

# ACEs in Sociocultural Contexts

Early Ripples: The Effects of ACEs on Children 0-5

Hyun-Kyung You, Carol West, & Kelsey Taylor  
Child Development  
Humboldt State University

2021

# Learning Objectives

- As a result of this training, participants will be able to:
  - *Understand ACEs in the context of children's various environments, and the relationship between these environments*
  - Describe the intersection of ACEs with Poverty, Racism, and Geography
  - Describe the implications of the COVID-19 pandemic on ACEs and toxic stress

# Children's' Environments

- Ecological systems theory examines the significance of a child's environments, and the relationships that exist among environment (Bronfenbrenner, 1979)
  - A child's immediate settings, roles, and interpersonal relations (i.e., school, family)
  - The settings in which a child is connected or impacted but not directly engaged (i.e., parent's work, sibling's school, school board decisions), and
  - The systems that exist within the culture as a whole (i.e. attitudes, practices, belief systems).
- Supportive environment is important in building resilience in the face of childhood adversity (Ungar, et al., 2013).

# Children's' Environments (cont'd.)

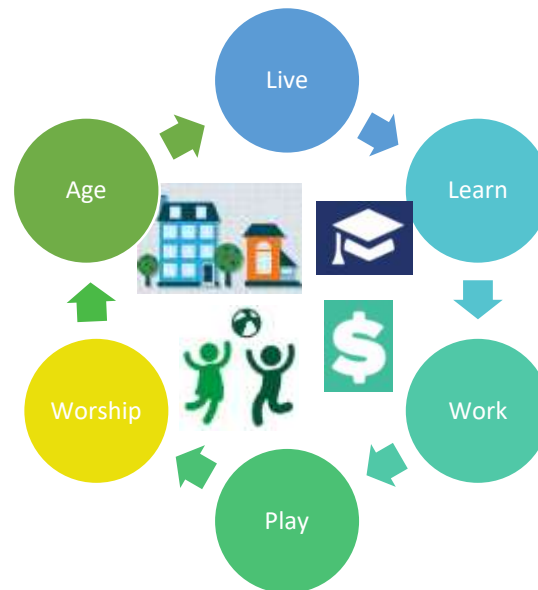
- Structural and systematic racism and discrimination can indirectly increase the risk of experiencing ACEs (Wang, et al., 2020).
- Social determinants of health (SDoHs) (see next slide) are within the various environments, and can contribute to the prevalence of ACEs and/or exacerbate the impact of ACEs and toxic stress, and, in some cases, directly lead to toxic stress (Bhushan, et al., 2020).
- The physical and social ecologies “...account for both proximal and distal factors that predict successful development under adversity” (Ungar, et al., 2013, p. 348).

# Social Determinants of Health (SDOH)

“**Social Determinants of Health (SDOH)** are conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH include:

- Education
- Employment
- Health systems and services
- Housing
- Income and wealth
- Physical environment
- Public safety
- Social environment (including structures, institutions, and policies), and transportation”\*



## SDOH, ACEs, and Toxic Stress

Social Determinants Of Health:

- Foster unmet social needs that often co-occur with ACEs
- Contribute to the prevalence of ACEs
- Can exacerbate the impact of ACEs and increase the likelihood they will lead to toxic stress
- Some may directly lead to toxic stress
- May reduce availability of safe, stable, and nurturing relationships and environments due to cumulative dose of adversity

Source: The Catalyst Center Supplemental Training

\*Center on the Developing Child at Harvard University, n.d. cited in NASEM, 2019

Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N. Office of the California Surgeon General.

Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI:

10.48019/PEAM8812

# Environments and Experiences

- The experiences or events within a child's immediate settings, environments, or interpersonal relations directly and/or indirectly impact a child and their development (Bronfenbrenner, 1979; Wang et al., 2020)
- Many adversities occur in a child's immediate environment (i.e. domestic violence, bullying) (Struck et al., 2021)
- Some adversities occur within the context of a child's wider environment or society (i.e., social determinants of health, structural racism and/or discrimination) (Wang et al., 2020).

# Pediatric ACEs and Related-Life Events Screener (PEARLS)

## Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

### PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?  
*(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?  
*(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)*
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
*OR* has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?  
*OR* has any adult in the household ever hit your child so hard that your child had marks or was injured?  
*OR* has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?  
*(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)*
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?  
*(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*

Add up the "yes" answers for this first section:

Please continue to the other side for the rest of questionnaire

Child (Parent/Caregiver Report) - Deidentified

### PART 2:

Please check "Yes" where apply.

