also includes ensuring that services are accessible, culturally relevant, and supportive.

Progress monitoring and quality assurance:
Monitoring progress and assessing outcomes are critical for understanding how trauma-informed practices are impacting the organization and those it serves. This domain emphasizes the importance of tracking data, adjusting strategies, and ensuring ongoing quality improvement.

Policy:
Trauma-informed policies and procedures provide a framework for consistent and supportive practices across the organization. This domain involves reviewing and revising written policies and procedures to align with trauma-informed principles and ensuring they are accessible to all stakeholders.

Evaluation:
Evaluation involves assessing the effectiveness of trauma-informed initiatives and ensuring that goals are being met. This domain supports organizations in identifying areas for improvement, measuring success, and continuously refining their approach.

For a more detailed explanation of the implementation domains and additional resources, please refer to SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach. This guide offers valuable insights and further guidance on applying trauma-informed practices across various organizational settings.

Trauma-Informed Care Roadmap

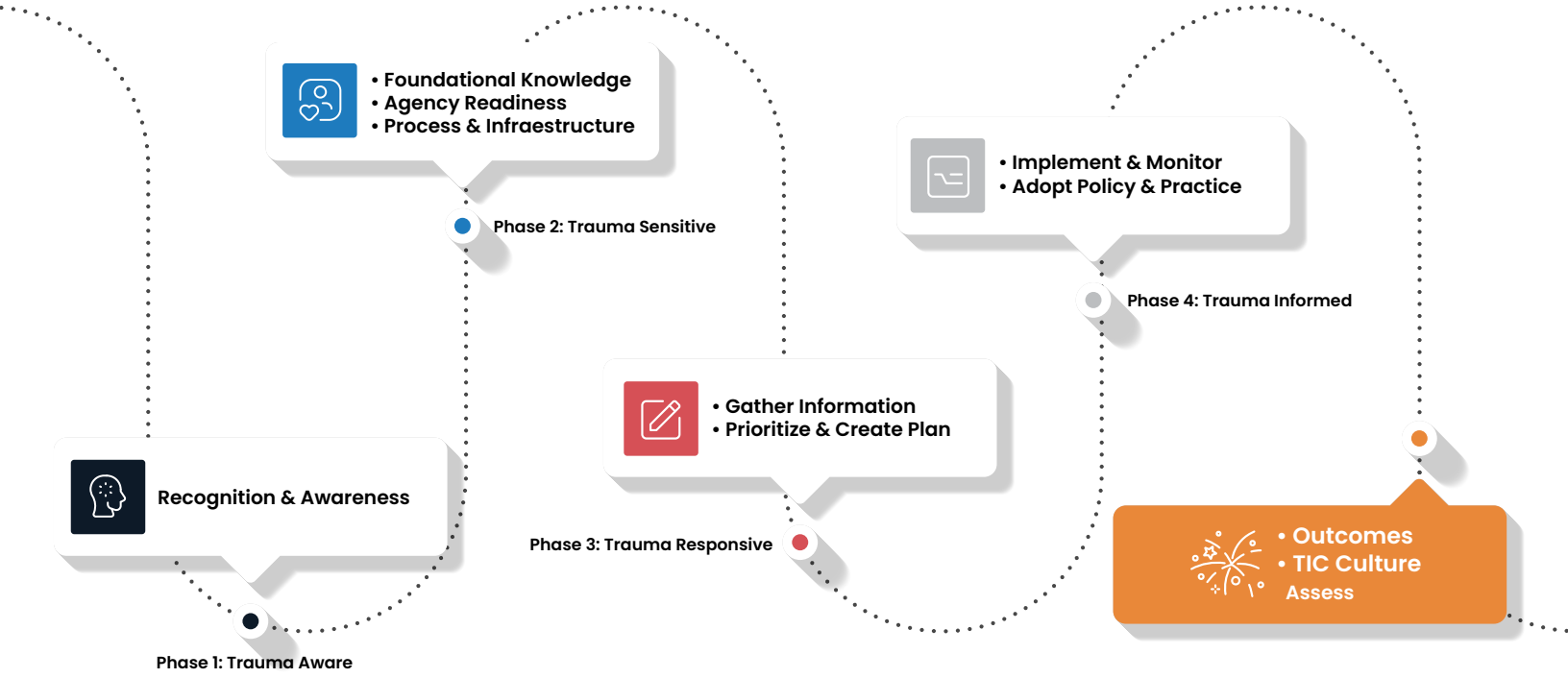
The Trauma-Informed Care (TIC) roadmap provides a structured guide to support organizations in their journey toward becoming trauma-informed. This roadmap is organized and adapted from both the Trauma-Informed Oregon framework70 and the Missouri model,71 guiding organizations through key phases of awareness, sensitivity, responsiveness, and full trauma-informed practice.

Each phase builds upon the previous one, helping organizations gradually foster an environment of safety, trust, and healing for all individuals involved. While the roadmap generally follows a forward-moving trajectory, it's important to acknowledge that trauma-informed care is an ongoing process. As your organization moves through the phases, it will likely need to revisit earlier work, adjusting as new challenges or opportunities arise.

