The Adverse Childhood Experiences

of Very Young Children and Their Parents Involved in Infant–Toddler Court Teams

Quality Improvement Center *for* Research-Based Infant-Toddler Court Teams

Introduction

The Centers for Disease Control and Prevention-Kaiser Permanente Adverse Childhood Experiences (CDC-Kaiser Permanente ACEs) study—one of the largest investigations of childhood abuse and neglect and later-life health—found that experiences in early childhood were powerful predictors of adult health, functioning, and well-being.[i] As the number of ACEs increases, so does the development of risk factors for disease and other negative outcomes. ACEs are strongly related to well-being throughout the life course.[ii] ACES are stressful or traumatic events, categorized into three areas: abuse (physical, emotional, and sexual), neglect (physical and emotional), and household dysfunction (mental illness, separation and divorce, domestic violence, incarcerated household member, and substance abuse). Later, the original ACEs study was extended to add the stressful traumatic events for young children living in Philadelphia.[iii] These events include racial discrimination and exposure to community violence. It was one of the first studies to examine ACEs in a racially and socioeconomically diverse urban population. Prevalence of standard ACEs are higher in Philadelphia than in the original Kaiser Permanente population.[iv]

By examining adults' reports of experiences in childhood, the CDC-Kaiser Permanente ACEs study revealed that the majority of children experience 1 or more ACEs, and 25–30% experience 3 or more ACEs.[v] Focusing on the child welfare population specifically, findings from a study of children either placed in foster care or adopted from foster care indicated that children in foster care are more likely to experience ACEs than children with socioeconomic disadvantages and different family structures.[vi] Results from this study can help to improve our understanding of—and shape policies and practices that address how—children in foster care, an already vulnerable population, are disproportionately exposed to ACEs.[vii]

Every experience in early childhood has an influence on a child's brain development and impacts their social, emotional, and physical health. Positive experiences promote favorable infant and early childhood mental health development, and negative environmental experiences adversely impact brain development.[viii] When young children feel safe, they can venture out from their parents' arms to explore the world; curiosity is possible only when children have

stable, nurturing relationships with their primary caregivers. Conversely, exposure to negative experiences forces them to activate their fight or flight responses, barring the way to safe exploration and teaching them that the world is a dangerous and frightening place. Researchers, policymakers, and practitioners continue to advance in understanding the long-term impact of early experiences on a young child's development. We recognize the importance of ensuring that courts and states have the necessary tools to identify and address the underlying challenges faced by young children and families in the child welfare system.

It is important, however, to recognize that trauma and adverse experiences in early childhood do not have to prescribe a child's future because of the presence of both protective and promotive influences that contribute to resilience. Child characteristics, family factors, and community support all contribute to more positive outcomes following trauma and other adversity.[ix] Infants and young children who are better able to regulate their behaviors and emotions are more likely to show resilience in the face of adversity.[x] Families in which there is less stress and in which parents or caregivers can provide consistency, warmth, and support are more likely to have children who are better able to cope and overcome challenges in the face of adversity. Young children need healthy attachment relationships to develop the adaptive resources that help them develop and adjust in school and in life. Further, it is very important to recognize the role that community and social supports play in promoting positive outcomes.

Findings From the Quality Improvement Center for Research-Based Infant–Toddler Court Teams and Safe Babies Court Team™

The Quality Improvement Center for Research-Based Infant–Toddler Court Teams (QIC-CT) is leading an effort in information-sharing and knowledge-building to help ensure that jurisdictions and states have the tools necessary to identify and address the underlying challenges faced by families in the child welfare system and to ensure that infants, toddlers, and families have access to high-quality, evidence-based services. The QIC-CT supports work in 11 sites around the United States to implement and institutionalize an innovative approach, based on the ZERO TO THREE Safe Babies Court Team™ (SBCT) approach. The QIC-CT court teams have focused on the ACEs of very young children in foster care as well as the ACEs of parents. From a prevention standpoint, we work collaboratively to develop intervention and treatment plans that reduce the risk of ACEs in very young children.

