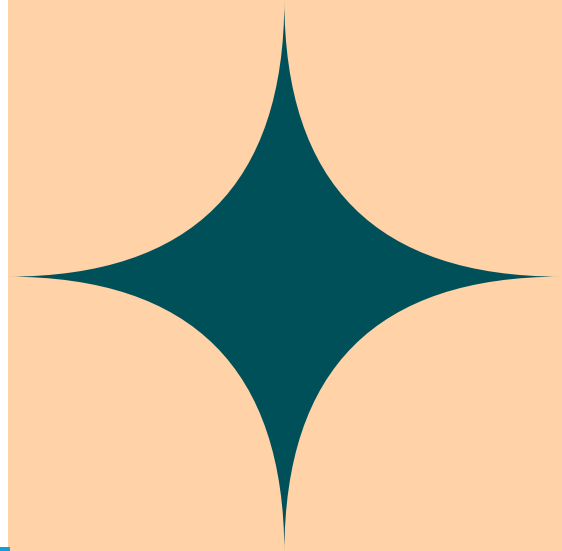


FOR TEACHERS:

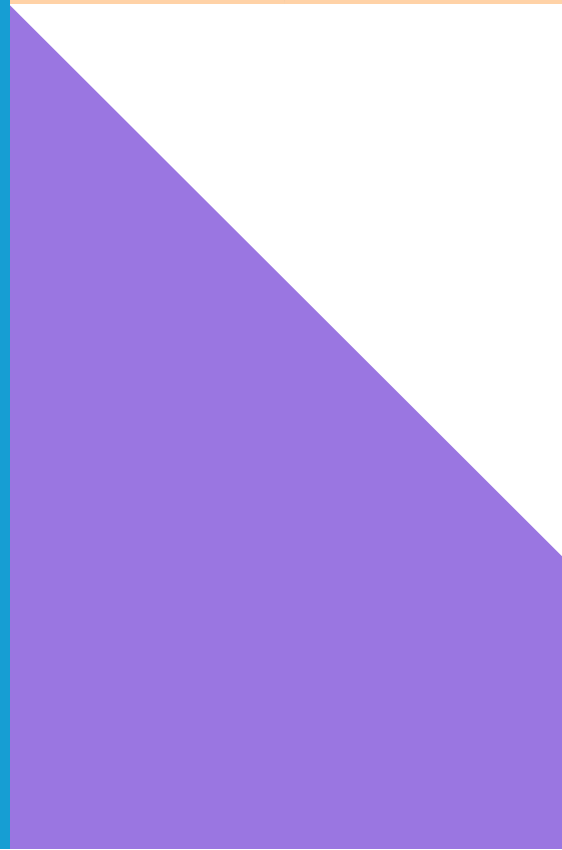
**EXPERIENCING
ADVERSE
CHILDHOOD
EXPERIENCES**



Youth



Inspired



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"ADVERSE CHILDHOOD EXPERIENCES ARE THE SINGLE GREATEST UNADDDRESSED PUBLIC HEALTH THREAT FACING OUR NATION TODAY"

DR. ROBERT BLOCK, THE FORMER PRESIDENT OF AMERICAN ACADEMY OF PEDITRICS.

WHAT ARE ADVERSE CHILDHOOD EXPERIENCES (ACE'S) AND WHY IS THIS IMPORTANT KNOWLEDGE WITHIN SCHOOLS



ABUSE

- Emotional
- Physical
- Sexual

Household Challenges

- Domestic violence
- Substance abuse
- mental illness
- parental separation/divorce
- incarcerated Parents

Neglect

- Emotional
- Physical

Experiencing Adverse Childhood Experiences (ACEs) is perhaps the single strongest predictor of poor social circumstances, poor physical health and poor mental health outcomes that we know about. We also know that positive experiences, coping skills, a sense of belonging and safe, trusting, adult relationships can protect children from the impact of ACEs.

Schools and school staff have a unique opportunity to help children affected by ACEs manage stress, feel safe, connect with others, and build ways of coping.

The term 'ACEs' or 'adverse childhood experiences' refers to 10 specific negative or traumatic life experiences that happen before the age of 18 years.

These are: parental mental illness, parental drug misuse, parental alcoholism, living with a parent or adult who went to prison or youth offending institution, parental divorce or separation, being exposed to domestic abuse, experiencing emotional, sexual or physical abuse and severe neglect.

There are further adverse experiences that are important to be aware of. They include, bereavement and traumatic loss, peer rejection, experience of the care system, food scarcity and living in an unsafe environment. These too can impact on life-course wellbeing.

Studies have found that an ACE score of six or more is strongly linked with up to 20 years of reduced life expectancy...But, just because a person has experienced ACEs, does not mean that they will always experience the poor outcomes later in life. For example, people who had ACEs, but also had at least one safe positive adult relationship in their life, often cope better with ACEs. Such people have fewer negative outcomes later in life.