As you progress through the roadmap, the ten implementation domains should remain top of mind. They will guide your efforts to ensure that trauma-informed care is not just a set of practices but a deeply embedded cultural shift within your organization.

The following destinations, organized according to the Trauma-informed Oregon framework, represent distinct phases of this journey. Refer back to the implementation domains regularly as you navigate through each phase to help guide your decisions and practices.

Roadmap To Trauma-Informed Care



*Adapted from Trauma-informed Oregon's Roadmap

Destination 1: Trauma Aware

In this initial phase, the organization becomes aware of the prevalence and impact of trauma on their employees, students, clients, etc.

Mile marker 1: Recognition & awareness
Leadership acknowledges that understanding trauma can enhance their ability to fulfill their mission and begins exploring its prevalence among the populations they serve. Awareness training is introduced, covering key concepts such as definitions, causes, impact, and core values of trauma-informed care. Staff are informed about where to access additional resources and supported in ongoing learning. The organization reflects on what this knowledge means for its work and considers potential next steps.

Checkpoint: Leadership, staff, and other stakeholders know what trauma is, acknowledge its impact, and agree that change is necessary.

Resilience rest stop: Change can be stressful. Take time to acknowledge and validate the emotions that may arise as you and others begin this process and encourage compassionate communication among members.

Learn more about this phase and key indicators with Trauma-informed Oregon's trauma-informed road map resource.

Destination 2: Trauma Sensitive

During this phase, the organization builds foundational trauma-related knowledge and readiness to adapt policies, systems, and practices to support trauma-informed change. Organization-wide preparedness and system updates are key components of this phase.

Mile marker 1: Foundational knowledge
All staff develop basic knowledge of trauma-informed care. Organization-wide training establishes a shared language and reinforces a commitment to fostering a safe, sensitive, and welcoming environment for both service recipients and staff.

Checkpoint: All levels of an organization are learning together. Most staff have attended training and have knowledge about TIC. TIC is openly discussed among team members.

Mile marker 2: Agency readiness
Adopting TIC requires a committed effort from both leadership and staff. Readiness for TIC—both in terms of psychological factors (such as attitudes and beliefs) and structural factors (such as skills, knowledge, and infrastructure)—is critical for successful integration. Leadership plays a central role in preparing the organization for change by guiding reflection on readiness and fostering buy-in across the organization.

Checkpoint: TIC is an organizational priority with resources dedicated to trauma-informed efforts. Leaders are modeling TIC, and a majority of the staff express enthusiastic commitment to TIC.

Mile marker 3: Process & infrastructure
Leadership and staff believe in the effectiveness of TIC and work to integrate it into the organizational culture through policies and practices. This process begins with identifying internal trauma champions and hiring individuals whose attitudes and behaviors align with TIC principles. The organization also examines its commitment to stakeholder participation and explores next steps, including reviewing tools and processes for universal trauma screening.

Checkpoint: An internal workgroup is designated to champion TIC efforts, which includes members with lived experience. A process for information sharing is created, and workgroup members actively share information with other staff in the organization.

Resilience rest stop: Learning about trauma involves connection, open communication, building trust, and fostering empathy. Encourage relationship-building through active listening within your organization.

Learn more about this phase and key indicators with Trauma-informed Oregon's trauma sensitive road map resource.

Destination 3: Trauma Responsive

In this phase, the organization identifies opportunities for TIC and develops an action plan that includes responding to trauma-related data and prioritizing actions to become more trauma-responsive. Staff at all levels start reassessing and adjusting organizational routines and infrastructure to align with trauma-informed principles.



Mile marker 1: Gather information
Organizations gather and use data to identify opportunities for TIC integration, recognize existing trauma-informed practices, and track progress in implementation.

Checkpoint: Processes are in place for data gathering about TIC opportunities, including a process for receiving and sharing stakeholder feedback. Policies and practices are being evaluated from a trauma-informed perspective.

Mile marker 2: Prioritize & create plan
The organization identifies a method for prioritizing opportunities based on the TIC principles and its own circumstances and environment. A detailed action plan is developed.

Checkpoint: Existing practices that negatively impact progress are addressed. High impact and low cost priorities are identified. Small adjustments are made while simultaneously addressing large changes.

Resilience rest stop: This is a good time to pause and reinforce the value each voice is bringing to this process. Celebrate any small accomplishments to reassure and motivate all participants.

Learn more about this phase and key indicators with Trauma-informed Oregon's trauma responsive road map resource.



Destination 4: Trauma Informed

In this final phase, the organization is actively executing the work plan and has integrated trauma-informed practices into policies, procedures, and day-to-day interactions. The culture and environment reflect safety, trust, empowerment, and openness.

TIC is no longer dependent on a few leaders or the work group because it has become accepted and embedded into the environment. There is a continual process of monitoring and improvement.

Mile marker 1: Implement & monitor
The organization begins implementing changes and monitoring progress.

Checkpoint: Changes have been initiated and are actively reviewed and monitored for effectiveness. Adjustments to the plan are made as needed.

Mile marker 2: Adopt policy & practice
Policies are adopted and integrated into the organization's culture. These policies are sustained and modeled among leadership and peers.

