Queen's University Family Medicine

HORIZONS

ADVERSE CHILDHOOD EXPERIENCES (ACEs) • ISSUE 2 • 2022

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Introduction to

Adverse Childhood Experiences (ACEs)

By Sonia Gentile

Adverse childhood experiences (ACEs) and their impact on health in adulthood were initially brought to the public's attention in 1995 through research conducted by the Centers for Disease Control and Prevention (CDC) and the Kaiser Permanente health care organization in California. The initial ACEs study found a strong correlation between exposure to abuse or household dysfunction experienced during childhood

and major health risk factors in adulthood. These health factors were within the leading causes of illness, disability, and death as well as poor quality of life overall. In their research, Felitti et al (1998) found that adults who had experienced four or more ACEs showed a 12-times-higher prevalence to health risks such as alcoholism, drug use, depression, and suicide attempts. Additionally, children and youth of different races and ethnicities do not experience ACEs equally. A 2018 national US study found that 61 per cent of black non-Hispanic children and 51 per cent of Hispanic children had experienced at least one ACE, compared with 40 per cent of white non-Hispanic children (Sacks and Murphy, 2018).

There were 10 types of childhood trauma measured in the ACEs study. Five were related to abuse and neglect, while others were related to parental social problems such as addiction, domestic violence, incarceration, and separation. The number of these types of traumas a child experienced determined their ACEs score. For example, a child who was physically neglected and had one alcoholic parent and another who was incarcerated would have an ACEs score of three. It is important to acknowledge that the ACEs score is meant as a guideline; if a child experienced other types of toxic stress over months or years, then those would likely increase the risk of health consequences.

The graphic on page 3 captures the original types of ACEs (e.g., childhood abuse, neglect, and household dysfunction) as well as expanded ACEs that consist of additional experiences that impact childhood trauma (bullying, community violence, lack of neighbourhood safety, racism, and living in foster care).

ACEs are not unusual in our society and can affect anyone regardless of their gender identity, sexual orientation, education, race, income, heritage, culture, etc. Canadian statistics have estimated the prevalence of exposure to physical abuse to be 26 per cent; sexual abuse, between seven and 15 per cent; emotional abuse, between 14 and 17 per cent; intimate partner violence, between six and 26 per cent; parental divorce or separation, between 11 and 17.6 per cent; and poor parental mental health, 20.6 per cent (England-Mason G et. al, 2018). The CDC (1998) noted that 61 per cent of adults had at least one ACE and 16 per cent had four or more types of ACEs, which amounts to one in six adults experiencing four or more types of ACEs.

There are significant actions parents and other adults can take for the next generation of children and young people to either disrupt the impact of ACEs or to prevent the experiences altogether.

Within Ontario, the Community Resilience Coalition of Guelph and Wellington reports that 81 per cent of adults had at least one ACE, while 31 per cent had four or more (Wellington-Dufferin-Guelph Public Health, 2019). They also advise that ACEs occur together, and within their research, people with one ACE were two to 18 times more likely to report other ACEs. When "racism" and "living in foster care" were added as adverse childhood experiences, it stands to reason that again different inequity would be noted within different races and ethnicities. Racial disproportionality has received much attention in the child welfare system where African Canadians are significantly overrepresented in foster care, particularly in Ontario and Quebec (One Vision One Voice Steering Committee, 2016).

Awareness of ACEs is the first step to changing outcomes, as learning about ACEs can be part of breaking the cycle. There is an exciting and positive future filled with hope that can be achieved. Aside

Source: Cronholm, P.F., et al. (2015)

from the resiliency observed throughout families and communities, with the right support, people can overcome risks and thrive. Individuals can build supportive and healthy relationships and connections through learning additional coping strategies, getting proper sleep, eating healthy foods, and exercising regularly, as well as increasing protective factors to aid in their own health.

There are also significant actions parents and other adults can take for the next generation of children and young people to either disrupt the impact of ACEs or to prevent the experiences altogether. Spending quality time with children and getting to know their friends allows opportunities to model calming activities and trying new things. Discussion and time together can increase a child's sense of safety and security. Parental love, support, and patience may assist them to manage their stress, and feel loved and secure.

Additional research is also showing that positive childhood experiences (PCEs) can help protect against the poor health outcomes associated with ACEs. Sege and Browne (2017) categorized PCEs through the following four building blocks:

1) Nurturing, supportive relationships with family members and others are critical for children to develop into healthy, resilient adults. When individuals recall having these types of relationships during childhood experiences, it significantly lowers rates of depression. After-school activities where children might have connected with coaches, mentors, or peers also add to these positive experiences remembered from childhood.

2) Children who live, learn, and play in safe, stable, and equitable environments are less likely to experience poor mental and physical health as adults. Having exposure to families of all genders and races and people with disabilities represented decreased discrimination and may positively impact prevention of bullying.

3) Children need to feel connected to their communities, loved, and appreciated through social and civic engagement. Involvement in school activities; cultural customs and traditions; peer mentoring; community service through school or a religious organization; family cultural traditions; or music, arts, or sports groups allows them to develop a sense of belonging and have a sense that they matter. This sense of belonging helps children develop into secure and resilient adults.

4) Children need to have a lot of opportunities for social and emotional growth to learn how to self-regulate emotions and behaviour, and to acquire skills needed to respond to challenges. These skills are critical for children to be able to become resilient, emotionally healthy adults.

All families have positive aspects that allow them to be at their best. Capitalizing on those strengths, rather than focusing on negative characteristics, has a huge impact on well-being. Parenting can be hard, and many caregivers and families have likely experienced additional complexities over the past two years in particular during the pandemic.

Many are doing their best and it is particularly important to focus on what is working well and the hope that is held for the coming days: "HOPE begins with a shift in mindset that calls on each of us to identify, celebrate, and promote individual and family strengths in each moment." *(HOPE {Healthy Outcomes from Positive Experiences} website, 2022)*

Sonia Gentile, MBA, MSW, BSW, RSW, is the executive director of Family and Children's Services of Frontenac, Lennox and Addington. She strongly supports the agency's vision of "Children and Youth Growing up in their Families, Cultures, and Communities." Sonia has worked in the child welfare sector for over 35 years and is committed to advocating for the well-being of children, youth, and families.