LIFE-COURSE CONSEQUENCES OF ACE'S

Life Span

67% of the population have at least 1 ACE

Early Death

Disease, Disability, Social problems

Adopting health-risk behaviours

Social, Emotional, Cognitive impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

67% of the population have at least 1 ACE: The recent figures from UK studies suggest the figure is closer to 50% for at least one ACE. USA data is sometimes higher. The graphic above illustrates many other important data about ACEs but quotes a higher rate for at least one ACE, this is not unusual in studies of populations using lifetime recall and or retrospective data.


4 or more ACEs


3x the levels of lung disease and adult smoking 

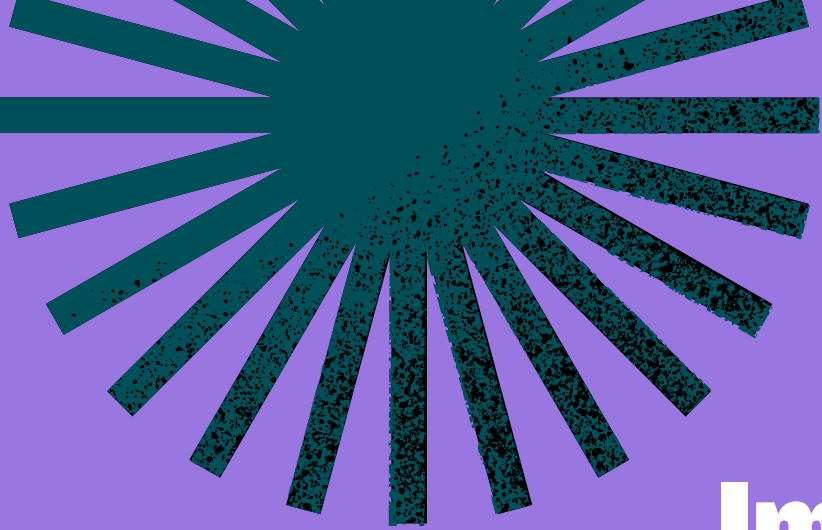
11x the level of intravenous drug abuse 

 14x the number of suicide attempts

 4x as likely to have begun intercourse by age 15

4.5x more likely to develop depression 

2x the level of liver disease 



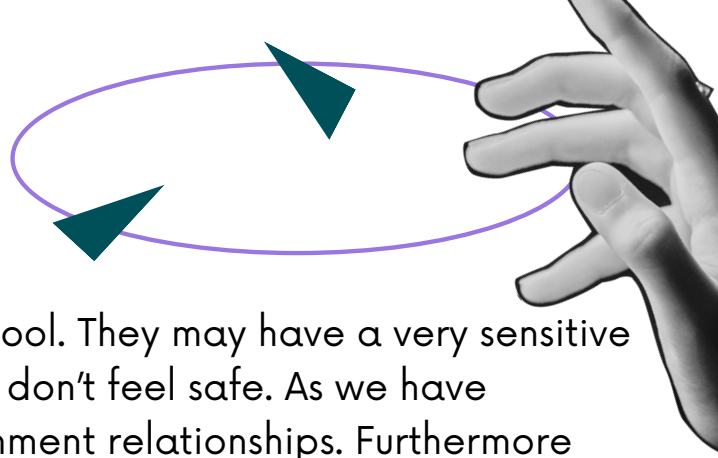
How stress Affects our Health and Immune system

You may have heard of the ‘fight, flight or freeze’ response. It is the response triggered by an ancient part of our brains that prepares us, in the face of a felt sense of danger, to fight, run away or freeze in order to save ourselves from whatever is threatening our safety.

It is different though, when the stress response is triggered time and time again, for long periods of time. This would be the case for a child living in a home where they were being abused, or neglected, or if their carer’s behaviour was scary or unpredictable. This places a lot of wear and tear on the mind and body’s organs and the immune system. The immune system becomes less effective. It may even become counterproductive (autoimmune disorders) at protecting the child (and later as an adult) from illness and diseases.

This form of wear and tear has been called ‘Toxic Stress’. It is thought to play a big part in the increases in illnesses that people with high numbers of ACEs experience.

How ACE's Affect Learning



Children with ACEs often struggle more at school. They may have a very sensitive stress response which is easily triggered. They don't feel safe. As we have learned, they may not have had secure attachment relationships. Furthermore they may have experienced repeated poor parental attunement and a lack of needs being met.

So, they may not be able to manage their feelings of anxiety or frustration. But frustration is part of the learning process!

A child with multiple ACEs may not have had enough sleep, a decent breakfast or be able to concentrate because they are tired, hungry and scared. They may be constantly looking for signs of danger, or possible harm. Such children often under-achieve or find themselves excluded.