Checkpoint: Formal processes have been officially changed, and all impacted parties have been informed and are equipped with the knowledge, skills, and resources to successfully implement practices. Outside parties understand the organization's mission to be trauma-related and seek guidance from the organization in TIC-related matters.

Resilience rest stop: Check in with organization members and ensure everyone feels included and empowered to implement TIC at every level. Celebrate this collective effort and recognize the impact of TIC.

Learn more about this phase and key indicators with Trauma-informed Oregon's trauma informed road map resource.



Assess: Outcomes and TIC culture

Regularly assess how well trauma-informed practices have been integrated and their impact. Consider both individual outcomes and organizational culture. Because TIC takes shape differently in each setting, progress should be measured in ways that align with an organization's specific goals and priorities. Rather than treating assessment as a final step, embedding it throughout the process allows organizations to see the impact of their work in real time and make necessary adjustments along the way.

Learn more about assessment with Trauma-informed Oregon's assessment road map resource.

Additional Resources for Trauma-Informed Practices

In addition to the guidance and frameworks outlined in this document, we have developed three starter resource guides tailored to specific sectors: workplaces, schools, and youth-serving organizations. These guides provide carefully curated content, offering practical tools, strategies, and references to support the implementation of trauma-informed care in each setting.

They serve as a valuable extension of this document, offering targeted resources for organizations looking to deepen their trauma-informed efforts.

You'll find these guides in the appendix, and we encourage you to refer to them as you move forward on your journey. The guides are designed to be living documents, evolving as new resources and best practices emerge.

Conclusion

Implementing trauma-informed care is a journey, not a checklist. This guide has provided a foundation—from understanding trauma and its impact across sectors to building a shared language and exploring key implementation domains. The roadmap serves as a guide, offering direction and structure, but each organization's path will look different.

Becoming trauma-informed is an evolving process shaped by the unique needs, challenges, and strengths of the organization and community. There is no single "right way" to proceed, and progress may not always follow a linear path. What matters most is a commitment to fostering a culture of safety, trust, and resilience—one that continuously learns, adapts, and grows.

As you move forward, remember that numerous tools, resources, and communities of practice are available to support your efforts. Whether you're just beginning or refining your approach, you are not alone in this work. Each step taken toward trauma-informed care contributes to a broader movement of healing and equity, making a lasting difference in the lives of those you serve.

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- Georgia Department of Human Resources, Division of Family & Children Services
- GUIDE, Inc.
- Gwinnett County
- Gwinnett Coalition
- Gwinnett County Public Schools
- GNR Public Health
- Mosaic Georgia
- Neighborhood Nexus
- R.I.C.E.
- Ser Familia
- View Point Health

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Appendix A: School Resources

Trauma-Informed Practices within Schools
NCTSN: Supporting Trauma-Informed Schools to Keep Students in the Classroom: A Focus on Trauma-Informed Practices
National Center for School Safety: Trauma-Informed, Resilience-Oriented Schools Toolkit
NCTSN: Trauma-Informed Schools for Children in K-12: A System Framework
NCTSN Video: Building Relationships as a Foundation of Trauma-Informed Practices in Schools

Guidelines for Engaging with Individuals who Have Experienced Trauma
ECHO Infographic: How to Support Someone Who has Experienced Trauma
ECHO Infographic: Do's and Don'ts of a Trauma-Informed Compassionate Classroom
ECHO Infographic: Trauma-Informed Support for Children
MSEA: Tools to Support the Learning and Development of Students Experiencing Childhood and Adolescent Trauma
Book: The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success
NCTSN: Chi ld Trauma Toolkit for Educators
NCTSN: Suggestions for Educators (Helping Traumatized Children in School)
NCTSN: Psychological and Behavioral Impact of Trauma: Preschool Students
NCTSN: Psychological and Behavioral Impact of Trauma: Elementary School Students
NCTSN: Psychological and Behavioral Impact of Trauma: Middle School Students
NCTSN: Psychological and Behavioral Impact of Trauma: High School Students
NEA: Top Trauma-Informed Practices

Evaluation and Monitoring
NCTSN: Trauma-Informed Organizational Assessment (implementation guide and assessment with free account)
NCTSN: A Trauma-Informed Resource for Strengthening Family-School Partnerships
WI Department of Public Instruction: Trauma Responsive School Implementation Assessment
WI Department of Public Instruction: Trauma Sensitive Schools Fidelity Tool
LearningForJustice.org: Trauma Sensitive Schools Checklist

Additional Resources
NCSEA: Addressing the Epidemic of Trauma in Schools
CTIPP Report: Trauma-Informed Schools
NEA: Understanding Trauma – Key Takeaways
National Center on Safe Supportive Learning Environments: Trauma-Sensitive Training Package
SchoolSafety.Gov: Strategies and Resources to Support Trauma-Informed Schools
UGA Center for Teaching and learning: Trauma-Informed Teaching
Resilient Georgia: Training Roadmap to Becoming Trauma Informed - Schools
NCTSN: Creating, Supporting, and Sustaining Trauma-Informed Schools – A System Framework
NCTSN Video: Understanding Key Components to Support Trauma-Informed School Change
NCTSN Video: Using a Framework for Creating Sustainable Trauma-Informed Change in Schools
NCTSN Video Series: Supporting Schools to Test and Implement Tailored Trauma-Informed Practices
NASBE Webinar: Building Trauma-Informed School Systems

Case Studies/Examples
NC Center for Resilience & Learning: A Case Study on Baskerville Elementary School
CA School-based Health Alliance: Trauma-Informed School Spotlight: Practices for Mindful Students & Staff
CA School-based Health Alliance: Healing through School-Based Trauma-Informed Practices: Two case studies with Students of Color in California
Video: What does a Trauma-Sensitive Middle/High School look like?