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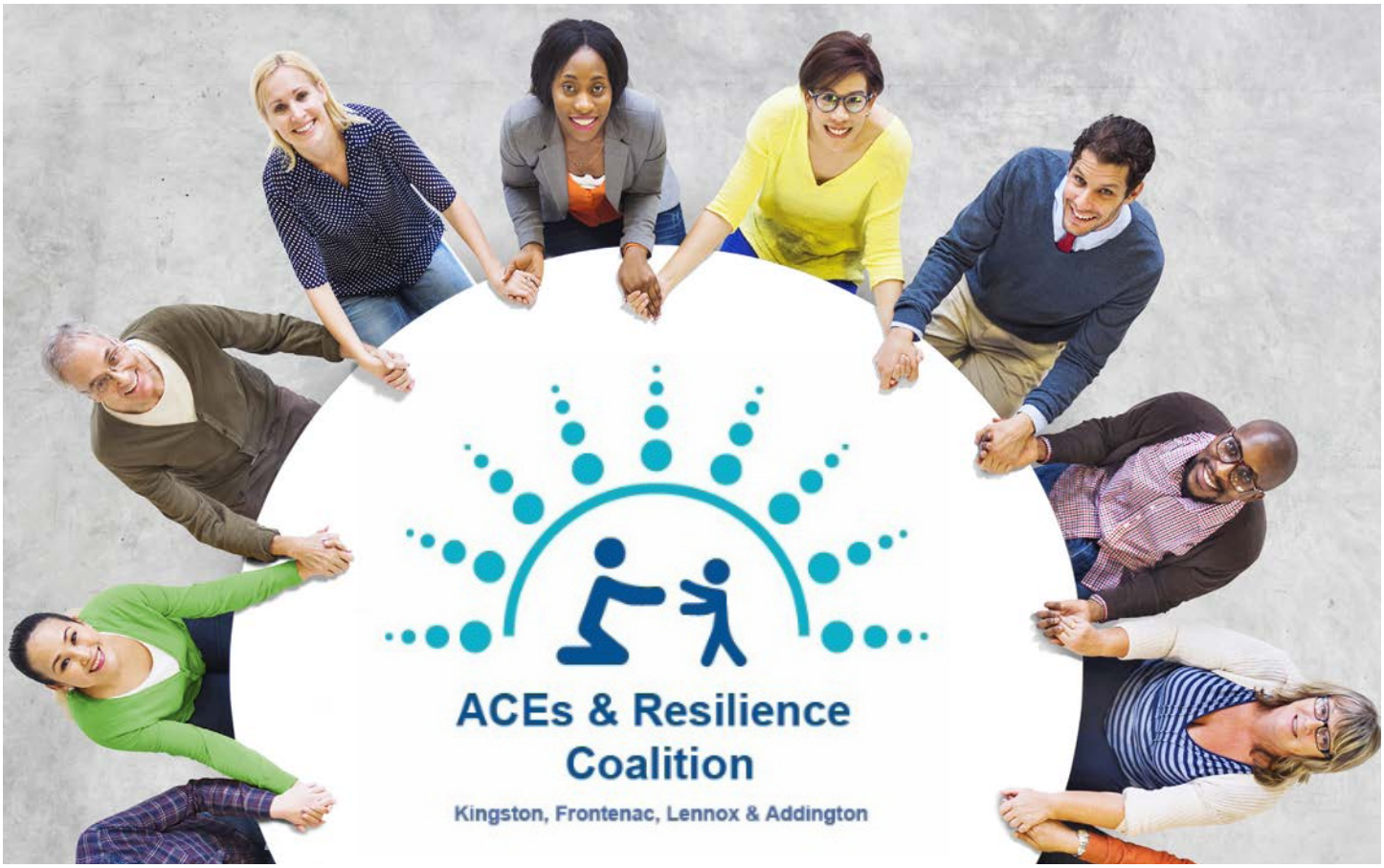


Taking **collective action** to **prevent ACEs** and **build community** resilience

By Kris Millan

Adverse childhood experiences (ACEs) and toxic stress present a serious public health threat; however, despite the high prevalence of ACEs in our communities, it is possible to prevent and reduce the effects of adversity. Together, we have a responsibility, and opportunity, to promote positive childhood experiences that support healthy development, positive mental health, and resilience.

Multiple strategies are needed to address the causes of ACEs and their developmental, health, and social consequences, and to foster resilience. These span many fields of interest, including health and social services, education and literacy, children's mental health, parenting, recreation, and community development, among others. Thus, an effective response requires the collaboration of many community players, including individuals with lived experience of adversity.

Since 2019, the Community Foundation for Kingston and Area (CFKA) has led conversations about the impact of early adversity on lifelong health and the importance of community resilience to prevent and mitigate the effects of ACEs. Early conversations about how to address ACEs and build community resilience led to the formation of the Kingston, Frontenac, and Lennox & Addington ACEs & Resilience Coalition (KFL&A ARC) in 2020. Currently, the KFL&A ARC comprises representatives from the following local agencies:

1. Addiction and Mental Health Services-KFL&A
2. Algonquin & Lakeshore Catholic District School Board
3. City of Kingston

4. City of Kingston Police
5. Community Foundation for Kingston and Area
6. Family & Children's Services Frontenac, Lennox & Addington
7. Kingston Community Health Centres
8. KFL&A Public Health
9. Limestone District School Board
10. Maltby Centre
11. Providence Care
12. Queen's University Department of Family Medicine
13. Resolve Counselling Services
14. Rural Frontenac Community Services
15. St. Lawrence College
16. Youth Diversion

The KFL&A ARC envisions a resilient community that prevents and reduces the effects of ACEs by working together to reduce risk factors and promote positive childhood experiences to build resilience and support lifelong health. To achieve this vision, the KFL&A ARC is focused on:

1. Raising Awareness & Education — to foster a shared understanding of resilience and inspire intentional, evidence-based action.
2. Nurturing Partnerships & Collaboration — to create opportunities to share knowledge and resources to support resilience at the individual, relational, community, and societal levels.
3. Supporting Policy and Practice — to seek opportunities to advocate, implement practices, and influence policy to prevent and reduce the effects of ACEs.
4. Evaluation and Research — to support community organizations to engage in research and program evaluation.

Building community resilience is about creating and strengthening a network of buffers and supports that help children, families, and whole communities to "bounce forward." The ability to not only survive, but thrive, in the face of adversity is built on resilience, which is critical to health and wellbeing.

Source: Milken Institute School of Public Health. George Washington University. Building Community Resilience Coalition Building and Communications Guide. March 2017.

Thanks, in part, to a transformational gift from the Sisters of Providence of St. Vincent de Paul to the CFKA, our community is well-positioned to achieve our vision to create meaningful change. To date, CFKA has supported the coalition's efforts to raise awareness and promote action by:

- hosting multiple screenings of the film *Resilience,*
- facilitating trauma-informed training to KFL&A ARC members, service providers, and community members, and,
- hosting an all-candidates meeting in advance of the recent provincial election.

The KFL&A ARC has met monthly during the past two years, demonstrating the commitment of its members. Toward Common Ground, which also supports the Community Resilience Coalition of Guelph & Wellington, has facilitated these meetings and the development of the coalition's strategic plan. Moving forward, we aim to improve access to trauma-informed programs, services, and systems for children and families; measure the impact of our work; and pursue opportunities for collaboration within and beyond the KFL&A area to promote resilience in children, families, and their communities.

Kris Millan is retired after a 30-year career at KFL&A Public Health. In her role as director of family health, she developed an interest in, and a passion for, preventing and mitigating the impacts of ACEs and fostering community resilience. Kris is co-chair of the KFL&A ACEs and Resilience Coalition and a new member of the Community Foundation for Kingston and Area Board.