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?  
*(for example, targeted bullying, assault or other violent actions, war or terrorism)*
2. Has your child experienced discrimination?  
*(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)*
3. Has your child ever had problems with housing?  
*(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)*
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?

Add up the "yes" answers for the second section:



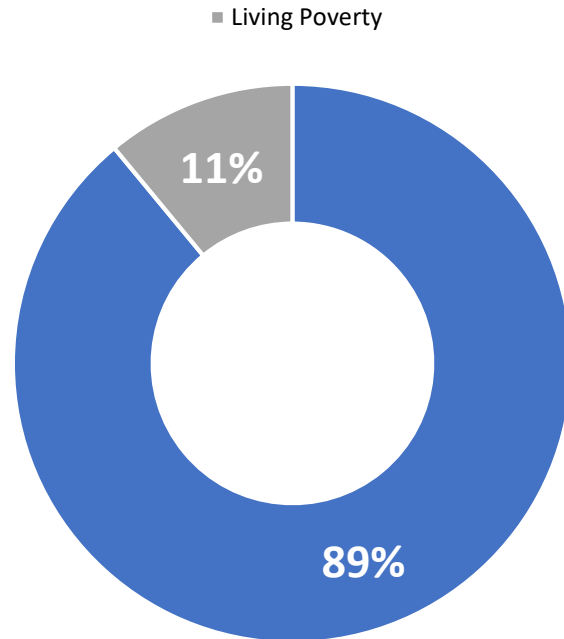
# Cross-Sector Approach

- Supportive relationships between young children's immediate settings (i.e., families and child care providers, families and physicians) are significant (Bronfenbrenner, 1979; Humphreys, 2019; Struck et al., 2021).
- A wide cross-sector (i.e. school, healthcare, early childhood) approach is also required to reduce the impacts of ACEs and toxic stress. Supportive relationships and community resources are two examples of protective factors that can mitigate the effects of ACEs and toxic stress (Bhushan, et al., 2020, p. 17, 77).

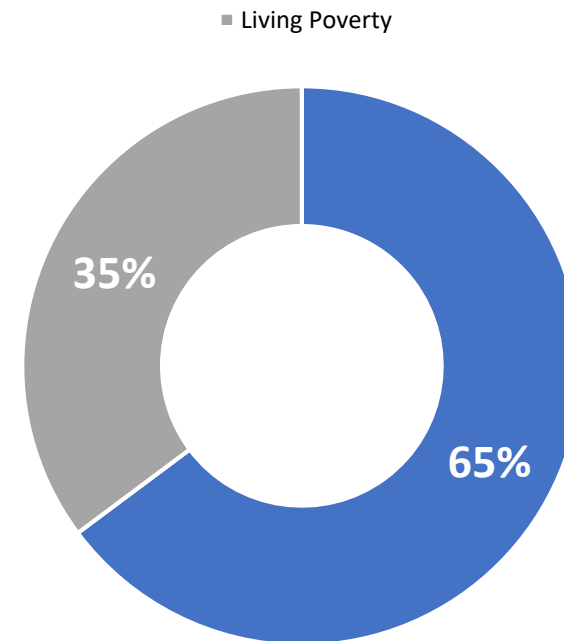


# Prevalence of Poverty – an Adversity that can lead to Toxic Stress

**US Residents Living in Poverty, 2018  
(US Census Bureau)**



**Californians Living in Poverty, 2018  
(California Poverty Measure)**



# Intersection of ACEs, Poverty, Place, & Race

- Poverty and racism are both well-known social determinates of health, as well as recognized risk factors for ACEs and toxic stress (Bhushan, et al., 2020, p10, 136, 138).
- Examining the complex intersection among ACEs, poverty, geography, and race, Bruner (2017) found that the poorest neighborhoods:
  - show the highest proportion of young children
  - have the least social, physical, educational, and economic capital and opportunities
  - are racially segregated and separated from many sources of economic opportunity
- In these situations, children are not only at a greater risk of ACEs and toxic stress, but also at a disadvantage in accessing sufficient capital (Bruner, 2017) or resources that may otherwise prevent toxic stress (Bhushan, et al., 2020).

# ACEs and the COVID-19 Pandemic

- The COVID-19 pandemic increases the risk of child abuse and neglect with increased stressors such as financial hardship, social isolation, parental substance use, and limited social support (World Health Organization, 2020).
- The total number of emergency department visits related to child abuse and neglect decreased early in the pandemic, but the proportion of emergency department visits related to child abuse and neglect increased in 2020 compared to 2019. In addition, the percentage of these emergency department visits resulting in hospitalization increased (Swedo, Idaikkadar, & Leemis, et al., 2020).
- The pandemic has placed children families at a greater risk of ACEs and other risk factors for toxic stress, while also limiting access to resources, care, or support (Bhushan, et al., 2020, p. 33).
- Marginalized populations are impacted disproportionately (Bhushan, et al., 2020, p. 139-140).