It is important to be sensitive when administering the ACEs survey to parents of young children in infant–toddler court teams. Best practices in administering the survey with this population include: ongoing review and gathering of responses for the survey being carried out over time, as a community coordinator or other trusted partner collecting the data learns about new risk factors. The 10 ACEs questions are personal and must be asked in a sensitive and empathetic

manner. Because it takes time to build a trusting relationship, the ACEs questions are better asked over time in the life of the case by someone with whom the parent has developed rapport. It may be that several encounters will be required to obtain the answers to all 10 questions.

The SBCT and QIC-CT court teams collected data from April 2015 through June 2017 on the ACEs scores of children and parents served by the SBCT and the court teams of QIC-CT, using the original 10-question CDC-Kaiser Permanent ACE Study.[xi] Data below includes survey responses from 218 parents from 8 states. QIC-CT staff also completed surveys for 313 children, from birth to 3 years old. In creating a protocol for the survey of children's ACEs for court teams, certain definitions were instituted:

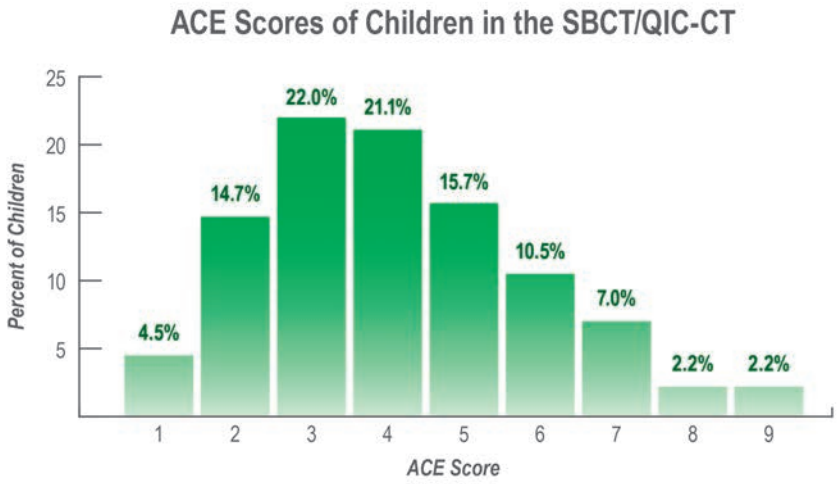
1. The children's ACE survey completion included prenatal experiences (e.g., parental substance abuse) as well as the children's experiences after birth.

2. Question #6, *Were your parents ever separated or divorced?,* was interpreted to include all separations between the child and his parents. This includes placement away from the child's birth parents, abandonment, or parental death as well as the original definition that the child's parents' current marital status is divorced or separated. When children were removed at birth, this also counted as an affirmative answer to the question.

ACE Scores of Young Children in Infant–Toddler Court Teams

Once a young child enters the foster care system, they automatically receive a score of two ACEs:

- separation from one or both birth parents and
- some form of abuse or neglect.

