NATIONAL HEALTH CARE for the HOMELESS COUNCIL

The Bassuk Center ON HOMELESS AND VULNERABLE CHILDREN & YOUTH

Homelessness & Adverse Childhood Experiences

The health and behavioral health consequences of childhood trauma

FACT SHEET
February 2019

Purpose

This fact sheet was developed by the National Health Care for the Homeless Council and the National Network to End Family Homelessness, an initiative of The Bassuk Center on Homelessness and Vulnerable Children and Youth. The purpose is to ensure clinicians working with people experiencing homelessness understand the role of Adverse Childhood Experiences (ACEs) in health outcomes as well as the options for responding.

ACEs and Health Risks

Childhood trauma compromises neurological development and increases risk for immediate and long-term adverse health outcomes. The term ACEs originated in a 1998 Centers for Disease Control and Prevention and Kaiser Permanente study that documented significant associations between ACEs and negative health outcomes. In that study, 10 family-level ACEs were explored, and findings showed a graded relationship between the number of ACEs with health and behavioral health outcomes in adulthood.

Table 1: ACE Types and Classifications

Family-level ACES*	Community-level ACES**
Emotional abuse	Economic hardship
Physical abuse	Community violence
Sexual abuse	Bullying
Emotional neglect	Foster care
Physical neglect	Discrimination (e.g. racism, homophobia, etc.)
Household domestic violence	
Household mental illness	
Household substance use	
Parental separation or divorce	
Having a parent or family member incarcerated	
*Family-level ACEs: These are the ACEs from the 1998 Kaiser Permanente study that are sometimes referred to as conventional, original or traditional ACEs. These ACEs are experienced within the home or family.	
** Community-level ACES: These are adversities experienced outside the home. They often refer to structural and social adversities.	

Today, a significant evidence-base suggests that people with four or more ACEs are two to five times as likely to develop clinical depression, substance use disorders, suicidality, and numerous chronic health conditions including diabetes, cancer, cardiovascular, and respiratory diseases compared to people with no ACEs.[1-14] Although individuals with higher ACE scores are also more likely to engage in high-risk behaviors (e.g., substance use), research shows that even those who do not practice risky behavior but have ACEs are still at greater risk for poor health.

The impact of ACEs starts during childhood and continues as kids become adolescents and adults. Kids with high ACE scores are more likely to experience anxiety and depression as children, developmental delays, including negative cognitive and socio-emotional health issues, academic challenges, behavioral health issues, and specialized health needs.[15-19] ACEs also increase the likelihood of high school non-completion, not having a college degree, being unemployed as an adult, living below the poverty line, and experiencing homelessness.[20-23]

Most research has focused on the 10 ACEs from the Kaiser Permanente study, but some studies have also examined differences of associations between community-level adversities, family-level adversities, and negative health outcomes.[13, 24] According to a 2015 study, high family-level adversities were associated with negative physical and mental health outcomes, while community-level adversities were associated with substance use disorders and sexually transmitted infections.[25]

It's also possible that ACE combinations, timing, and patterns influence outcomes as well, suggesting intervention approaches that target the specific ACE experiences rather than cumulative risk may be worthwhile. A recent study suggested that different combinations of ACEs are associated with different risks for children's health.[18] For example, children experiencing poverty and parental mental illness were found to have the highest level of risk for special health care needs relative to children with no ACEs.[19] Similarly, another 2017 study found that timing and pattern of ACE exposure affect health outcomes as well.[19] For example, children who only experienced increasing ACE exposure between the years of 0-3 experienced outcomes similar to children with consistently high ACE exposure, regardless of cumulative difference. On the other hand, children with decreasing exposure exhibited higher resilience, supporting the idea of neuroplasticity or children's capacity to overcome adverse effects if given access to needed supports.[18]

ACEs and Homelessness

The associations between high ACEs and negative health outcomes are consistently seen for all populations and socio-economic levels. More than half of the general population experiences at least one ACE, over 25 percent experience two or more ACEs, and one in eight people experience four or more ACEs.[26] However, children living in poverty, including those experiencing homelessness, are more likely to carry high ACE scores, increasing their risk of developmental challenges and poor health and functioning. In fact, children who live below the Federal Poverty Line (FPL) are 5 times more likely to experience ≥4 ACEs than those who live in financially stable households.[27] Furthermore, research suggests that the health consequences of high ACE scores are often compounded by poverty, suggesting that children with high ACE scores who are also low-income experience worse outcomes in certain areas compared to people with high ACE scores who are higher income.[17,18,25,28]