Registered early childhood educators:

Nurturing well-being, growth, and community

By Laura Gow

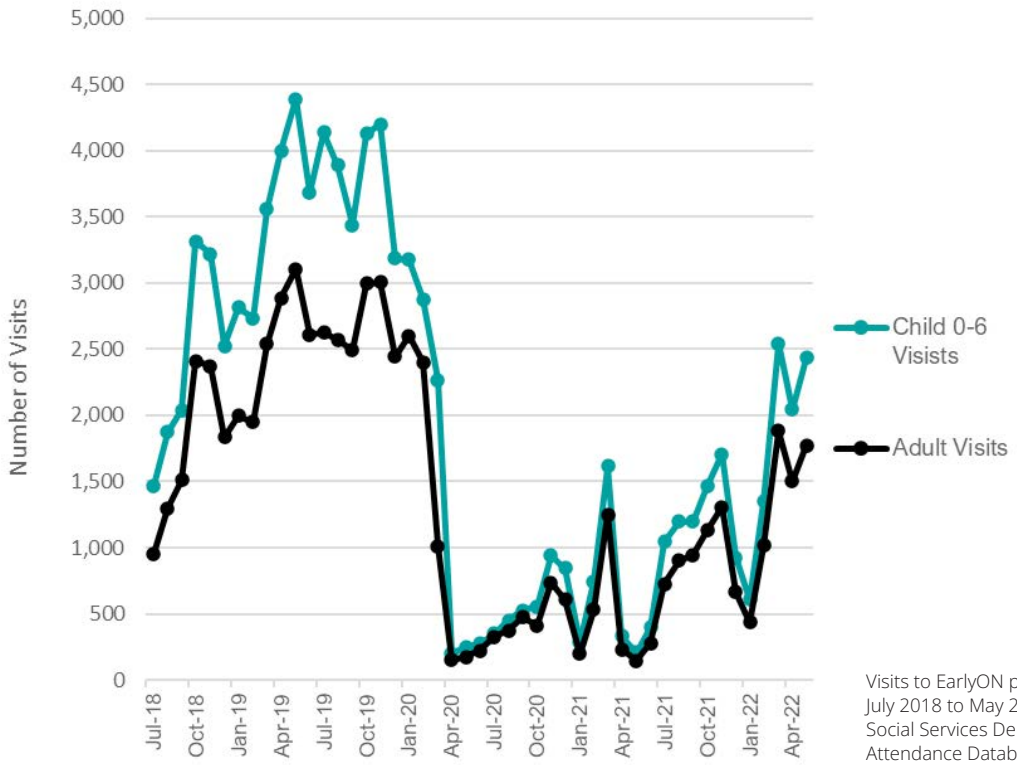
Each child carries with them a complex and unique history. Even in infancy, there is no such thing as a blank slate. A newborn child enters the world already with the experience of hearing their mother's heartbeat and voice, and also potentially carrying with them the effects of toxic stress and adversity their mother experienced during pregnancy.[1]

When a child enters an early learning program, such as a licensed childcare setting or EarlyON Child and Family Centre, they carry with them the sum total of their life experiences, or in the words of educator Loris Malaguzzi, "You never come in an isolated way; you always come with pieces of the world attached to you."[2]

Parents, too, arrive at early learning programs with "pieces of the world" attached. These pieces include values and beliefs, rich cultural heritage, and hopes and dreams for their children. Unfortunately, all too often these pieces also include parents' own history of adversity.

We know that adverse childhood experiences (ACEs) are incredibly common, and that the prevalence of ACEs spans across sociodemographic groups.[3] Given the prevalence of ACEs, many parents struggle with their own histories of trauma. It is important to recognize the role of parents' ACE history, as the lasting impact of a history of traumatic stress has strong potential to impact parenting choices and the well-being of children.[4]

Early learning programs such as licensed childcare and EarlyON, along with the dedicated registered early childhood educators (RECEs) who work in these programs, play an important role nurturing the well-being, learning, and growth of young children by building strong relationships with them and their families, supporting parents as their child's first teacher, and fostering the growth of community.



Visits to EarlyON programs in Kingston & Frontenac from July 2018 to May 2022. (City of Kingston, 2022. Housing and Social Services Department: KEyON, EarlyON Child & Family Attendance Database)

EarlyON Child and Family Centres operate throughout Ontario, offering free programming for children from birth to six years and their parents/caregivers. These programs offer play-based early-learning opportunities for children, and are offered by skilled RECEs who also support parents and caregivers by answering questions, brainstorming through challenges, facilitating introductions to and connections with other parents and caregivers, and sharing information about other relevant community services.

EarlyON Child and Family Centres began in July 2018 with the transition and consolidation of three previous child and family centre programs — Ontario Early Years Centre, Better Beginnings Better Futures programs, and Family Literacy Centres. By late 2019, EarlyON programs attracted approximately 7,000 children, parents, and caregivers across Kingston and Frontenac County each month. This dramatically shifted with the onset of COVID restrictions and closure of in-person programs. EarlyON service providers rapidly pivoted, providing virtual programming and continuing to stay connected with participants as much as possible. As COVID restrictions permitted, EarlyON re-opened outdoor programs, and later, indoor programs, once again welcoming participants in person. Currently, program attendance is still significantly below pre-pandemic levels, although numbers are rising. In May 2022 EarlyON programs saw 4,200 visits.

While EarlyON programs welcome children from birth to six years, most children aged five and six attend kindergarten. Therefore, the majority of children visiting EarlyON range in age from birth to four years. The 2021 census reported 6,965 children under the age of four in the Kingston and Frontenac area. Based on the average monthly attendance of 1,200 in 2021 and the beginning of 2022, EarlyON programs are reaching approximately 17 per cent of children in the region under the age of four each month.

Licensed childcare programs offer full-day care for children from infancy until the start of kindergarten (3.8 years), as well as before- and after-school programs for kindergarten and school-aged children. Staffed by RECEs, these programs offer warm and nurturing envi-