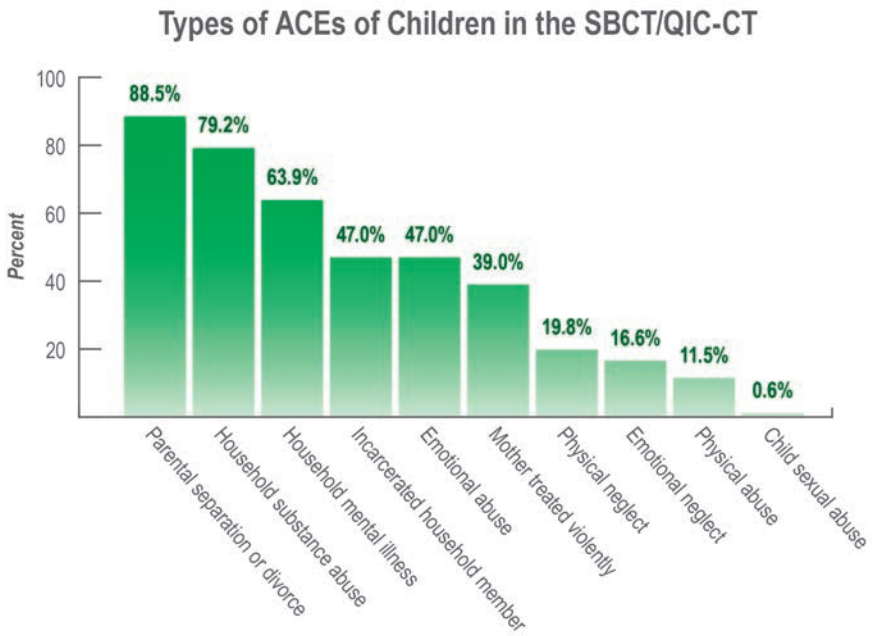


A snapshot of young children under 3 years old served by the infant–toddler court teams of the QIC-CT and the SBCT reveals, on average, that these children experience 4.1 ACEs. Of the 313 children who were part of this study, 59% had an ACE score of 4 or higher. (See figure ACE Scores of Children in the SBCT/QIC-CT.)

The most common type of ACEs experienced by young children in our court teams all fall under the "Household Dysfunction" category. These include: parental separation or divorce (89% of children), household substance abuse (79%), and household mental illness (64%). Though involvement in the SBCT will not undo ACE experiences for young children, the SBCT approach provides concrete strategies that support resilience in young children and their families. An infant–toddler court team uses their unique knowledge of their community to find local solutions and interventions that meet the developmental needs of infants and toddlers in foster care.

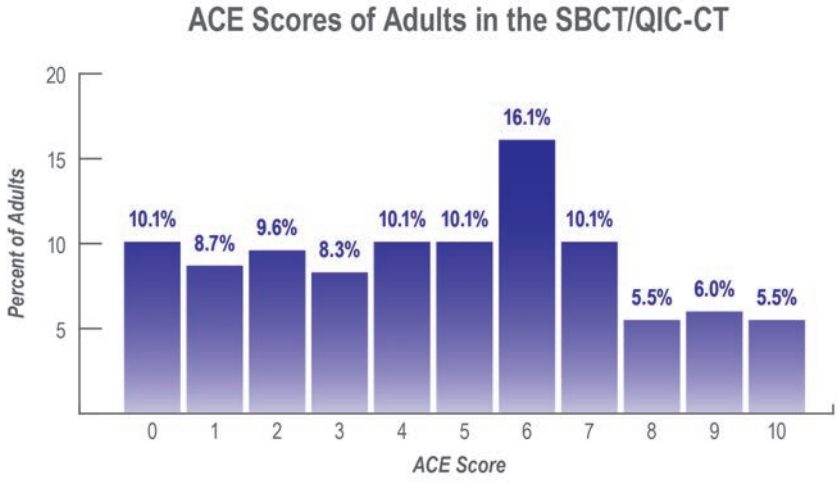
Connection to trauma-informed services for children and parents who have had these traumatic experiences may help young children achieve more positive developmental outcomes, as children learn to trust and form secure attachments and relationships with their birth parents, foster parents, or both.

(See figure Types of ACESs of Children in the SBCT/QIC-CT.)

