

ACEs and Foster Care

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What are ACEs?

Adverse Childhood Experiences (ACEs)

Traumatic events that occur in childhood (0-17 years) that impact sense of safety, stability and bonding. Can be events that happen to the child or impact the child's living environment.

Types of ACEs



ACEs Adverse
Childhood
Experiences

Abuse



Physical



Emotional



Sexual

3

Neglect



Physical



Emotional

types of ACEs

Household Dysfunction



Incarcerated
Relative



Divorce



Mother
Treated
Violently



Substance
Abuse



Mental
Illness

What do we know about ACEs

Adverse childhood experiences are common – and in the absence of support, they can cause long-lasting harm. When children experience multiple ACEs, their bodies can be flooded with stress hormones, increasing their risk for later physical and mental health problems like heart disease, diabetes, or depression.

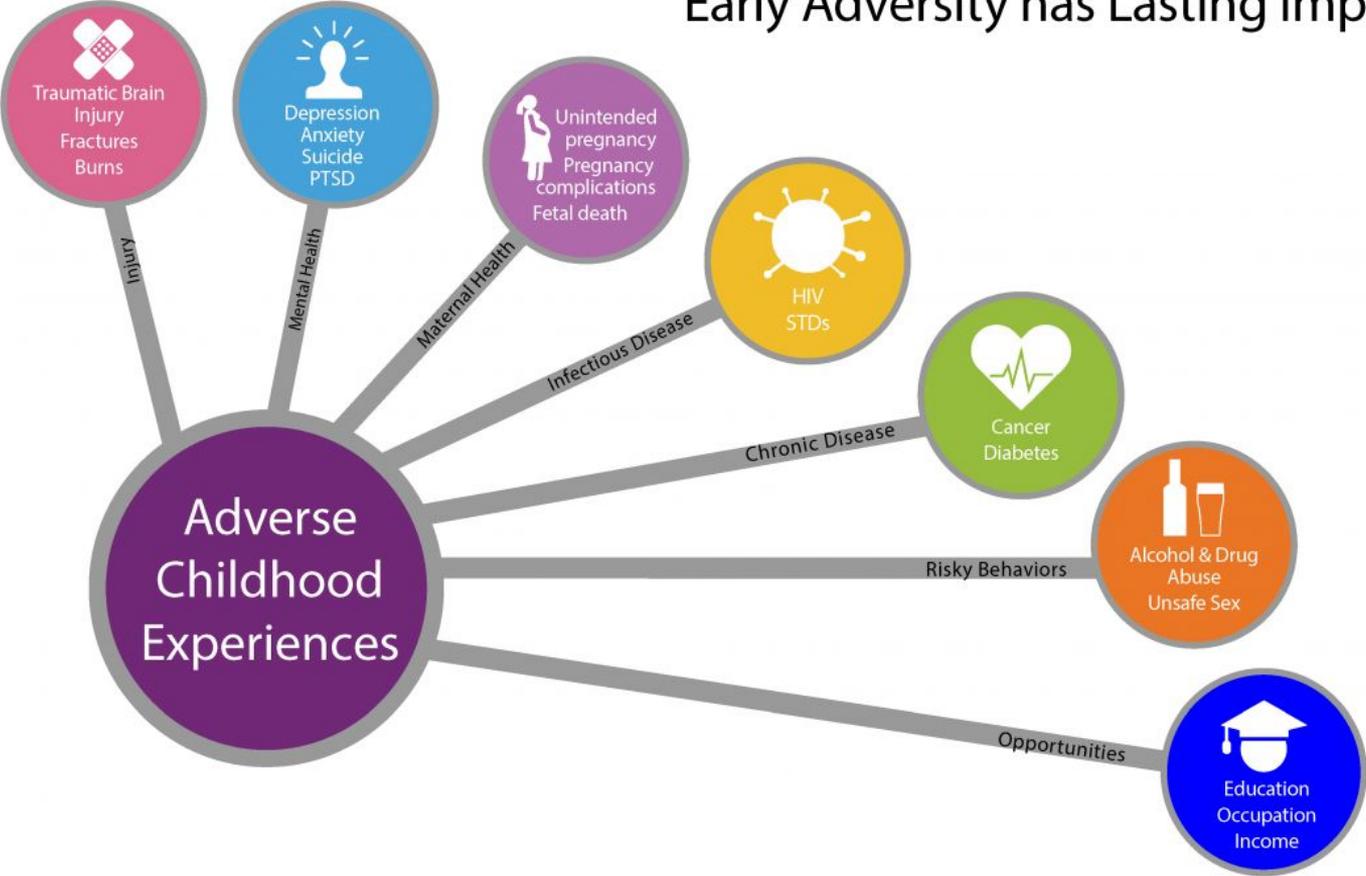
How childhood trauma affects health across a lifetime

- [TED Talk with Nadine Burke Harris | Tufts Hope \(positiveexperience.org\)](#)



How childhood trauma affects health across a lifetime

Early Adversity has Lasting Impacts



www.cdc.gov

What is the impact of ACEs?