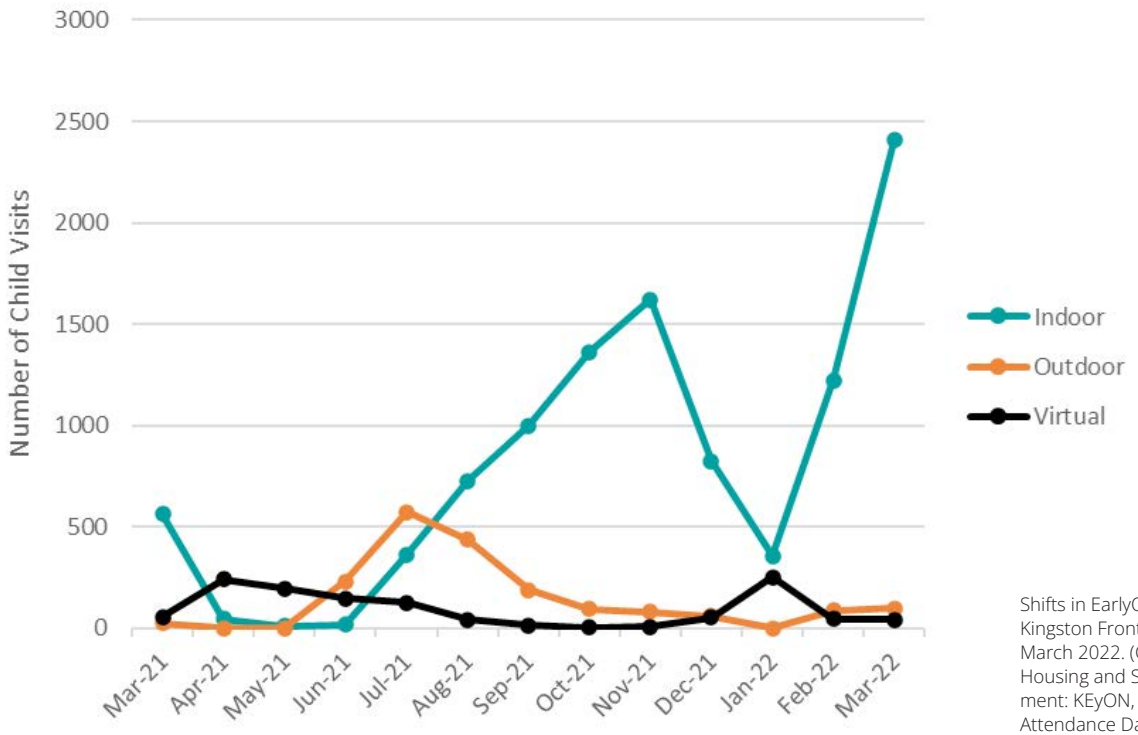
ronments and play-based early-learning opportunities. Childcare is often an essential service for parents who are working or in school, and in addition to the care and education these programs provide children, they also act as a supportive resource for parents, with RECEs answering questions and assisting parents in working through challenges.

Within Kingston and Frontenac, licensed childcare centres have a total of 1,811 spaces for infants, toddlers, and preschoolers (up to age 3.8 years). Given the 2021 census reported 6,965 children under the age of four in Kingston and Frontenac, this indicates there are spaces for approximately 26 per cent of the local population of children of pre-kindergarten age. However, it is important to recognize that due to significant province-wide shortages of qualified, registered early childhood educators, some programs are not able to operate at their full licensed capacity.

In both licensed childcare programs and EarlyON, RECEs work in partnership with families, recognizing that a child's family is the first and most important influence in that child's life. Working from the fundamental belief that families love and want the best for their children, RECEs recognize that the well-being of a child is inextricably linked with the well-being of their family.[5]

A child's well-being, growth, and development are rooted in strong, secure, and nurturing relationships.[6] In addition to the foundational relationship between parent and child, strong supportive community relationships are essential for the well-being of both parent and child.[7] RECEs recognize how crucial these community connections are. *How Does Learning Happen?*, a document at the core of Ontario's Early Years pedagogical framework, states that "Fostering good relationships with children and their families is the single most important priority for educators in early years programs."[8] A strong statement, to say the least.

Many new parents do not start their parenting journey with support networks in place. Some parents do not have any extended family nearby, some don't know anyone else with young children, and some may have



Shifts in EarlyON Program Delivery in Kingston Frontenac, March 2020 to March 2022. (City of Kingston, 2022. Housing and Social Services Department: KEyON, EarlyON Child & Family Attendance Database)

moved recently and don't know anyone at all. For these parents, who do not have a "built-in" community of family and friends when their child is born, RECEs and early learning programs can be a lifeline of support. RECEs work to create community, offer parents a venue to connect with each other, and build their own supportive networks.

Registered early childhood educators also work to support parents individually. When a parent engages in conversation with an RECE about their child, the RECE can invite the parent to actively reflect on the parenting strategies they choose. With this reflection, parents can intentionally choose to carry forward positive approaches from their own childhood, and actively choose to let go of strategies that did not serve them well or were potentially harmful. For parents who carry their own history of ACEs, this creates opportunity for them to learn about and make use of positive strategies that match their values and hopes for their child. Without active reflection and decision-making, parents will often repeat patterns from their own childhood, both positive and negative.[9] In addition to supporting parents through conversation, RECEs offer ongoing encouragement and role modelling of positive attachment and guidance techniques and offer a parent affirmation of their own relational- and attachment-based parenting choices.

Through building relationships, supporting parents, and nurturing the growth of connected and supportive communities, registered early childhood educators are an integral part of the community effort in preventing and mitigating the effect of ACEs.

A child is not born knowing all they need to know about navigating the world, and no new parent instantly knows all they need to know about raising their child. RECEs are crucial partners with parents through the early years of their parenting journeys.

Laura Gow, BA, RECE, has 20+ years' experience in the early learning sector. In her role with City of Kingston, Childcare and Early Years Services, Laura offers program and pedagogical support to educators working in licensed childcare and EarlyON programs.

