To Infinity and Beyond! Adverse Childhood Experiences: The Impact of Protective Factors

Dr. Ami Camp
College of Education
Teacher Toolbox Virtual Seminar
March 15, 2022

Overview

- Adverse Childhood Experiences (ACES)
- Risk and Protective Factors
- The Impact of Protective Factors
- Fostering Resilience among Children and Youth

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness

Incarcerated Relative

Mother treated violently

Substance Abuse

Divorce

ACE-informed Approach

" An ounce of PREVENTION is worth a pound of cure "

Benjamin Franklin

Negative impacts of ACEs are significantly mitigated by having an

Always Available (trusted) Adult (AAA)

People with 4+ ACEs and **NO** CONSTANT SUPPORT are

3x

more likely to do any two of the following:

heavy drinking   poor diet   daily smoking

Than people with 4+ ACEs and **CONSTANT AAA SUPPORT**

PROTECTIVE FACTORS

The presence of **PROTECTIVE FACTORS** can often mitigate the consequences of ACEs

Safe, stable, nurturing relationships

Concrete support for families in times of need

Parental resilience

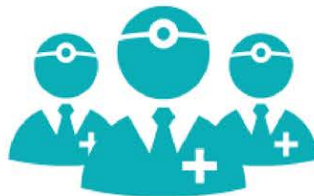Caregiver knowledge & application of positive parenting skills

Child's social and emotional skills

ACE-aware, supportive communities and social systems

TRAUMA-INFORMED CARE

Holistic, multi-agency, non-stigmatising, information sharing among all professionals

All children need to develop :

RESILIENCE tools to respond to the challenges of life

EMPATHY ability to understand & share the feelings of others

www.70-30.org.uk
@7030Campaign

ACEs Statistics (National)

- Most common ACE:
  - Economic hardship and divorce/separation
- Adults (62%) across 23 states experienced one ACE
- Just under half (45%) of children in the U.S. have experienced at least one ACE
- One in ten children has experienced three or more ACEs
- 61% of Black, non-Hispanic children and 51% of Latinx children have experienced at least one ACE, compared with 40% of White, non-Hispanic children and only 23% of Asian, non-Hispanic children

ACEs Statistics (North Carolina)

- Almost 1 in 4 children ages 0-17 has experienced two or more ACEs, including 18% of children ages 0-5

- Factors associated with greater risk of two or more ACEs for children in North Carolina include:

  o *Living arrangements*: Living with a caregiver other than their parents, those in non-married two parent households, and those in single mother households

  o *Income*: Children in low-income households

  o *Care Needs*: Children with complex health care needs or emotional, behavioral, developmental issues

  o *Race and ethnicity*: African American or Other, non-Hispanic

The Impact of ACEs

- Brain development.
- Correlation between ACE score and health outcomes.
- Children with ACEs are more likely to struggle in school and have emotional and behavioral challenges.
- Adverse effects can be transmitted from one generation to the next.
  - Infants to women who experienced 4+ ACEs were two to five times more likely to have poor physical and emotional health outcomes by 18 months

Her ACE Score is 4.

Without intervention, she is twice as likely to develop heart disease or cancer as an adult.

#FightingACEs
Strengthening child RESILIENCE and creating an ACEs-Aware Community so she can have a fighting chance.

ACEs and Stress

POSITIVE STRESS	TOLERABLE STRESS	TOXIC STRESS
Mild/moderate and short-lived stress response necessary for healthy development	More severe stress response but limited in duration which allows for recovery	Extreme, frequent, or extended activation of the body's stress response without the buffering presence of a supportive adult

Intense, prolonged, repeated and unaddressed

Social-emotional buffering, parental resilience, early detection, and/or effective intervention

Preventing ACEs

Strategy	Approach
Strengthen economic supports to families	• Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	• Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	• Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	• Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	• Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harm	• Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders

Risk and Protective Factors

Individual and Family Risk Factors

- Children and youth with few/no friends
- Children and youth with friends who engage in aggressive/delinquent behavior
- Families with caregivers who have a limited understanding of children's needs or development
- Families with caregivers who were abused or neglected as children
- Families with low income
- Families with adults with low levels of education
- Families experiencing high levels of parenting stress or economic stress

fppt.com

Community Risk Factors

- High rates of violence and crime
- High rates of poverty
- Limited educational and economic opportunities
- High unemployment rates
- Easy access to drugs and alcohol
- Few community activities for youth
- High rates of food insecurity
- High levels of social and environmental disorder