Staff Well-Being and Self-Care
NCTSN: Self Care for Educators
iOpening Enterprises: Using Trauma-Informed Principles to Infuse Self-Care in Schools
Teaching and Learning Innovation: Five Self-Care Tips for the Trauma-Responsive Educator
SafeSupportiveLearning.Ed.gov: Secondary Traumatic Stress and Self-Care Packet

Next Steps
CTIPP Call to Action: Building Healthier communities Through Trauma-Informed Approaches
NASSP: A School Leader's Guide to Creating a Trauma-Informed School: February 2020
Contact ResilientGwinnett@gwinnettcoalition.org to discuss your school or district's needs and the Resilient Gwinnett training opportunities that are available to you.

Appendix B: Workplace Resources

Trauma-Informed Practices within the Business Community
CTIPP: Trauma-Informed Workplaces – Concepts, Strategies, and Tactics to Build Workplaces that Support Well-Being
SAMHSA: Practical Guide for Implementing a Trauma-Informed Approach
National Council for Mental Well-Being: Checklist for Trauma-Informed Human Resources Practices
Center for Healthcare Strategies: Hiring a Trauma-Informed Workforce
Center for Healthcare Strategies: Policy Guidance for Trauma Informed Human Resources Practices
Federation for Progressive Policymaking: Trauma-Responsive Organization Checklist
Lyra Health: Trauma and the Workplace

Guidelines for Engaging with Individuals who Have Experienced Trauma
ECHO Infographic: How to Support Someone Who has Experienced Trauma
Magellan Health: Supporting Employees During Traumatic Events

Evaluation and Monitoring
Trauma Informed Care Project: Agency Self-Assessment for Trauma-Informed Care
CDC: Total Worker Health – NIOSH Worker Well-Being Questionnaire
NCTSN: Trauma-Informed Organizational Assessment (implementation guide and assessment with free account)

Additional Resources
US Department of Labor: Mental Health at Work: What Can I Do? A Workplace Guide
Trauma Informed Oregon: Behaviors and actions of Trauma Informed Leaders
Federation for Progressive Policymaking: People-Centered & Trauma-Informed Approach: A Better Way to Serve
Federation for Progressive Policymaking: Trauma-Informed Service Delivery: Strategies and Actions for Working with Individuals
ITTIC Infographic: Trauma-Informed Care
National Fund for Workforce Solutions: A Trauma-Informed Approach to Workforce
Resilient Georgia: Training Roadmap to Becoming Trauma Informed – Business Community

Case Studies/Examples
Oregon Total Worker Health Alliance: Case Study #1: Bend, OR Police Department
Oregon Total Worker Health Alliance: Case Study #2: City of Eugene, OR
Oregon Total Worker Health Alliance: Case Study #3: City of Portland Water Bureau and Portland Bureau of Transportation
State of Michigan: Trauma-Informed Policy Template
Trauma Informed Oregon: Trauma Informed Care Review Board: Policies and Procedures

Staff Well-Being and Self-Care
Office of the U.S. Surgeon General: Five Essentials for Workplace Mental Health & Well-Being
Office of the U.S. Surgeon General: The U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being
Trauma Informed Oregon: A Trauma Informed Workforce

Next Steps
CTIPP Call to Action: Building Healthier communities Through Trauma-Informed Approaches
Contact ResilientGwinnett@gwinnettcoalition.org to discuss your business' needs and the Resilient Gwinnett training opportunities that are available to you.

Appendix C: Youth-Serving Organization Resources

Trauma-Informed Practices within Youth Serving Organizations
Family & Youth Services Bureau: Creating Safe Spaces – A Facilitator's Guide to Trauma-Informed Programming for Youth in Optimal Health Programs

Beyond School Bells: Tier One Trauma Informed Afterschool - Programs

Guidelines for Engaging with Individuals who Have Experienced Trauma
ECHO Infographic: How to Support Someone Who has Experienced Trauma
ECHO Infographic: Trauma-Informed Support for Children
MSEA: Tools to Support the Learning and Development of Students Experiencing Childhood and Adolescent Trauma

NCTSN: The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families
NCTSN: Psychological and Behavioral Impact of Trauma: Preschool Students
NCTSN: Psychological and Behavioral Impact of Trauma: Elementary School Students
NCTSN: Psychological and Behavioral Impact of Trauma: Middle School Students
NCTSN: Psychological and Behavioral Impact of Trauma: High School Students

Evaluation and Monitoring
Traumatic Stress Institute: Trauma-Informed Care in Youth Serving Settings – Organizational Self Assessment
NCTSN: Trauma-Informed Organizational Assessment (implementation guide and assessment with free account)