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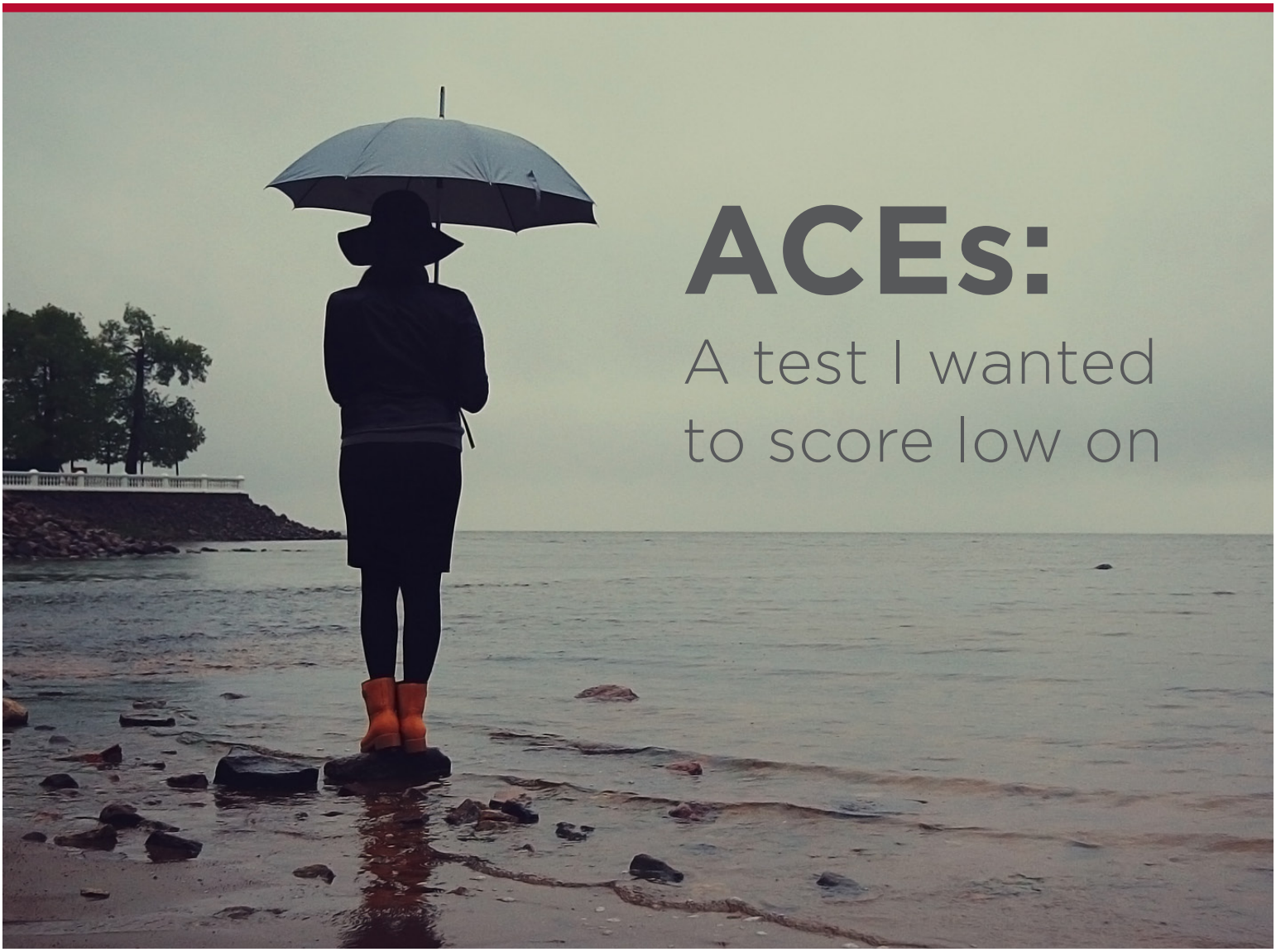

ACEs:
A test I wanted to score low on

By Pamela Jean

I just scored 90 per cent on a test today. It was, unfortunately, the adverse childhood experiences (ACEs) test, which gauges the amount of trauma a person experienced as a child that could, eventually, lead to premature death or various health conditions.

Like many families, our family had secrets. My father was a Jekyll-Hyde personality: by day a brilliant accountant and by night, a violent, alcoholic lunatic who used his children, wife, and pets as punching bags. He ran his house like his own military operation. If he allowed it, you could talk. Otherwise, you sat as silent as a stone. If you saw him coming down the hall, you jumped into a doorway to let him pass — or else.

My mother was not a better person than my father was, and, arguably, she was even worse. She incited my father to beat her six children, allowed her friends to beat us, and was complicit in kicking her 15-year-old daughter onto the city streets to find her own way in life. (It didn't end well.) My mother refused to get a job even when we were homeless, living in a friend's garage, and not having enough food. Instead of getting a job, she openly hoped my father would somehow die so she could get the insurance money. ("God" told her it would happen.) And then there was the sexual abuse and the pedophilic grandfather.

My mother, not wanting to deal with the demands of young children, locked me in the basement as a preschooler. Day after day, month after month, I can't describe, even now, how lonely it was. I even broke my big toe as a ruse to get out of the basement. After I received medical care, I was again locked in

the basement. I still have the scar on my toe, but the emotional scar of not being wanted was far worse.

Yet, to the outside, we were a "normal" family with the occasional upset and family drama, for we dared not say a word to "outsiders" about our family life or there would be hell to pay for how we were staining our parents' reputation.

One of the most challenging parts of poverty is being unable to hide it. I wore a yellow T-shirt to school nearly every single day one year. Ten years later, a fellow student still laughed about how "obsessed" I was with the colour yellow, not knowing that was all I had. I had no money to buy basic necessities and my mother delighted in my humiliation, always looking for an opportunity to douse me in shame and elevate herself, proudly displaying her basic hygiene items in front of me that I couldn't afford as a teen. I was still so poor in early adulthood that my bones stuck out of my pants. The bullying I experienced for years drove me into deep depression, cutting, and suicide attempts.

I left home as a teen and while I didn't have a blueprint for how to live, it was the best decision I ever made. Predictably, I continued unhealthy patterns as an adult and suffered partner abuse all throughout university, as a college instructor, and as a consultant who wrote an international best-seller (I later wrote another one). Even though I rose to the top of my field and became an international speaker, I had this secret life that followed me wherever I went. I was good at hiding. At my core, I didn't believe I was worthy of anything — a good life, respect, or dignity.

At several points, my body showed me that I had healing to do. Unknown ailments would appear. I was diagnosed with several different mental health issues and, at the root of them all, I believe, was complex PTSD and misophonia (extreme sound sensitivity). At one point, while driving on the highway, my airways suddenly spasmed uncontrollably and I couldn't breathe. Gasping for breath terrified me so much that I went to emergency, where it was later confirmed I had laryngospasms.

Luckily for me, my family doctor was very experienced in trauma-informed care. We worked through it together, tracing it back to my traumatic past and learning how to deploy mindfulness and self-soothing techniques that eventually quieted down the laryngospasms. I will forever be grateful to my family doctor for being dedicated to embracing ACEs and understanding the importance of going to the roots of decades-old trauma to deal with current health issues.

I'm continuing my journey of healing. I employ a multi-modal approach that chips away at my symptoms. I do yoga, reiki, meditation, acupuncture, EMDR (Eye Movement Desensitization and Reprocessing) therapy, brain spotting, and an assortment of other health-oriented practices. It's my part-time job. Once difficult and painful, it's now a job I look forward to doing because it increases my capacity to create my own blueprint for life … lean into life. Life is truly a blessing and I'm so glad I'm here to enjoy it.

If you're going through trauma, keep going! Gather your tribe of support and eliminate the bad apples in your life. You don't have to make all the right decisions; just try not to make any bad ones. And be your own best friend: no shaming, blaming, and maiming yourself. You will make it.

I am not upset at my past — at all. It has given me an incredible amount of resilience and resourcefulness, not to mention empathy and compassion toward other people. It has made me very thankful, and I feel very blessed to have the basics: food, shelter, health, and relationships, which include a wonderful husband and friends.

Life is definitely worth it.

Pamela Jean is an author and international speaker. She speaks about ACEs, trauma, and women's issues to select audiences. Pamela resides in Canada.

Healthy Babies Healthy Children

Interventions and mitigating the effects of ACEs

By Susan Potvin and Lydia Shepherd

For some people, childhood reflections bring on visions of playing games, running in the yard, bedtime stories, sticky ice cream dripping down a hand, and a loving parent offering support through it all. Unfortunately, not all children are granted these fond memories.