- **ACEs are common.** About 64% of U.S. adults reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 (17.3%) reported they had experienced four or more types of ACEs.
- **Preventing ACEs could potentially reduce many health conditions.** For example, by preventing ACEs, up to 1.9 million heart disease cases and 21 million depression cases potentially could have been avoided.
- **Some people are at greater risk of experiencing once or more ACEs than others.** While all children are at risk of ACEs, numerous studies have shown inequities in such experiences linked to the historical, social, and economic environments in which some families live. ACEs were highest among females, non-Hispanic American Indian or Alaska Native adults, and adults who are unemployed or unable to work.
- **ACEs are costly.** ACEs-related health consequences cost an estimated economic burden of \$748 billion annually in Bermuda, Canada, and the United States.



Positive stress response includes brief increases in heart rate and blood pressure and mild or brief increases in stress hormone levels, all of which will return to normal. This response is a normal part of healthy development. It could be triggered by experiences such as the first day of school or receiving an injection during a doctor's visit.

Tolerable stress response is when the body's alert system activates to a greater extent due to more severe or longer-lasting events, such as losing a loved one or a natural disaster. This type of response is time limited and can be buffered by the support of a caring adult, which helps the body recover from what could be damaging effects of elevated stress levels (e.g., depression, substance use).

Toxic stress response occurs when a child experiences major, frequent, and/or prolonged stressors, such as chronic abuse or neglect or repeated exposure to domestic violence, community violence, or parental substance use. In these instances, the adult is potentially both the source of fear and support. Extreme or persistent activation of the body's stress system can impair brain development, causing an elevated perception of fear and a quick shift to a defensive mode when faced with stressors.

For more information about toxic stress, refer to the [Center on the Developing Child at Harvard University](#).

Risk factors for ACEs

- Families experiencing **caregiving challenges** related to children with special needs
- Children who **don't feel close** to their parents/caregivers and can't talk to them about their feelings
- Youth who start dating early or **engaging in sexual activity early**, with **few or no friends** or with friends who engage in **aggressive or delinquent behavior**
- Caregivers who have a **limited understanding** of children's needs or development
- Caregivers who were **abused or neglected** as children
- Young caregivers or single parents, lower income status, low levels of education, high levels of **parenting stress or economic stress**
- Caregivers who use **corporal punishment, inconsistent discipline and/or low levels of parental supervision**
- Families that are **isolated** from and not connected to other people (extended family, friends, neighbors)
- Families with **high conflict** and negative communication styles, accepting of or justifying violence or aggression

What do we know about youth in foster care?

- High rate of ACEs (48.3% reported 4+ ACEs) *(Bramlett & Radel, 2014)*.
- Removal from home is an additional trauma (+1 ACEs score)
- Children in foster care are more likely to experience cumulative ACEs even after controlling for child and family demographics *(Turney & Wildeman, 2016)*.

ACEs and Foster Care

- Parents with greater exposure to ACEs are more likely to have children with behavioral health problems (Pediatrics, 2018)
- Parents with high may ACEs scores experience challenges in parenting
 - *difficulty calming down* • *a quicker-than-normal temper and feelings of impatience* *difficulty thinking logically* • *a limited ability to “read” others and judge the needs of children* • *difficulty modeling good skills and behavior for children*

ACEs, foster care and placement stability

- Kansas Study by KU researchers (2021)- Liming, Brook and Akin
- Nearly 3,000 children (ages 6-18) in Kansas foster care (2015-2019)
- 99.6% of study sample reported 2+ ACEs
- Children in foster care with greater ACE exposure were more likely to experience placement instability and slower rates of reunification (6-9 total ACEs).
- A child's race, biological sex, age at episode start, and whether they had siblings in foster care all significantly influenced placement instability.

ACEs, foster care and placement stability

- Reunification prevalence by ACE category: 1-5 ACEs (38.1%); 6-9 ACEs (31%); 10+ ACEs (36.8%)
- Non-white, male children ages 10+ at removal with more ACEs exposure, more likely to be placed in congregate care and experience placement instability
- A child's race, biological sex, age at episode start, and whether they had siblings in foster care all significantly influenced placement instability.

(KU School of Social Welfare-Liming, Brooks & Akin, 2021)

Assessing for ACEs in Foster Care

- Within 20 days of entering foster care and every 6 months thereafter (more frequent if new trauma is suspected)
 - CROPS (*Child Report of Post-traumatic Symptoms*)
 - CSDC (*Child Stress Disorder Checklist*)
- What happens next?
 - Referral for services (i.e., counseling, school support, medication evaluation, further testing)
 - Meetings (case plan, treatment team meeting, IEP/504, etc.)