# Awareness of Connections

- Providers must increase their awareness and educate themselves on how children's environments impact risk for ACEs and toxic stress as a first step toward trauma informed care intervention (Bhushan, et al., 2020)
- Caregivers can apply this understanding by helping families provide supportive, trusted relationships with young children (Bhushan, et al., 2020)

# Summary

- ACEs can be understood in relation to child's environments.
- The relationships between children's environments are important, and ACEs and toxic stress must be addressed with a cross-sector approach
- The impact of ACEs can be understood through the intersection of poverty, geography, race and racism, and COVID-19.

# References

- Bhushan, D., Kotz, K., McCall, J., Wirtz, S., Gilgoff, R., Dube, S.R., Powers, C., Olson-Morgan, J., Galeste, M., Patterson, K., Harris, L., Mills, A., Bethell, C., & Burke, H. N. (2020). *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*. Office of the California Surgeon General. DOI: 10.48019/PEAM8812.
- Bohn, S., Danielson, C., & Thorman, T. (2020). *Poverty in California*. Public Policy Institute of California. Retrieved from <https://www.ppic.org/publication/poverty-in-california/>
- Bronfenbrenner, U. (1995). *Developmental ecology through space and time: A future perspective*. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (p. 619–647). American Psychological Association. <https://doi.org/10.1037/10176-018>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bruner, C. (2017). Ace, place, race, and poverty: Building hope for children. *Academic Pediatrics*, 17 (7S), S123-S129.
- Chung, A., Zorbas, C., Peeters, A., Backholer, K., Browne, J. (2021). A Critical Analysis of Representations of Inequalities in Childhood Obesity in Australian Health Policy Documents. *International Journal of Health Policy and Management*, (), -. doi: 10.34172/ijhpm.2021.82
- Harris, N. B., Marques, S. S., Oh, D., Bucci, M., Cloutier, D. (2017). Prevent, screen, heal: Collective action to fight the toxic effects of early life adversity. *Academic Pediatrics*, 17, S14–S15.
- Humphreys, K. L. (2019). Future Directions in the Study and Treatment of Parent-Child Separation. *Journal of Clinical Child and Adolescent Psychology*, 48(1), 166–178. <https://doi.org/10.1080/15374416.2018.1534209>

# References (Cont'd.)

- Semega, J., Kollar, M., Creamer, J., & Mohanty, A. (2019). Income and Poverty in the United States: 2018. US Census Bureau.
- Struck, S., Stewart-Tufescu, A., Asmundson, A.J.N., Asmundson, G.G.J., & Afifi, T. O. (2021). Adverse childhood experiences (ACEs) research: A bibliometric analysis of publication trends over the first 20 years. *Child Abuse & Neglect*, 112, 104895, <https://doi.org/10.1016/j.chiabu.2020.104895>.
- Swedo, E., Idaikkadar, N., Leemis, R., et al., (2020). Trends in U.S. emergency department visits related to suspected or confirmed child abuse and neglect among children and adolescents aged <18 years before and during the COVID-19 pandemic, United States, January 2019-September 2020. *MMWR Morb Mortal Weekly Report*, 69, 1841-1847. [http://dx.doi.org/10.15585/mmwr.mm6949a1external icon](http://dx.doi.org/10.15585/mmwr.mm6949a1external%20icon)
- Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual Research Review: What is resilience within the social ecology of human development?. *Journal of child psychology and psychiatry, and allied disciplines*, 54(4), 348–366. <https://doi.org/10.1111/jcpp.12025>
- US Census Bureau. (2018). Poverty data table. Retrieved from <https://www.census.gov/topics/income-poverty/poverty/data.html>
- Wang, X., Maguire-Jack, K., Barnhart, S., Yoon, S., & Li, Q. (2020). Racial Differences in the Relationship between Neighborhood Disorder, Adverse Childhood Experiences, and Child Behavioral Health. *Journal of Abnormal Child Psychology*, 48(3), 315–329. <https://doi-org.ezproxy.humboldt.edu/10.1007/s10802-019-00597-4>
- World Health Organization. (2020). Global status report on preventing violence against children 2020. Retrieved from <https://www.who.int/publications/i/item/9789240004191>