A 2020 Public Health Ontario literature review, Adverse Childhood Experiences (ACEs) Interventions to Prevent and Mitigate the Impact of ACEs in Canada, showed that between one-half and two-thirds of Canadians experience adverse childhood experiences (ACEs) before the age of 18. These experiences can present as various forms of abuse, witnessing violence, a household family member with mental health and addiction challenges, and instability due to parental separation. The effects of these potentially traumatic events can lead to chronic health conditions and poor health choices, and can even negatively affect brain development.

Thankfully, there is evidence to suggest ACEs can be prevented, and their effects can be mitigated through building individual and community resilience. Evidence supports the use of home-based interventions with

registered nurses as an effective strategy to build resilience in families and improve outcomes for children. Nurses work with clients to identify early adversities and offer appropriate interventions; support parents through capacity-building; and help to build strong, positive relationships with various forms of supportive networks.

Healthy Babies Healthy Children (HBHC) is a provincially funded home-visiting program that uses both registered nurses and family home visitors to support families in building resilience and reducing the burden of adversities. This free service is available to Ontario families from the prenatal stage until a child transitions to school. Clients are referred by either an external source, typically a family doctor, hospital, or other care provider, or through a self-referral by contacting the local public health unit. Using a validated screening tool, a public health nurse then screens the clients for early identification of risk.

The HBHC home visiting team has connected clients with critical services related to infant growth and development and maternal health, successfully supported breastfeeding, built positive parenting and healthy attachment capacities, supported safe and stable environments, and much more.

Professional HBHC staff members are skilled in supporting caregivers with multiple goals. Given the evidence to support early intervention, staff may work on goals with clients during the early childhood, postnatal, and even prenatal phases. Registered nurses travel to clients' homes to complete an in-depth assessment targeting ACEs and other potential barriers to healthy growth and development. Together, the nurse and client will develop family-centred goals using a strengths-based approach. Interventions may include skill-building, health-teaching, referrals, consultations, and service co-ordination, among other measures. Intervention goals aim to support caregivers in achieving a strong, healthy connection with their children and to support building stable environments. These types of connections contribute to the prevention of ACEs or mitigate the effects of existing ACEs.

Using developmental tools, nurses will assess children during home visits. These assessments are useful for early identification of physical, social/emotional, and language/cognitive development concerns. Depending on the significance of identified deficiencies, the nurse may use clinical judgement to monitor, offer interventions, or refer to specialized services. In addition, the nurse or home visitor will empower caregivers to recognize age-appropriate milestones and teach them when to intervene, if needed. These types of early identifications and interventions offer a stronger start for children.

Through building resilience, children can be better-equipped to overcome the adversities associated with unstable environments.

The program's nurses are also certified in the use of the University of Washington's Parent-Child Interaction Scales, valid and reliable assessments for measuring caregiver-child interactions in either feeding or teaching situations. Interventions based on data from these scales typically focus on building healthy attachment and enhancing the quality of the caregiver-child relationship. Nurses identify strengths and deficiencies with respect to child cues, caregivers' responses to child cues, or both. Together with the parents, nurses will use various methods to demonstrate how to effectively identify and positively respond to child cues. Caregivers are concretely guided to help meet the child's emotional and physical needs in an affectionate and comforting manner. This type of attachment contributes to a close

and secure relationship between caregiver and child, ideally decreasing risk of abuse and contributing to at least one stable and positive relationship that builds resilience in the child. Through building resilience, children can be better-equipped to overcome the adversities associated with unstable environments.

Parenting practices vary across cultures and can be quite subjective. Positive parenting works to encourage independence and healthy growth and development in children. The HBHC program's nurses and home visitors work with caregivers so they may become more knowledgeable and skilfull in positive parenting. Nurses and home visitors, in partnership with families, offer strategies towards agreed-upon goals to increase nurture and protection of children. This capacity-building approach again supports caregivers to model and teach developmentally appropriate skills.

Intervening on ACEs helps to lessen immediate and long-term harms to children. Addressing parental health during the postpartum, early childhood, and prenatal phases can help reduce ACEs. Healthy Babies Healthy Children nurses support parents during the prenatal period to encourage optimal maternal, fetal, and neonatal health by ensuring access to care and healthy nutrition as well as evidenced-informed health teaching.

During the postpartum and early childhood phases, nurses will assess for postpartum depression, addiction/substance use, and unhealthy relationships. Interventions in any or all these areas directly helps mitigate ACEs by early detection and appropriate referrals for mental health supports, management of dependencies, and support for positive healthy familial relationships, respectively. By supporting healthy relationships, families are better able to develop strengths in protecting against violence and adversity, thereby reducing childhood exposure to intimate partner violence and other forms of abuse.

Another strategy in preventing ACEs is strengthening economic supports to families. Assessments regarding food security and safe and stable housing help the nurse determine which early interventions will be most useful for families. In consultation with a registered dietitian and in collaboration with family home visitors, nurses can help family members access safe, nutritious, and affordable foods through skill-building techniques to enhance food literacy (e.g., meal planning, nutritional knowledge, budgeting, food preparation, and food access).

Intervening on ACEs helps to lessen immediate and long-term harms to children.

The HBHC program also helps parents understand how to keep their children safe by managing hazardous conditions in their child's environment through anticipatory guidance and an understanding of their child's developmental needs. Staff may work with clients to further assess and determine strategies for strengthening independent life skills such as household financial security, an identified ACEs-prevention strategy.

It is unlikely ACEs will ever be eradicated, in part due to their cyclic generational trauma, but the effects of trauma and toxic stress on child development can be mitigated by offering appropriate evidence-informed interventions, like HBHC, to develop resiliency in families.

Susan Potvin, RN, is program manager for Healthy Babies Healthy Children and Early Years Programs. Lydia Shepherd, RN, is a public health nurse with the program. Both work for KFL&A Public Health.

From surviving to thriving:

The difference our support can make

By Michele Cole

We know that adverse childhood experiences (ACEs) are defined as traumatic experiences that happen before a child reaches the age of 18.

What does this really mean though? What does it look like in a child's or family's life?

Getting a glimpse through the eyes of children/families living amidst the many factors attributed to ACEs — including generational poverty, lack of education, incarceration, unemployment, and trauma — surprisingly it may not look like many imagine.

From my own personal experience, while growing up I didn't know or feel like my immediate and extended family were living differently than anyone else. The daily drinking, smoking in the home, short-fuse tempers and what I now know to be low parenting skills were all mixed in with fun camping trips, family dinners at my grandparents' (where the drinking, etc., was a daily thing too), baking with mom, planting/harvesting a garden together, and loving hugs.

In my work with families over the past 30 years I have seen this to be the case in most communities dealing with generational trauma, addictions, adverse mental health, and poverty. Families are trying to do the best they can with what they have and know.

I believe my parents, like most whose homes and communities unwittingly create ACEs during their children's upbringing, are unaware of it and want to be and offer what all parents want when they have their first child: love, security, and happiness. I bet if the majority of parents were asked what they want for their child in five, 10, or 20 years when they are first born, the answers would be universal: they would want their children to be healthy and happy, and to feel loved.