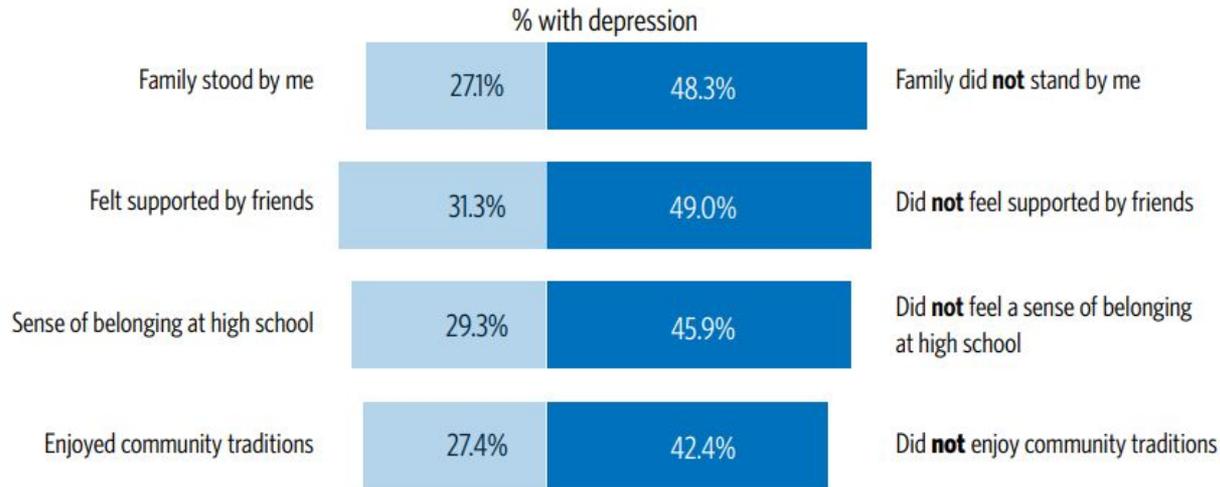
- When children are exposed to chronic or severe adversity, stress systems can over-activate, flooding their developing bodies and brains with harmful levels of stress hormones.

AND...

- Researchers also discovered that children can tolerate severe stress if stable, responsive adult relationships are in place to buffer the negative impact.

FIGURE 4. FACTORS THAT MODERATE THE EFFECTS OF MORE THAN 3 ACEs ON ADULT DEPRESSION

Adults with >3 ACEs AND selected positive childhood experiences had **lower rates of depression**. (all $p < 0.05$)



Source: Jones, J., Bethell, C.D., Linkenbach, J. & Sege, R. (2017). Health effects of ACEs mitigated by positive childhood experiences.(manuscript in preparation).¹⁴

Protective factors: individual/family

- Families with **safe, stable, and nurturing relationships**
- Children who have **positive peer networks, do well in school**, and have **caring adults** who serve as mentors/role models. Families that encourage the importance of school for children
- Caregivers can **meet basic needs** of food, shelter, and health services for children
- Caregivers have college degrees and/or higher and have steady **employment**
- Strong **social support networks and positive relationships** with the people around them
- Caregivers engage in **parental monitoring, supervision, and consistent enforcement of rules**
- Caregivers/adults **work through conflicts peacefully** and where caregivers help children work through problems
- Families that **engage in fun, positive activities together**

Protective factors: community

- Communities where families have access to ***economic and financial help***
- Communities where families have access to ***medical care and mental health services***
- Communities with access to ***safe, stable housing***
- Communities where families have access to ***nurturing and safe childcare***
- Communities where families have access to ***high-quality preschool***
- Communities where families have access to ***safe, engaging after school programs and activities***
- Communities where ***adults have work opportunities with family-friendly policies***
- Communities with ***strong partnerships between the community and business, health care, government, and other sectors***
- Communities where ***residents feel connected to each other and are involved in the community***
- Communities where ***violence is not tolerated or accepted***



Children **thrive** when they have regular interactions with responsive, caring adults. Yet neglect is the most commonly reported form of child maltreatment, and it can have long-term effects on children's health and development. Child neglect is more likely in families that are experiencing an overload of stress. The weight of poverty, especially, can overload parents' abilities to provide the supportive relationships children need. Depression or other mental health challenges can also slow down parents' responses to children's needs.

Key takeaways

- ACEs are very common AND preventable
- Protective factors buffer against the impact of ACEs
- Treating parents with ACEs= reducing likelihood of child abuse and neglect and better outcomes for families
- Family separation should be a last resort intervention

Strategy

Approach

Strengthen economic supports to families

Strengthening household financial security
Family-friendly work policies

Ensure a strong start for children

Early childhood home visitation
High-quality childcare
Preschool enrichment with family engagement

Teach skills

Social-emotional learning
Safe dating and healthy relationship skill programs
Parenting skills and family relationship approaches

Intervene to lessen immediate and long-term harms

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

Connect youth to caring adults and activities

Mentoring programs
After-school programs

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

Thank You

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 **KVC** Kansas
We all need connection.