Additional Resources
NCTSN: A Trauma-Informed Guide for Working with Youth Involved in Multiple Systems
Resilient Georgia: Training Roadmap to Becoming Trauma Informed - Youth

Case Studies/Examples
YMCA: We all Have Mental Health – Mental Health Promotion Strategies for Y Programs
Boys & Girls Club of America: Trauma-Informed Boys & Girls Club Standards of Practice
Girl Scouts of Greater New York: An Introduction to Trauma-Informed Girl Scouting

Staff Well-Being and Self-Care
Temescal Associates and the How Kids Learn Foundation: Self-Care for Youth Workers
Youth Research & Evaluation eXchange: Caring for Yourself is a Radical Act – Self-Care Guide for Youth Working in Community

Next Steps
CTIPP Call to Action: Building Healthier communities Through Trauma-Informed Approaches
Contact ResilientGwinnett@gwinnettcoalition.org to discuss your youth-serving organization's needs and the Resilient Gwinnett training opportunities that are available to you.

References

1. Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., Lepine, J. P., … Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. Psychological medicine, 46(2), 327–343. https://doi.org/10.1017/S0033291715001981
2. Swedo, E. A., Holditch Niolon, P., Anderson, K. N., Li, J., Brener, N., Mpofu, J., Aslam, M. V., & Underwood, J. M. (2024). Prevalence of Adverse Childhood Experiences Among Adolescents. Pediatrics, 154(5), e2024066633. https://doi.org/10.1542/peds.2024-066633
3. National Center for PTSD. (2024, May 1).Trauma-informed care. U.S. Department of Veterans Affairs. https://www.ptsd.va.gov/professional/treat/care/index.asp
4. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. https://library.samhsa.gov/sites/default/files/sma14-4884.pdf
5. Meléndez Guevara, A. M., Cottam, S., Wall, C., & Lindstrom Johnson, S. (2024). Expanding ACEs in child and family service systems: Incorporating context and resilience. Child Protection and Practice, 3, 100065. https://doi.org/10.1016/j.chipro.2024.100065
6. Peterson, C., Aslam, M. V., Niolon, P. H., Bacon, S., Bellis, M. A., Mercy, J. A., & Florence, C. (2023). Economic burden of health conditions associated with adverse childhood experiences among US adults. JAMA Network Open, 6(12), e2346323. https://doi.org/10.1001/jamanetworkopen.2023.46323
7. Child Trauma Institute for Policy and Practice. (2025, January 3.). Building healthier communities through trauma-informed approaches. CTIPP. https://www.ctipp.org/post/building-healthier-communities-through-trauma-informed-approaches
8. Center to Advance Trauma-informed Health Care. (n.d.). Why trauma? University of California, San Francisco. https://cthc.ucsf.edu/why-trauma/
9. Goldstein, E., Chokshi, B., Melendez-Torres, G. J., Rios, A., Jelley, M., & Lewis-O'Connor, A. (2024). Effectiveness of Trauma-Informed Care Implementation in Health Care Settings: Systematic Review of Reviews and Realist Synthesis. The Permanente journal, 28(1), 135–150. https://doi.org/10.7812/TPP/23.127
10. Ravi, A. (2015, November 13). The cost-saving potential of trauma-informed primary care. Leonard Davis Institute of Health Economics, University of Pennsylvania. https://ldi.upenn.edu/our-work/research-updates/the-cost-saving-potential-of-trauma-informed-primary-care/
11. Maloney, J. E., Whitehead, J., Long, D., Kaufmann, J., Oberle, E., Schonert-Reichl, K. A., Cianfrone, M., Gist, A., & Samji, H. (2024, March 6). Supporting adolescent well-being at school: Integrating transformative social and emotional learning and trauma-informed education. Social and Emotional Learning: Research, Practice, and Policy, 4, 100044. https://doi.org/10.1016/j.sel.2024.100044
12. Barsel, P., & Curt, C. (2022, August 31). Report: Trauma-informed schools. Child Trauma Institute for Policy and Practice. https://www.ctipp.org/post/report-trauma-informed-schools