ACEs are not planned or purposeful. They are often due to a lack of life and parenting skills the adults in the household learned or modelled and a lack of access to services that support learning these skills. When there are programs available to support gaining this knowledge and these skills, they often cost money that families can't spare or don't provide things like transportation and childcare so they can attend. Eliminating these barriers can make all the difference in parents attending and learning new skills that can change the future for their children and generations to come.

In my training as a resiliency program facilitator and my research on the subject of ACEs, protective factors, and resiliency I have discovered that some of the most important skills that can be mastered to overcome ACEs are emotional regulation — gaining the skills needed to learn to respond rather than react to challenges in life, being in charge of our emotions and not letting them control us; calming and focusing activities such as breathing exercises, meditation, and becoming aware of our thinking and how it affects our emotions and in-turn our reactions/responses; self-efficacy — believing in our ability to accomplish goals and have overall belief in ourselves; and the willingness to reach out for help when needed. This could be reaching out to family, friends, community agencies, or medical professionals. These competencies can help individuals, families, and communities resist the effects of ACEs in their lives.

In my communication with those I have worked with, the most important factor that has come up as the biggest difference-maker in thriving — not just surviving — despite growing up with ACEs is having one supportive person in their corner they could depend on, who believed in them and their ability to be the best version of themself.

The most important factor is having one supportive person in their corner they could depend on, who believed in them and their ability to be the best version of themself.

This was certainly the case for me. When I connected with this person in my early 20s, I started to realize my childhood and the childhood of generations of my family had been straddled with ACEs. I became aware of what that could mean for future generations if I and other branches of my family didn't stop the cycle. Their support and belief in me was something I had never experienced before and changed me and my family's life, and I believe those of future generations to come. This is the most common thing I hear from others who have made the choice to learn new skills and not repeat the things they have lived.

If you get the chance, be that person for someone who could use a person in their corner. You just might save and change a life for the better.

Michele Cole is a strong community advocate who is passionate about eliminating stigma for vulnerable populations and having accessible programs available for them. She is a resiliency and compassion fatigue train-the-trainer and educator and a life-long learner.

Credit: Hello Adventure Animation

Fostering a Resilient Community

The Community Resilience Coalition of Guelph & Wellington

By Caroline Folkman

Resilience can be built — in communities, in neighbourhoods, in families, and in individuals — and everyone has a role. It requires nurturing, supportive relationships and access to protective factors and multiple tools and strategies to cope with stress.

This was the message Dr. Jean Clinton shared at a community call to action in Guelph, Ontario, to develop a comprehensive plan to prevent and mitigate the effects of adverse childhood experiences (ACEs) in June 2017.[1] This call to action led to the creation of the Community Resilience Coalition of Guelph & Wellington (formerly named the Adverse Childhood Experiences Coalition of Guelph & Wellington) and the adoption of a collective impact approach to reducing adverse childhood experiences and promoting resilience across Guelph & Wellington.

The Community Resilience Coalition includes individuals and partner organizations committed to the vision of a resilient community that prevents and reduces the effects of adverse childhood experiences. We work together to decrease risk factors (e.g., abuse, neglect, isolation, and violence) that impact health and well-being and increase protective factors (e.g., social and cultural connections and access to services and programs that meet people's needs). We do this by raising awareness about ACEs and their effects and sharing resources (such as online training and

an ACEs & Resilience Champion Toolkit) that support individuals in taking meaningful action to address adverse childhood experiences and promote resilience in their communities.

What is resilience?

Although resilience is commonly described as an individual's ability to bounce back after something stressful or difficult happens, the science of resilience suggests it's much more than that. Trauma and adversity change people; resilience makes it possible to successfully adapt and maintain our well-being.[2] Resilience is not an individual trait that someone has or doesn't have, and there are many ways to show resilience. Our capacity to be resilient in challenging times relies on our interactions with the people, resources, and environments that surround us. Resilience may look different within individuals, and in different situations, contexts, and communities.[3,4]

Resilience is influenced by the accumulation of negative experiences (or risk factors) and positive experiences (or protective factors) over time. Communities and families contribute to the risk factors and protective factors that individuals experience. Often, these risk and protective factors are out of an individual's control. Risk factors such as adverse childhood experiences, chronic poverty, racism, and discrimination can contribute to a toxic stress response and may have a profound effect on children and their long-term health and well-being.

A community rich in protective factors including nurturing and supportive relationships, safe and healthy environments, and physical and financial well-being are key elements to promoting resilience.[3]

It is never too late to build resilience.[5] Everyone has the capacity to be resilient when they have access to the right support and resources.

Promoting resilience in Guelph & Wellington

Healthy relationships are an essential part of resilience, especially for children. A nurturing and supportive relationship with at least one supportive adult is the most important protective factor for children to do well despite experiencing significant adversity.

The Community Resilience Coalition is investing in opportunities to promote a better understanding of resilience and the role each of us plays in fostering it in others, especially children. In May 2022, the Community Resilience Coalition launched the Building Connections for Resilient Kids video series to raise awareness of the importance of meaningful connections between children and adults. The series includes eight animated videos of local community members sharing their stories about the adults who made a positive impact on their lives. The videos show that it can be little things that children remember and carry with them that make a big difference — celebrating their accomplishments, nurturing their strengths, solving problems together, or simply finding

something positive together after a disappointing experience all help to build connection.

The videos provide concrete examples to adults about how they can make connections with the children in their lives and demonstrate that it may be easier than they think to foster resilience. Adults don't need to do everything perfectly all the time. Offering little moments to connect may mean more than they will ever know.

Be a protective factor

All children are filled with incredible promise. As a community, we have a responsibility and obligation to foster their potential. And together, we can prevent and reduce the effects of adversity and build resilient communities.

To watch the Building Connections for Resilient Kids videos and learn more about the Community Resilience Coalition, as well as how you can be a protective factor in your community, visit communityresilience.ca.

Caroline Folkman is the building community resilience project manager at the Community Resilience Coalition of Guelph & Wellington. She lives, works, learns, and plays in Guelph, Ontario, with her husband and seven-year-old child.

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T.R.T.L.s present trauma-responsive approaches at the National Alliance for Children and Youth (NACY) conference in 2022.

Connecting with youth

Pathways' trauma-responsive approach

By Roger Romero

We see it all too often. A tragic accident involving a group of teenagers who uncharacteristically participate in a risky activity that ends with heart-wrenching results. As these tragedies unfold, adults in the community often ask, "How did this happen? These were smart kids. How can we avoid these types of tragedies?"

In order to stop these tragedies from occurring again, the community often turns to increased enforcement of rules and laws, sometimes turning to "scared straight" tactics. They love their young people so much that they may even use "tough love" or "zero tolerance" approaches to correct and prevent these types of behaviours. If these approaches are supposed to work, why do such tragedies continue to happen? Why do

Photos courtesy Kingston Community Health Centres

T.R.T.L. members Garry and Stephanie celebrate a graduation milestone with a student.

young people seem to continue to make thoughtless decisions without thinking of the consequences?