The experience of housing-insecurity, defined as high housing costs, poor housing quality, unstable neighborhoods, overcrowding, and especially homelessness,[29] places children at risk of ACE exposure. Housing-insecure youth and families report instances of physical and emotional abuse, financial exploitation, and sex-trafficking while staying in shelters, on the streets, and "doubled-up" with acquaintances, family, or strangers.[30] Furthermore, children experiencing homelessness often have caregivers (i.e. adults experiencing homelessness) with untreated mental illness and substance use disorders - two additional ACEs. Among parents experiencing homelessness, the rate of major depressive disorders is higher than in the general population, and traumatic stress is nearly universal.[31] Research shows that untreated caregiver mental illness is often associated with child physical and emotional neglect (two ACEs) and predicts greater adverse health outcomes among children.[32] According to a 2015 study, "children at risk for neglect were significantly more likely to be from families experiencing housing unaffordability and housing instability, and their mothers reported higher maternal stress".[33] Additionally, 12.3 percent of caregivers within families experiencing homelessness struggle with substance use disorders, which often go untreated.[34] Finally, nearly 33 percent of children experiencing homelessness have a parent who is incarcerated - a family-level ACE that has also been documented to increase the risk of child homelessness.[35]

Health Care for the Homeless Perspective: Care for the Homeless, New York, NY

"Homelessness is not recognized as one of the ACEs, but children experiencing homelessness have everyday exposure to these risks." – Dr. Regina Olasin, Chief Medical Officer, Care for the Homeless

At Care for the Homeless in New York City, screening for and addressing Adverse Childhood Experiences are integrated into their core philosophy. With a service site located at a family shelter, they have found that almost every child they serve has at least 4 adverse childhood experiences by the time they are 18 months old. Dr. Regina Olasin, the Chief Medical Officer, sees this as an opportunity to provide interventions that mitigate the potential negative impact of ACEs. Through Cognitive Behavioral Therapy, parenting classes, resilience education, and the identification of soft-cognitive disabilities, they work to reduce the likelihood of obesity, depression, and other ACE-related health issues. Care for the Homeless uses the PRAPARE screening tool to assess social determinants of

health, which often intersect with adverse childhood experiences. Incorporating this screening tool allows providers to create a holistic care plan and to document the complexity of the children and adults they are serving. *"In recognizing the negative lifespan impact of Adverse Childhood Experiences on the health of individuals experiencing chronic homelessness don't we owe it to children to give them the best opportunity for a healthy, longer life?"*

Screening for ACEs

Despite the significant health, mental health, and behavioral health consequences of ACE exposure, research also suggests that the brain can be "rewired" by new experiences in a way that can mitigate various health risks – a process called neuroplasticity.[19] This means that early interventions are critical in supporting the healthy development and long-term well-being of children as they become adolescents and adults.

Research has shown that parental ACEs have the tendency to predict child ACEs, suggesting a need to care for both caregivers as well as kids. Given household mental illness and substance use are family-level ACEs that can lead to child neglect and maltreatment and predict poor health outcomes if untreated, effective interventions require that caregiver health, mental health, and behavioral health needs are met as well.

Table 2. Select tools available for screening for ACEs among children experiencing homelessness

Instrument	Screening Target	Time to administer	Modalities	Training	Cost	Link for more information
ACEs Survey: Parent/Caregiver	Children	10 questions, time not listed	Pen and Paper, Online	No, but a User Guide is available.	Free	https://www.magellanofwyoming.com/media/1608/ace_survey_2017_wraparound_user_guide.pdf
Family Map Inventories	Pregnant women and caregivers of children 0-5 years	45-60 minutes	Computerized, Pen and Paper, Online	On-site training in Arkansas, USA (6 hrs.)	Varies Free in AR	https://thefamilymaponline.azurewebsites.net/
Center for Youth Wellness ACE Questionnaire (CYW ACE-Q)	Children (0-12) and Teenagers (13-19)	2-5 minutes	Pen and Paper (Surveyor or self-report exist)	No, but a User Guide is available.	Free	https://centerforyouthwellness.org/cyw-aceq/
BRFSS ACE Module	Adults	11 questions, time not listed	Telephone	No	Free	https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html

Responding to ACEs

Recognizing that ACE exposure is often intergenerational, screening and intervening is intended to maximize the opportunity to break this cycle. It builds on the natural resilience of children and builds up protective factors that do exist in their networks. These responses to the prevalence and consequences of ACEs include primary prevention, exposure mitigation, and treatment for associated health, mental health, and behavioral health conditions.