Individual and Family Protective Factors

- Children who have positive friendships and peer networks
- Children who do well in school
- Children who have *caring* adults who serve as mentors
- Families where caregivers can meet basic needs
- Families where caregivers have college degrees or higher
- Families where caregivers have steady employment
- Families with strong social support networks and positive relationships with the people around them
- Families where caregivers engage in parental monitoring, supervision, and *consistent* enforcement of rules

Community Protective Factors

- Families have access to economic and financial help
- Families have access to medical care and mental health services
- Access to safe, stable housing
- Families have access to nurturing and safe childcare
- Families have access to high-quality preschool
- Families have access to safe, engaging after school programs and activities
- Strong partnerships between the community and business, health care, government, and other sectors

The Impact of Protective Factors

- As important to understand a child's prognosis as ACEs.

- Greater access yields better health outcomes than youth with the same levels of ACEs, but fewer protective factors.

- Youth with the best health outcomes have low levels of adversity and high protective factors.

- Can help a child feel safe more quickly after experiencing the toxic stress of ACEs.

- Can neutralize the physiological changes that naturally occur during and after trauma.

fppt.com

Cultivating Protective Factors

- **Parental Resilience:** Managing stress and functioning well when faced with challenges, adversity, and trauma.

- **Social Connections:** Positive relationships that provide emotional, informational, instrumental, and spiritual support.

- **Knowledge of parenting/child development:** Understanding child development and parenting strategies that support development.

- **Concrete support in times of need:** Access to concrete support and services that address a family's needs

- **Social and emotional competence of children:** Family and child interactions that promote child's ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

fppt.com

Fostering Resilience among Children and Youth

Using ACEs Research to Foster Resilience

- In our personal lives
- In our family lives
- In our work and community lives
- In our work with families

7 Cs: Core Ideas to Fostering Resilience

- **Competence:** Building an understanding of skills.
- **Confidence:** Fostering a true belief in their abilities.
- **Connection:** Connecting children with other people, schools and communities to further build their support system.
- **Character:** Helping children comprehend a clear sense of right and wrong; teaching moral values.
- **Contribution:** Offering children a chance to contribute to the well-being of others.
- **Coping:** Discovering a variety of healthy coping strategies; preventing children "quick fixes" to stress.
- **Control:** Providing children opportunities to make decisions on their own.

Promoting Resilience: Strategy #1

- **Paradigm shift: "What happened to you?" rather than "What's wrong with you?"**
  - o ACEs can impact brain development
  - o Decision-making, self-regulation, fear-processing, memory and stress management
  - o Parts of the brain can grow and new pathways develop

Consider "WHAT HAPPENED TO YOU?" *instead of* "WHAT'S WRONG WITH YOU?"