13. Travis, R. (2023, May 30). Mental health courts: How much can they help jail crisis? FOX 5 Atlanta. https://www.fox5atlanta.com/news/mental-health-courts-how-much-can-they-help-jail-crisis
14. Lehrer, D. (2021). Trauma-informed care: The importance of understanding incarcerated women. Journal of Correctional Health Care: The Official Journal of the National Commission on Correctional Health Care, 27(2), 121–126. https://doi.org/10.1089/jchc.20.07.0060
15. Falkenburger, E., Arena, O., & Wolin, J. (2018, April). Trauma-informed community building and engagement. Urban Institute. https://www.urban.org/sites/default/files/publication/98296/trauma-informed_community_building_and_engagement.pdf
16. Data USA. (n.d.). Gwinnett County, GA. https://datausa.io/profile/geo/gwinnett-county-ga
17. Gwinnett County. (2024, February 20). Gwinnett County 2045 Unified Plan: Economic development [PDF file]. https://www.gwinnettcounty.com/static/departments/PlanningDevelopment/pdf/3-economic-development.pdf
18. Marris, W. (2023). Child Trauma Institute for Policy and Practice. (2024, April 23). Toolkit: Trauma-informed workplaces. CTIPP. https://www.ctipp.org/post/toolkit-trauma-informed-workplaces
19. Mind Share Partners. (2021). Mental health at work report 2021. https://www.mindsharepartners.org/mentalhealthatworkreport-2021
20. DeFraia, G. S. (2015). Psychological trauma in the workplace: Variation of incident severity among industry settings and between recurring vs isolated incidents. International Journal of Occupational and Environmental Medicine, 6(3), 155–168. https://pmc.ncbi.nlm.nih.gov/articles/PMC6977051
21. Christensen, L. J., Embry, E., Newman, A. B., & Godfrey, P. C. (2025). If the body keeps the score, what happens when you bring the body to work? Exploring the health effects of trauma on human capital. Business & Society, 64(3), 558–592. https://doi.org/10.1177/00076503241271180
22. American Institute of Stress. (2023). Mental health: High stress levels trigger work absenteeism, experts say. The American Institute of Stress. https://www.stress.org/news/mental-health-high-stress-levels-trigger-work-absenteeism-experts-say/#:~:text=A%20report%20by%20The%20American,by%20high%20levels%20of%20stress
23. Berkeley Executive Education. (n.d.). The impacts of poor mental health on business. https://executive.berkeley.edu/thought-leadership/blog/impacts-poor-mental-health-business
24. World Health Organization. (2024, September 2). Mental health at work: Policy brief. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work
25. Lemek, S. (2023, July 6). The relationship between trauma & burnout. Medium. https://medium.com/hlwf-healthcare-healthtech-lifesciences-wellness/the-relationship-between-trauma-burnout-11e77a679134
26. Schelenz, R. (2020, September 3). Job burnout: A billion-dollar problem—Can we fix it despite COVID-19? University of California. https://www.universityofcalifornia.edu/news/job-burnout-billion-dollar-problem-can-we-fix-it-despite-covid-19
27. Child Trauma Institute for Policy and Practice. (2023, April 3). Toolkit: Trauma-informed workplaces. CTIPP. https://www.ctipp.org/post/toolkit-trauma-informed-workplaces
28. Overton, A. R., & Lowry, A. C. (2013). Conflict management: Difficult conversations with difficult people. Clinics in Colon and Rectal Surgery, 26(4), 259–264. https://doi.org/10.1055/s-0033-1356728

29. Hales, T. W., Green, S. A., & Nochajski, T. H. (2018). Trauma-informed care outcome study. Journal of Social Work Education, 29(5). https://doi.org/10.1177/1049731518766618
30. Elisseou S. (2023). Trauma-Informed Care: A Missing Link in Addressing Burnout. Journal of healthcare leadership, 15, 169–173. https://doi.org/10.2147/JHL.S389271
31. Wilcox, P. (2023). Brooklawn Child and Family Services cuts restraints and staff turnover. Traumatic Stress Institute. https://www.traumaticstressinstitute.org/brooklawn-child-and-family-services-cuts-restraints-and-staff-turnover/
32. American Psychological Association. (2022). Mental health support in the workplace: 2022 report. American Psychological Association. https://www.apa.org/pubs/reports/work-well-being/2022-mental-health-support
33. Rost, K., Smith, J. L., & Dickinson, M. (2004). The effect of improving primary care depression management on patient outcomes. Medical Care, 42(12), 1202–1210. https://journals.lww.com/lww-medicalcare/abstract/2004/12000/the_effect_of_improving_primary_care_depression.7.aspx
34. International Stress Management Association. (2016). Corporate wellbeing solutions: A guide to developing a workplace stress prevention program. https://s3-eu-west-1.amazonaws.com/stressorg/Corporate-Wellbeing-Solutions-2016.pdf
35. U.S. Surgeon General, & U.S. Department of Health and Human Services. (2022). Workplace mental health and well-being. https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf
36. Short, R. (2024, April 2). The importance of trauma-informed leadership in the workplace. Workplace Peace Institute. https://www.workplacepeaceinstitute.com/post/the-importance-of-trauma-informed-leadership-in-the-workplace
37. U.S. News & World Report. (n.d.). Gwinnett County School District. U.S. News & World Report. https://www.usnews.com/education/k12/georgia/districts/gwinnett-county-106134
38. Gwinnett County Public Schools. (2024). FY 2024 adopted budget. https://resources.finalsite.net/images/v1702979309/gcpsk12org/pz89jkahi5hecpxnevjm/FY2024_Adopted_Budgeteq_1.pdf
39. Cleary, S. D., Snead, R., Dietz-Chavez, D., Rivera, I., & Edberg, M. C. (2018). Immigrant trauma and mental health outcomes among Latino youth. Journal of Immigrant and Minority Health, 20(5), 1053. https://doi.org/10.1007/s10903-017-0673-6
40. Crisis Prevention Institute. (2024, July 22). The impact of stress and trauma on student behavior and academic performance. Crisis Prevention Institute. https://www.crisisprevention.com/blog/education/the-impact-of-stress-and-trauma-on-student-behavior-and-academic-performance/
41. Boden, J. M., Horwood, L. J., & Fergusson, D. M. (2007). Title of the article. Child Abuse & Neglect, 31(10), 1101–1114. https://doi.org/10.1016/j.chiabu.2007.03.022
42. McInerney, M., & McKlindon, A. (2014). Unlocking the door to learning: Trauma-informed classrooms & transformational schools. Education Law Center. https://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf
43. Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., Florian, L., & McCluskey, G. (2018). The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis. Child Abuse & Neglect, 75, 6–28. https://doi.org/10.1016/j.chiabu.2017.06.021

44. Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. School Psychology Quarterly, 33(1), 137–146. https://doi.org/10.1037/spq0000256
45. Gerrity, E., & Folcarelli, C. (2008, September). Child traumatic stress: What policymakers should know. National Child Traumatic Stress Network. National Center for Child Traumatic Stress. https://www.nctsn.org/sites/default/files/resources/child_traumatic_stress_what_policymakers_should_know.pdf
46. Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. School Mental Health, 8(1), 7–43. https://doi.org/10.1007/s12310-016-9175-2
47. Crisis Prevention Institute. (2024, July 22). The impact of stress and trauma on student behavior and academic performance. Crisis Prevention Institute. https://www.crisisprevention.com/blog/education/the-impact-of-stress-and-trauma-on-student-behavior-and-academic-performance/
48. Barsel, P., & Curt, J. (2022, August 31). Report: Trauma-informed schools. Campaign for Trauma-Informed Policy and Practice (CTIPP). https://www.ctipp.org/post/report-trauma-informed-schools
49. U.S. Department of Education. (2024, May). Strategies and resources to support trauma-informed schools [Issue brief]. U.S. Department of Education. https://www.schoolsafety.gov/sites/default/files/2024-05/SchoolSafety%20Issue%20Brief_Strategies%20and%20Resources%20to%20Support%20Trauma-Informed%20Schools_508c.pdf
50. National Center for School Safety. (2022). Trauma-Informed Resilience-Oriented Schools Toolkit. https://www.nc2s.org/wp-content/uploads/2022/08/Trauma-Informed-Resilience-Oriented-Schools-Toolkit.pdf
51. Hawaii Kids Can. (2020, November 18). Trauma-informed care mini-report: Understanding trauma's impact on children and youth in Hawaii. Hawaii Kids Can. https://hawaiikidscan.org/wp-content/uploads/sites/13/2020/11/11-18-20_HawaiiKidsCAN_TraumaMiniReport_V1.pdf
52. Data USA. (n.d.). Gwinnett County, GA. Retrieved from https://datausa.io/profile/geo/gwinnett-county-ga
53. Fostering Court Improvement. (n.d.). Gwinnett County. Retrieved from https://fosteringcourtimprovement.org/ga/County/Gwinnett/
54. Gwinnett County. (n.d.). Gwinnett County profile. Atlanta Regional Commission. https://documents.atlantaregional.com/Profiles/County/Gwinnett_NN.pdf
55. Kolaitis, G. (2017). Trauma and post-traumatic stress disorder in children and adolescents. European Journal of Psychotraumatology, 8(sup4), 1351198. https://doi.org/10.1080/20008198.2017.1351198
56. Layne, C. M., Greeson, J. K. P., Ostrowski, S. A., Kim, S., Reading, S., Vivrette, R. L., Briggs, E. C., Fairbank, J. A., & Pynoos, R. S. (2014). Cumulative trauma exposure and high-risk behavior in adolescence: Findings from the National Child Traumatic Stress Network Core Data Set. Psychological Trauma: Theory, Research, Practice, and Policy, 6(Suppl 1), S40–S49. https://doi.org/10.1037/a0037799
57. Gerson, R., & Rappaport, N. (2013). Traumatic stress and posttraumatic stress disorder in youth: Recent research findings on clinical impact, assessment, and treatment. Journal of Adolescent Health, 52(2), 137–143.
58. Keeshin, B. R., Bryant, B. J., & Gargaro, E. R. (2021). Emotional dysregulation: A trauma-informed approach. Child and Adolescent Psychiatric Clinics of North America, 30(2), 375–387. https://doi.org/10.1016/j.chc.2020.10.007