Primary prevention: The best way to address childhood trauma may be to prevent it from happening in the first place. Some interventions focused on primary prevention require larger societal shifts that providers may not have the capacity to implement but could work for at local, state and federal levels. Other interventions are more feasible for implementation within service settings. These include interventions to address caregiver mental illness, substance use disorders, and other risk factors for childhood adversity. Another strategy is connecting caregivers to parenting classes and home visiting programs. Programs like Positive Parenting and Nurse-Family Partnerships can help to buffer children from negative consequences, though they do not directly

address the root cause of ACEs. Programs of this sort work to reduce child injuries, abuse, neglect, and maltreatment, as well as reducing domestic violence, and improve connection to other community services and supports.[36,37]

Promising Intervention: The Early Risers Program

Research is clear that positive parenting practices can buffer children from the negative health and social consequences of ACEs. *Early Risers* is one of few evidence-based parenting programs that has been tested with families experiencing homelessness, as opposed to stably-housed low-income families, using a randomized control trial. The program involves sessions meant to strengthen skills both for parents and children, focusing on helping caregivers effectively respond to and manage their children's behaviors.[38-40]

The Randomized Control Trial found that families in supportive housing that participated in Early Risers experienced:

- High attendance in and satisfaction with sessions, above typical rates for prevention programs
- Improvements in parenting self-efficacy (confidence in parenting), 2 yrs. after program enrollment
- Reductions in parents' report of children's depression, 2 yrs. after program enrollment
- Reductions in growth of child conduct problems, 3 yrs. after program enrollment
- Increased program effect for families with higher levels of baseline parental depression and higher levels of child behavior problems

Exposure Mitigation: Once children have been exposed to ACEs, there are interventions that can help to mitigate the effect of their experiences. A key starting point is to build on the resilience of children and adults through interventions that include teaching self-regulation skills.[41] It is also important to create interventions tailored to the specific ACEs and ACE combinations that the child has been exposed to, as they are more likely to have a greater effect on improving child health.[18] Building in support systems through connection to other services, such as Early Head Start or Head Start, and McKinney liaisons in school districts, can generate protective factors. No matter the intervention, it is important for all services and organizations to adopt trauma-informed care to prevent re-traumatization of children and families.

Treatment: There are effective treatment options for adults who have high ACE scores and have developed the associated conditions, including psychotherapy.[42] One of the most promising interventions is Trauma-Focused Cognitive Behavioral Therapy, which can be used for both adults and children to address the impact of trauma.[43] In addition to addressing the underlying trauma, looking at the co-occurring social determinants of health to address any current needs that may further complicate improving health as well as any experience that may result in re-traumatization. For children, additional psychotherapeutic techniques, including Parent Child Interaction Therapy, and Child Parent Psychotherapy, have shown promise in addressing ACE exposure.

Tools and Resources

There are a variety of tools available to assess for adverse childhood experiences. Providers are encouraged to review the following tools and resources to further explore how they can work to address ACEs among the people they serve. The ACE screening tool is the first step to identifying someone's ACE score.

- ACE Screening Tool: https://www.magellanofwyoming.com/media/2778/ace_survey_2017_parent-caretaker_final-508.pdf

There are also a variety of online resources that provide more information on how providers can address ACEs.

- Positive Parenting
  - Effective Strategies to Support Positive Parenting in Community Health Centers
  - Promoting Positive Parenting
- Nurse-Family Partnership

- Trauma-Focused Cognitive Behavioral Therapy
  - Trauma-Focused Cognitive Behavioral Therapy for Traumatized Children and Families
  - TF-CBT Certification Program
- Parent Child Interaction Therapy
- Child Parent Psychotherapy
- Trauma-Informed Care
  - Trauma-Informed Care Webinar Training Series presented by the National Health Care for the Homeless Council
  - Action steps using ACEs and trauma-informed care: a resilience model
- Other Trauma Treatments and Interventions are available from the National Child Traumatic Stress Network

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