Promoting Resilience: Strategy #2

- **Recognizing systemic/institutionalized racism contributes to toxic stress.**
  - o Consider children and youth holistically.
  - o Be aware of the implications of systemic/institutionalized injustices on childhood trauma.
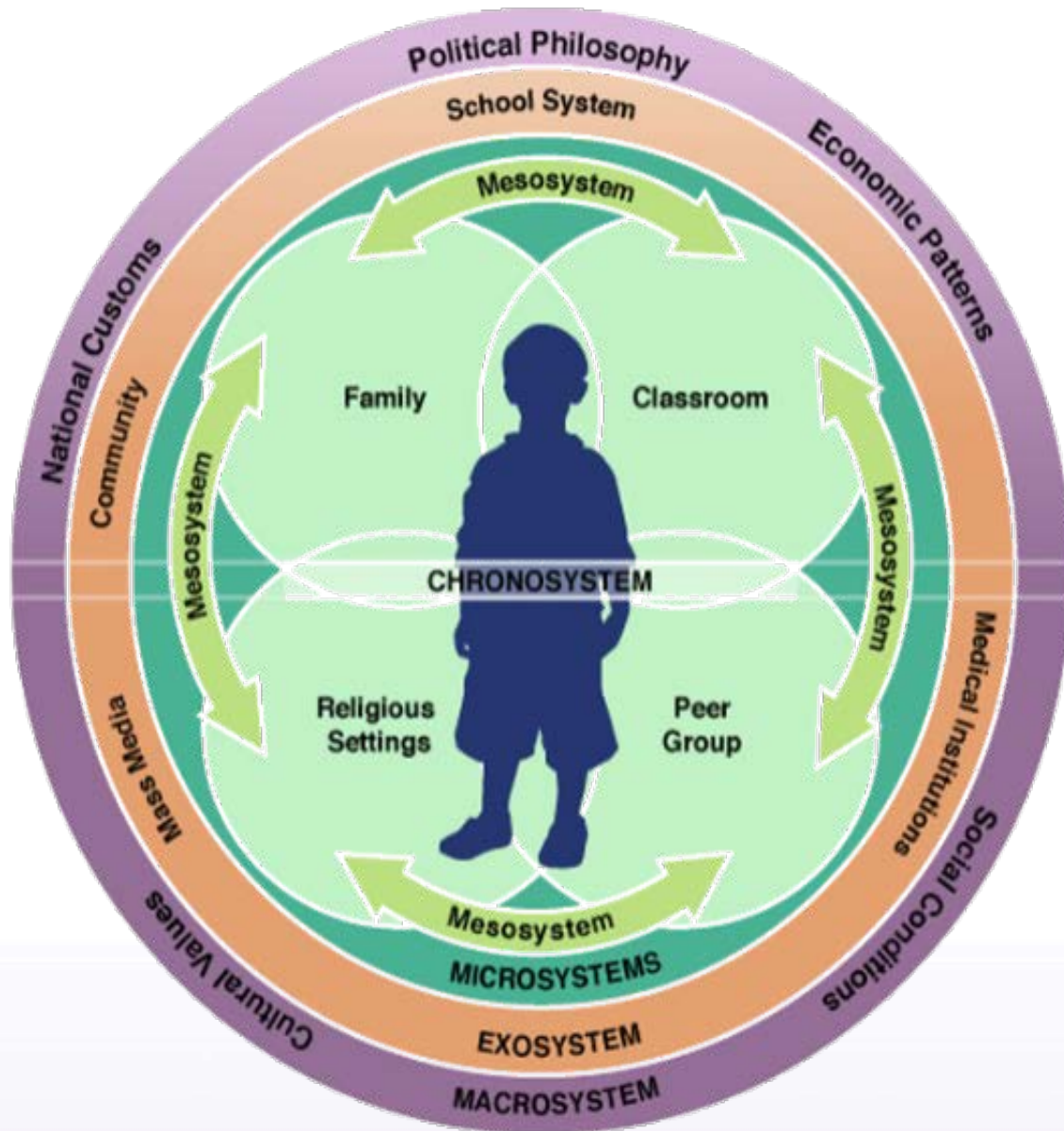
Promoting Resilience: Strategy #3

- **Recognizing toxic stress as the largest public health issue of our generation.**
  - ACEs can have long-term effects on one's body and health outcomes.
  - Benefits to equipping children and families with tools to overcome ACEs.
  - Eliminating toxic stress among children would impact overall well-being.

Promoting Resilience: Strategy #4

- **Establishing and maintaining *critical* collaborations.**
  - o Effects of ACEs can impact many systems (bioecological).
  - o Having trauma-informed agencies/settings and working collaboratively can help improve child and family well-being overall.

Bronfenbrenner's Ecological Model of Child Development

Promoting Resilience: Strategy #5

- **Promote safe, stable, nurturing relationships and environments.**
  - o Relationships between children and their caregivers buffer the effects of toxic stress and other ACEs.
  - o Relationships with other caring adults foster safety, stability, and nurture.
  - o Consider advocating for and creating policies or providing culturally responsive services that strengthen families.

nurturing relationships
changing brains, changing lives.

Promoting Resilience: Strategy #6

- **Preventing intergenerational transmission of toxic stress.**
  - To create good outcomes for children we must support adults.
  - Be aware of any trauma (caregiver) vicariously experienced by the child.
  - Establish collaborative partnerships with organizations and agencies that can further support.