59. Meeker, E. C., O'Connor, B. C., Kelly, L. M., Hodgeman, D. D., Scheel-Jones, A. H., & Berbary, C. (2021). The impact of adverse childhood experiences on adolescent health risk indicators in a community sample. Psychological Trauma: Theory, Research, Practice, and Policy, 13(3), 302–312. https://doi.org/10.1037/tra0001004
60. Dumornay, N. M., Finegold, K. E., Chablani, A., Elkins, L., Krouch, S., Baldwin, M., Youn, S. J., Marques, L., Ressler, K. J., & Moreland-Capuia, A. (2022, October 4). Improved emotion regulation following a trauma-informed CBT-based intervention associates with reduced risk for recidivism in justice-involved emerging adults. Frontiers in Psychiatry, 13, 951429. https://doi.org/10.3389/fpsyt.2022.951429
61. Altheimer, I., & Tobey, A. (2024). Trauma-informed care: Effectiveness on recidivism (CPSI Working Paper No. 2024-06). Rochester Institute of Technology, Center for Public Safety Initiatives. https://www.rit.edu/liberalarts/sites/rit.edu.liberalarts/files/docs/2024-06_CPSI%20Working%20Paper_Trauma-Informed%20Care%20Effectiveness%20on%20Recidivism_Rev.pdf
62. Walter, Z. C., Carlyle, M., Mefodeva, V., Glasgow, S., Newland, G., Nixon, R. D. V., Cobham, V. E., & Hides, L. (2025). Feasibility and outcomes of a trauma-informed model of care in residential treatment for substance use. Journal of Substance Use and Addiction Treatment, 169, 209571. https://doi.org/10.1016/j.josat.2024.209571
63. Jim Casey Youth Opportunities Initiative. (n.d.). Trauma-informed practice with young people in foster care (Issue Brief No. 5). https://pgcasa.org/wp-content/uploads/2015/07/trauma.pdf
64. Zettler, H. R. (2020). Much to do about trauma: A systematic review of existing trauma-informed treatments on youth violence and recidivism. Youth Violence and Juvenile Justice, 19(1), 113–134. https://doi.org/10.1177/1541204020939645
65. Thomas, J., & McDonagh, D. (2013). Shared language:Towards more effective communication. The Australasian medical journal, 6(1), 46–54. https://pubmed.ncbi.nlm.nih.gov/23422948/
66. Shared Language Library sources:
- Action on Aces Gloucestershire. (n.d.). Glossary. https://www.actionaces.org/glossary/
- Centers for Disease Control and Prevention (CDC). (2019). Adverse childhood experiences (ACEs). Vital Signs. https://www.cdc.gov/vitalsigns/aces/index.html
- Centers for Disease Control and Prevention (CDC). (2024). About adverse childhood experiences (ACEs). https://www.cdc.gov/aces/about/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/aces/fastfact.html
- Centers for Disease Control and Prevention. (n.d.). About child abuse and neglect. https://www.cdc.gov/child-abuse-neglect/about/index.html
- Centers for Disease Control and Prevention. (n.d.). Risk factors for adverse childhood experiences. https://www.cdc.gov/aces/risk-factors/index.html
- Complex Trauma. (n.d.). Acute trauma. https://www.complextrauma.org/glossary/acute-trauma/
- Figley, C. R., Lovre, C., & Figley, K. R. Compassion fatigue, vulnerability, and resilience in practitioners working with traumatized children. 417-432. https://doi.org/10.1002/9780470669280.ch21
- Los Angeles County Department of Public Health. (2022). Trauma-informed care glossary. http://www.publichealth.lacounty.gov/ovp/docs/Trauma%20Informed%20Care/07132022TIC_Glossary.pdf
- National Fund for Workforce Solutions. (2021). A trauma-informed approach to workforce. https://nationalfund.org/wp-content/uploads/2021/04/A-Trauma-Informed-Approach-to-Workforce.pdf

- Pennsylvania Office of Mental Health and Substance Abuse Services. (2020, October). Empowerment through common language in PA: A guide to shared understanding of behavioral health terms. Commonwealth of Pennsylvania. https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/schools/safe-schools/mentalhealth/empowerment%20through%20common%20langauge%20in%20pa.pdf
- Pine Tree Institute. (n.d.). Positive childhood experiences. https://pinetreeinstitute.org/positive-childhood-experiences/
- Resilient Georgia. (n.d.). Concept learning card. https://www.resilientga.org/_files/ugd/08ae45_6580e19f75c44537bdc56176af799f6e.pdf
- Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). Trauma and violence. U.S. Department of Health and Human Services. https://www.samhsa.gov/mental-health/trauma-violence
- Substance Abuse and Mental Health Services Administration. (2023). Trauma-informed care in behavioral health services. https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf
- Trauma Informed Oregon. (n.d.). Glossary of trauma-informed care terms. https://traumainformedoregon.org/resources/new-to-trauma-informed-care/glossary/
- Trauma Informed Oregon. (n.d.). Trauma-informed care principles. https://traumainformedoregon.org/resources/new-to-trauma-informed-care/trauma-informed-care-principl es/
- UCLA Health. (2021). Study reveals types of positive childhood experiences (PCEs). https://www.uclahealth.org/news/release/study-reveals-types-positive-childhood-experiences-pces

67. Ginsburg, K. (2018, September 4). Building resilience: The 7 Cs. Resilience. https://parentandteen.com/building-resilience-in-teens/
68. Substance Abuse and Mental Health Services Administration. (n.d.). Practical guide for implementing a trauma-informed approach. U.S. Department of Health and Human Services. https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf
69. Substance Abuse and Mental Health Services Administration. (n.d.). Trauma-informed approaches and programs. U.S. Department of Health and Human Services. https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs
70. Trauma Informed Oregon. (2018, December 12). Original roadmap to trauma-informed care with considerations. Trauma Informed Oregon. https://traumainformedoregon.org/wp-content/uploads/2018/12/Original-Roadmap-to-Trauma-Informed-Care-with-Considerations-12-12-18.pdf
71. Missouri Department of Mental Health. (n.d.). The Missouri model: A developmental framework for trauma-informed approaches. Missouri Department of Mental Health. https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approache