Dr. Lisa Feldman-Barrett, a leading neuroscientist and psychologist who is world-renowned for her work on emotions and brain development, states, "Once you know how something works, you can then go in and tinker with it." Dr. Feldman-Barrett's research was one of the launching points for the trauma-responsive work of an innovative program of the Kingston Community Health Centres (KCHC), called Pathways to Education.

Trauma-responsive approaches encompass understanding the root cause of behaviours and leveraging science to coach, teach, and model resiliency-building strategies to youth. The Pathways program supports youth who live in historically disadvantaged neighbourhoods in Kingston's north end. The program's goal is to engage students, break down barriers, and help youth successfully transition from high school to post-secondary education or meaningful employment, or enter a skilled trade apprenticeship. In essence, breaking a cycle of generational poverty and moving youth to become independent and resilient adults.

In 2020, a group of Pathways staff viewed a groundbreaking documentary called *Paper Tigers*. The film is set in a "last-chance" alternative high school in Walla Walla, Washington. It follows a principal named Jim Sporleder, who spent the first half of his career being a dominant, authoritarian leader who implemented punitive measures to try to turn students around in their academic and social pursuits. By chance, Sporleder was invited to a neuroscience conference where he learned about brain development, and specifically how toxic stress, adversity, and trauma were key factors in many of the misbehaviours he was seeing at his school. It was an "Aha!" moment in Sporleder's career. He realized why his previous approaches did not work. Sporleder now had knowledge and insight into why students acted the way they did. Their bodies and minds were in constant "fight or flight" mode due to known and unknown adversity and trauma. He brought this knowledge back to his school and began to implement trauma-responsive approaches with his staff and students, to incredible results such as a decrease in fights, arrests, expulsions, and truancy. The school now also graduates and transitions students to post-secondary education at high rates.

A small group of Pathways staff members were inspired to bring this science to Kingston in order to share practical training with community members. The group formed "Trauma Responsive Team Leads" or T.R.T.L.s (pronounced "Turtles") and worked with the Community Resilience Initiative (CRI) to become certified trauma-responsive trainers. The group comprises four multidisciplinary professionals with unique lived and educational backgrounds. Through the website teachresilience.ca, the T.R.T.L.s are sharing the neuroscience and emerging practices related to how adults can learn and embed this science with young people in their own lives.

So what does it take to build resilient youth? How can we connect with young people in order to help them avoid senseless tragedies, thrive in education, become accountable for themselves, and blossom into socially responsible adults? The answer may lie in understanding and leveraging neuroscience, epigenetics, ACEs, and resilience (NEAR) components. The Community Resilience Initiative describes NEAR as a group of emerging sciences that can give caregivers practical insights into connecting and coaching youth. This cluster of information can help us connect to and better understand adolescent brain development.

Pathways staff and students participate in life skill-based programming together.

Neuroscience — Adolescent brains are incredibly malleable and adaptable. This is a superpower for young people because it allows them to learn quickly, adapt, and thrive in many situations. The one drawback that adults often forget is that adolescent brains are not fully formed until about the age of 25. (This is assuming that the youth had a strong connection to loving caregivers as a child.) We ask youth to take on "adult" decision-making during adolescence. Young people begin driving, voting, and career-planning at an age when their brains are not fully formed. A key area of the brain is the prefrontal cortex. As the executive functioning part of the brain, it allows humans to acquire language and the ability to reason, make inferences, and plan for the future. During adolescence, this area is still underdeveloped and is often competing with impulses and basic needs. It's not that young people aren't thinking; their brains are simply learning how to process key information in an efficient way.

How can we help youth be less impulsive? It all starts with understanding self-regulation. The ability to regulate or turn off our body's stress system and activate our prefrontal cortex is a skill that must be taught. Adults need to teach this skill and, more importantly, model it. "Kids are always watching" couldn't be truer!

Epigenetics — Epigenetics is the study of how your behaviours and environment can cause changes that affect the way your genes work. This field is in its infancy and is difficult to research because humans do not live in controlled environments like those in lab studies. What we do know is that the impact of traumatic experiences can be passed on from generation to generation. These experiences

T.R.T.L. member Roger welcomes a group of newcomer youth to the program.

can show up in a variety of ways in children. The Canadian Indigenous Residential School system is a contemporary example of how traumatic events are passed to further generations and contribute to negative health and social outcomes such as substance abuse, obesity, family dysfunction, and cultural disconnect. The individual may not have experienced or remember the traumatic event, but *"The Body Keeps the Score"* as described by Dr. Bessel Van Der Kolk in his excellent book of the same name.

ACEs — We understand that the original adverse childhood experiences (ACEs) study moved the conversation from, "What's wrong with you?" to "What's happened to you?" The original study by Drs. Vincent Felitti and Robert Anda opened our understanding of the detrimental effects of childhood adversity.

The paradigm is shifting today to acknowledge the role of the individuality of trauma. We now begin to ask what other factors need to be considered beyond the 10 original ACEs categories. The emergence of contemporary ACEs can now include adverse circuitry expressions, which relates to the differences in brain development and expression and how systems are not equipped to support and include people who are neurodiverse (e.g., autism spectrum disorder, learning disabilities). Adverse community environments relate to where people live and spend most of their time. Are these spaces accepting and supportive to connection and growth, or are they marred with barriers and oppressive systems and practices (e.g., living in poverty)? Adverse cultural exposures are mental and emotional injuries caused by encounters with cultural bias and cultural discrimination (e.g., racism, xenophobia). Adverse catastrophic events include the body of research that describes the negative effects of traumatic events on an individual (e.g., global pandemics, war, and climate disasters).

Resilience — Resilience is a skill and is not innate. Young people are not born resilient. It is a skill that must be modelled and learned. Resilience is more than just the ability for a young person to bounce back from challenges. The challenge with individual resilience is that adolescents do not live in isolation. In order to thrive, adolescents need to build individual resilience, but it needs to be matched by a community that is willing and structurally able to provide what that young person needs. Can young Indigenous youth be completely resilient when their drinking water is poisoned? It is understood that community resilience is the defining metric to ensure that youth have what they need to successfully transition to adulthood.

The answer to "How do we build resilient youth?" can be found in the community. Every adult and caregiver needs to understand and leverage the NEAR sciences. Adults need to be caring, consistent, and unconditionally supportive to youth. We need to hold youth to high standards through relational support, not punitive measures. This is the not-so-secret result of supporting adolescents towards adulthood.

The T.R.T.L.s are guided by the work of Dr. Bruce Perry, an expert on the impact of abuse, neglect, and trauma on the developing brain. Dr. Perry maintains that "Relationships matter! The currency for systematic change is trust, and trust comes through healthy relationships. People, not programs, change people. We don't all need to be therapists in order to be therapeutic."

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