Fostering Resilience: Strategy #7

- **Promoting hope.**
  - o The effects of ACEs *do not* have to be permanent.
  - o The presence of positive, consistent support systems can mitigate long-term impacts of trauma.

Supporting Children and Families

- **Caregiver resilience and knowledge**: Caregivers who can cope and who understand their child's development, positive parenting strategies, and their own responses to trauma.

- **Nurturing and attachment**: Supporting the child through loving relationships and being attuned to their needs.

- **Social connections**: Family, friends, neighbors, and community members.

- **Basic needs**: Having food, shelter, clothing, health care, etc.

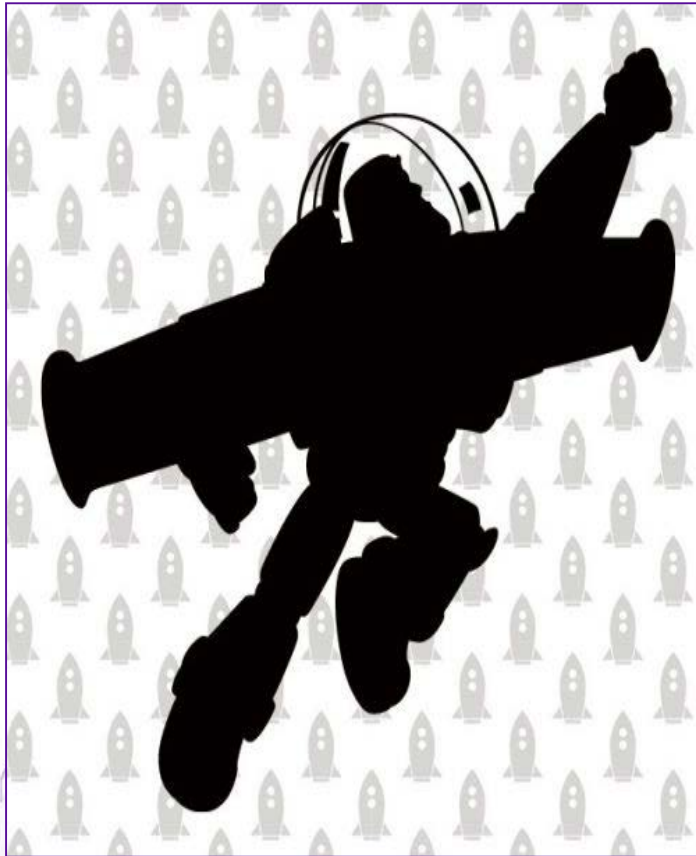- **Social and emotional skills**: Children and caregivers managing emotions and sharing feelings.

What We (Now) Know…

- Protective factors can serve as a 'buffer' in a child's life.

- Resilience requires that a child can rely on the presence of supportive people (at least one).

Are YOU one of them?

To Infinity and Beyond!

References

Centers for Disease Control and Prevention (2021, January 5). *Risk and Protective Factors.*
https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html

Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Jamieson, K. (2021). Resilience: A Powerful Weapon in the Fight Against ACEs. https://www.centerforchildcounseling.org/resilience-a-powerful-weapon-in-the-fight-against-aces/

Joining Forces for Children (2021). *What are ACEs?* https://www.joiningforcesforchildren.org/what-are-aces/

Liu, S. R., Kia-Keating, M., Nylund-Gibson, K., & Barnett, M. L. (2019). Co-Occurring Youth Profiles of Adverse Childhood Experiences and Protective Factors: Association with Health, Resilience, and Racial Disparities. *American Journal of Community Psychology, 1–14.* https://doi.org/10.1002/ajcp.12387.

References

Public Schools First NC. (2020, April 1). *ACEs and Resilience: What Can We Do?*
   https://www.publicschoolsfirstnc.org/resources/fact-sheets/aces-and-
   resilience-what-can-we-do/

Sacks, V., & Murphey, D. (2018, February 12). *The prevalence of adverse
   childhood experiences, nationally, by state, and by race or ethnicity.*
   https://www.childtrends.org/publications/prevalence-adverse-childhood-
   experiences-nationally-state-race-
   ethnicity#:~:text=Children%20of%20different%20races%20and,of%20Asi
   an%20non%2DHispanic%20children.