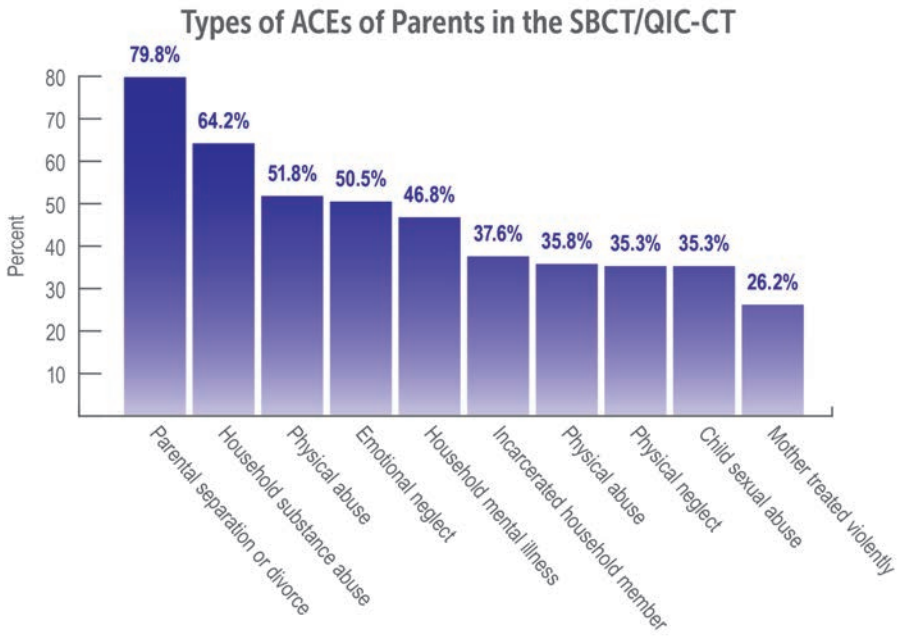


ACE Scores of Parents in Infant–Toddler Court Teams

Of the 17,000 participants in the national CDC-Kaiser Permanente ACEs study, 36% experienced zero ACEs, and 26% experienced 1 ACE. In contrast, only 18.8% of the parents of children under 3 years old served by the QIC-CT and SBCT court teams experienced fewer than 2 ACEs. On average, parents experienced 4.6 ACEs. A staggering 63% of parents at QIC-CT and SBCT sites have 4 or more ACEs (see figure ACE Scores of Adults in the SBCT/QIC-CT). The families the court teams work with face an overwhelming number of risk factors in comparison to the general population.



The most common type of ACEs experienced by the parents of young children in our court teams were: parental separation or divorce (80% of parents), household substance abuse (64% of parents), and physical abuse (52% of parents). As we learn more about the trauma histories of parents of young children in the SBCT and QIC-CT court teams, we can continue to understand the importance of ensuring that members of infant–toddler court teams treat all parents with dignity and respect and strive to develop an emotional connection with families that allow for genuine relationships of concern and support. A goal of the SBCT and QIC-CT, in addition to working to achieve timely permanence, is to prevent further abuse and neglect. By addressing the parents' **ACEs** in addition to those of the young children, progress can be made in improving short and long-term outcomes for the parents and the children, breaking the intergenerational cycle of abuse and neglect. (See figure Types of ACES of Parents in the SBCT/QIC-CT.)



Implications for Infant–Toddler Court Teams

For young children who, because of experiences of adversity in their homes and communities, have dysregulated behaviors and emotions, we may think that these experiences have set these children on a negative lifelong path. Yet, research shows us that these experiences do not have to dictate a child's future; when negative early experiences occur concurrently with protective factors, there is an opportunity to promote resilience.[xii] We have the tools to help families and support systems in providing crucial protective and promotive factors in the lives of very young

children through the SBCT approach. Because families live in communities, we cannot hope to change the lived experience of the child welfare system without changing how we as humans interact with one another in those communities.[xiii]

Court teams have the opportunity to help the families we work with by addressing the **ACEs** of parents and the traumatic stressors present in their lives. Court teams respond to parents' needs by building trusting, supportive relationships and identifying and building on family strengths. SBCTs are learning laboratories that can drive state and federal policy changes, where professionals can practice a form of collaborative work that is inclusive, welcoming, and non-blaming. By working together to support families, the SBCT communities become a model of democracy and shared responsibility for improving the lives of one another and the families we serve.

Appendix: Definitions of Adverse Childhood Experiences for Children's Survey Completion in the Infant-Toddler Court Teams

Each question asks you to describe any adverse childhood experience (ACE) that occurred prior to the 18th birthday, which has been defined to *include the prenatal period.* As you answer each question, pay close attention to the framing of the question as you consider your answer. In the following specific guidance about the ACE questions, additional considerations are included, especially as they apply to children removed at birth.

1. *Did a parent or other adult in the household often or very often . . . Swear at you, insult you, put you down, or humiliate you? or act in a way that made you afraid that you might be physically hurt?* **This is emotional or psychological abuse.** Answer "yes" if parent reports psychological aggression, such as threatening the child or calling him names.

2. *Did a parent or other adult in the household often or very often . . . Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?* **This is physical abuse.** Answer "yes" if a parent reports severe assault or caseworker reports physical abuse, such as shaking an infant or hitting an older child.

