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Testimony before the Education, Health, and Environmental Affairs Committee

In SUPPORT of

Senate Bill 223- State Department of Education- Guidelines on Trauma-Informed Approach

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February 6, 2019**

Thank you for the opportunity to provide testimony on Senate Bill 223- State Department of Education- Guidelines on Trauma-Informed Approach. Advocates for Children and Youth (ACY) supports this bill.

ACEs, or Adverse Childhood Experiences, are a category of early life traumas which negatively impact long-term health, prosperity, and social mobility outcomes¹. ACEs encompass traumatic experiences at all levels of severity and include: emotional, physical, and sexual abuse, emotional and physical neglect, domestic and intimate partner violence, illicit substance use in the home, untreated mental illness in the home, the incarceration of a household member, and the separation and/or divorce of adult caregivers². ACEs have the potential to hinder an individual's neurological, socio-behavioral, and emotional development, all of which have repercussions for students' well-being and their ultimate academic success.

ACEs don't target individuals based on race, gender, ability status, sexuality, nationality, socio-economic status, or any of the identity markers we typically use when disaggregating data. The groundbreaking 1998 study found that ACEs are relatively common--**about 67% of survey participants had at least one ACE**³. Unfortunately, the study also demonstrated that when an individual had more ACEs, the odds of them experiencing negative outcomes like alcohol and substance abuse, depression, adolescent parenthood, and many other issues also increased. Having 3 or more ACEs is typically the threshold for these negative outcomes.

With the growth of Community Schools strategies in Baltimore City and recent shifts to adopt the model seen in Montgomery and Prince George's counties, we have seen the benefits of a whole-child, student-centered approach to education. Community Schools should offer a full range of health, mental health, and social services that are explicitly designed to promote the well-being of students and remove

¹ Centers for Disease Control and Prevention.

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html

² *ibid*

³ *ibid*



barriers to their learning⁴. While Maryland has yet to adopt the Community School model statewide, ACY believes that all students deserve access to such services, regardless of where they attend school.

We do caution that in the implementation of this or any other trauma-informed directive, the State Department of Education (MSDE) **remain mindful of two potential unintended consequences when developing the guidelines for a trauma-informed approach in Maryland schools:** (1) fixating on the negative experiences face by students, as many may have developed resilience and (2) ethical issues that may occur in the form of re-traumatization when attempting to identify students who have had traumatic experiences, or ACEs⁵.

Additionally, we wish to avoid the impression that only students who have experienced 3 or more ACEs or only students with Individualized Education Plans (IEPs) and 504 Plans or only students who are facing disciplinary action need to be approached from a trauma-informed perspective. Guidelines for trauma-informed approaches in schools should be developed with all students in mind, through an anti-racist lens.

SB 223 is the legislative embodiment of Proposed Action 2.2 of Recommendation 2 of MSDE's Mental Health Committee's October 2017 report.⁶ **We urge this committee to issue a favorable report on SB 223 to remain consistent with MSDE's own recommendations and to better meet the needs of Maryland students who persevere in the face of traumatic experiences.**

⁴ National Center for Community Schools. "Building Community Schools: A Guide for Action" October 2011

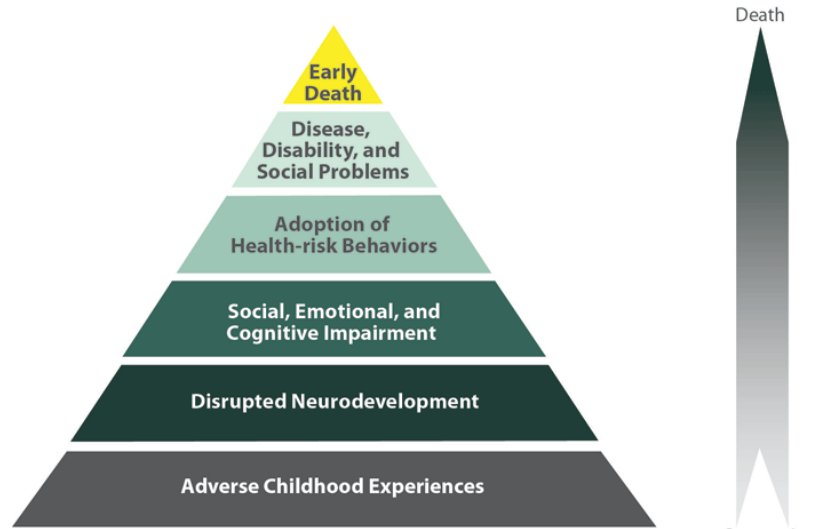
⁵ Leitch, Laurie. "Action Steps Using ACEs and Trauma-Informed Care: A Resilience Model". Springer Open, Health and Justice. December 2017.

⁶ <http://www.marylandpublicschools.org/stateboard/Documents/10242017/TabG-MentalHealthUpdate.pdf>

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

Demographic Information for CDC-Kaiser ACE Study Participants, Waves 1 and 2.

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Demographic Information	Percent (N = 17,337)
Gender	
Female	54.0%
Male	46.0%
Race/Ethnicity	
White	74.8%
Hispanic/Latino	11.2%
Asian/Pacific Islander	7.2%
African-American	4.5%
Other	2.3%
Age (years)	
19-29	5.3%
30-39	9.8%
40-49	18.6%
50-59	19.9%
60 and over	46.4%
Education	
Not High School Graduate	7.2%
High School Graduate	17.6%
Some College	35.9%
College Graduate or Higher	39.3%

Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different reports of participants' demographic information.

⁷ Centers for Disease Control and Prevention. "The ACE Pyramid"

⁸ Centers for Disease Control and Prevention. Data and Statistics. "Participant Demographics".