3. *Did an adult or person at least 5 years older than you ever . . . Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?* **This is sexual abuse.** Answer "yes" if a parent or caseworker reports sexual abuse or forced sex reported by the child.

4. *Did you often or very often feel that . . . No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?* **This is emotional or psychological neglect.** Answer "yes" if caregiver reports that in the past 12 months she was so caught up with problems that she was not able to show or tell her child the she loved him, or shows indifference toward the child, or lacks appreciation for the child, or is unable to describe the child and support his uniqueness.

5. *Did you often or very often feel that . . . You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?* **This is physical or medical neglect.** Answer "yes" if a parent reports child neglect or the caseworker reports failure to supervise or provide for the child.

6. *Were your parents ever separated or divorced?* **This is parental separation or divorce.** Answer "yes" if the child is placed out of home currently or at baseline, or the caseworker reports abandonment, or caregiver's current marital status is divorced or separated, or the mother or father is deceased. For children removed at birth, answer "yes."

7. *Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?* **This is domestic or intimate partner violence.** Answer "yes" if the caregiver or caseworker reports any domestic violence such as slapping, hitting, or kicking (includes both male and female caregivers who reported domestic violence). Answer "yes" for children removed at birth if the mother was assaulted by her partner during the pregnancy.

8. *Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?* **This is household substance abuse.** Answer "yes" if the caseworker reports active alcohol or drug abuse by the primary or secondary caregiver, or caregiver reports current alcohol abuse. For children removed at birth, answer "yes" if the mother used alcohol or drugs during pregnancy.

9. *Was a household member depressed or mentally ill, or did a household member attempt suicide?* **This is household mental illness.** Answer "yes" if caseworker reports a caregiver having a serious mental health problem, or elevated mental health symptoms. For children removed at birth, answer "yes" if the mother was depressed or has a diagnosed mental illness, or attempted suicide during the pregnancy.

10. *Did a household member go to prison?* **This is incarceration of a member of the child's household.** Answer "yes" if the caregiver reports spending time in prison as a result of an arrest, or a parent is currently in jail or a detention center. For children removed at birth, answer "yes" if the mother was incarcerated during her pregnancy. For all other children, include the pre- and postnatal periods.

Material prepared by Joy D. Osofsky, PhD, professor of pediatrics and psychiatry, Louisiana State University Health Sciences Center; Marva L. Lewis, PhD, consultant, ZERO TO THREE Safe Babies Court Teams and Quality Improvement Center for Research-Based Infant-Toddler Court Teams; and Jaclyn Szrom, consultant, ZERO TO THREE Quality Improvement Center for Research-Based Infant-Toddler Court Teams

Contact Us

For resources from the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT), please visit www.qicct.org. For inquires on the QIC-CT, contact: QIC-CT@zerotothree.org.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CA1821-01-01. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit ZERO TO THREE.

i. www.cdc.gov/violenceprevention/acestudy/about.html

ii. www.cdc.gov/violenceprevention/acestudy/index.html

iii. *The Philadelphia Urban ACE study.* (2013, September 18). Retrieved from www.instituteforsafefamilies.org/philadelphia-urban-ace-study

iv. Ibid

v. www.rwjf.org/en/library/collections/aces.html

vi. Turney, K., & Wildeman, C. (2017). Adverse Childhood Experiences among children placed in and adopted from foster care: Evidence from a nationally represented survey. *Child Abuse & Neglect, 64,* 117–129.

vii. Ibid.

viii. www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health

ix. Osofsky, J. D., & Lieberman, A. F. (2011). A call for integrating a mental health perspective into systems of care for abused and neglected infants and young children. *American Psychologist, 66,* 120–128.

x. Masten, A. S. (2014). *Ordinary magic: Resilience in development.* New York, NY: Guilford Publishers.

xi. www.acesconnection.com/g/resource-center/blog/resource-list-extended-aces-surveys

xii. www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

xiii. Hudson, L. (2017). *A guide to implementing the Safe Babies Court Team approach.* Washington, DC: ZERO TO THREE.