A useful tip is to see a child's behaviour as an important form of communication. They are telling us about how they are feeling or, what they need, by the way they are acting. Often the children who challenge us the most, are the ones that have been hurt the most, and they need our care and support the most.

Key points:

- Quality of attachment affects sense of security and how we feel about ourselves, world and others
- Attunement in infancy predicts ability to self-regulate
- We see children in school whose brains are adapted to survive, not thrive
- It's much harder for these children to participate in education or positive peer relationships.

Social Conditions Matter

- The social conditions and environment that families have to raise children is also important.
- Children who grow up in families affected by poverty are 7 times more likely to be neglected and 3 times more likely to be abused than children living in wealthy homes.
- This is not surprising. Parents living in communities with a lot of violence, crime, low levels of social support and connection, as well as serious financial pressures, means parents can struggle to meet their child's basic needs.



How ACE's Affect Learning

Above you can see from a diagram with five levels titled Maslow's Hierarchy of needs.

1. First are the physical needs such as food, water, sleep and shelter
2. Then, safety needs such as a safe place to live
3. Next are love and belonging needs like feeling loved by your family or carers and feeling like you belong somewhere
4. Esteem needs like feeling good about yourself or feeling that others value you
5. Finally and assuming the other four are met then self-actualisation needs

These are described as what is needed for us to reach the next level and ultimately reach your fullest potential, seeking personal growth.

For our education system to work successfully, we expect children to attend school having their basic physical and psychological needs met. Then educators can focus on helping children reach their 'fullest potential'. For children this is the level five of 'self-actualisation'.

However, many children do not have their basic needs met at home. They do not have enough nutritious food to fuel their developing brain and body, no safe place to live, not kept warm and don't get enough restful sleep; for all of the reasons we have discussed earlier; they are living with ACEs. Some children will not have a safe, reliable adult in their lives to help them feel loved. Many will not feel good about themselves. Many don't receive 'validation' at home, and may have low self-esteem.

As an educator, you may find yourself needing to meet their basic human needs before they will be ready for learning. Children can't learn when they are preoccupied, worrying or their mind and body is in survival mode, for example, fight, flight or freeze states.

How ACE's Affect Learning

The five characteristics of a Trauma Informed School (Sporleder 2016)

Concept

Mantra

Strategy

1. The stress if coming from outside the school	It's all about me	Drop your personal mirror
2. Allow the student to de-escalate and regulate before solving the issue at hand	Problem solving and solutions can't be worked through while 'in the moment'	Designate a quiet place(s) where students can feel safe and regulate
3. It's rarely about the issue at hand. It often goes much deeper	What's really driving this child's behaviour?	Be the one who listens and values the student's voice. Ask how you can help. Explore the what's underneath the behaviour
4. It's a brain issue not a behavioural issue	My job is to help this child regulate, not just behave	Make regulatory activities part of the classroom culture. Help children learn how to self regulate
5. Discipline is to teach, not to punish	Discipline should happen in the context of a trusting relationship	Use consequences that keep children in school and that foster trust and safety with caring adults

A recent study from the London School of Economics confirms that such focus on relationships and safety, leading to calmer mind and body states, enable learning. The researchers followed a group of children from school up to age 34.

Continued.....

They concluded:

“ ... the most powerful childhood predictor of adult life-satisfaction is the child's emotional health, followed by the child's conduct. The least powerful predictor is the child's intellectual development. This may have implications for educational policy

Layard R, et al

”

To put it another way, if we want to create healthy and happy adults, we must prioritise the emotional stability and wellbeing of our children in school.

This research suggests that achieving good educational results alone is less good at predicting life satisfaction, as compared to emotional wellbeing, and good conduct at school.

There are some excellent free resources detailing the steps required to make your school trauma-sensitive/trauma-informed. You will find further information on the last page of this booklet.



CO-REGULATION AND TEACHING SELF-REGULATION



Not all young people who face childhood adversity or trauma go on to develop a mental health problem.

There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel.

Tips

Stay Calm

Teach children to calm their mind and body stress response – consider the Dan Siegal – ‘hand-brain model’ (described on next page)

Remember those students who need safe, caring understanding adult relationships to calm them, before they can think and learn!

Adults who can stay calm when a student is experiencing a fight, flight or freeze stress reaction can be a model for that child on how to cope. Such modelling of calmness helps co-regulate. We want children to practice this and learn how to cope.

Challenging behaviour

Challenging behaviour is difficult to deal with for staff and other students. It is helpful to remember that when a child behaves this way, they are usually feeling unsafe, fearful and are in the ‘fight or flight’ state. It is a survival stress response. It is not personal, though it can feel that way.

Too afraid to trust

Children who experience ACEs usually want connection, want to feel loved and valued, but are often too afraid to trust anyone.

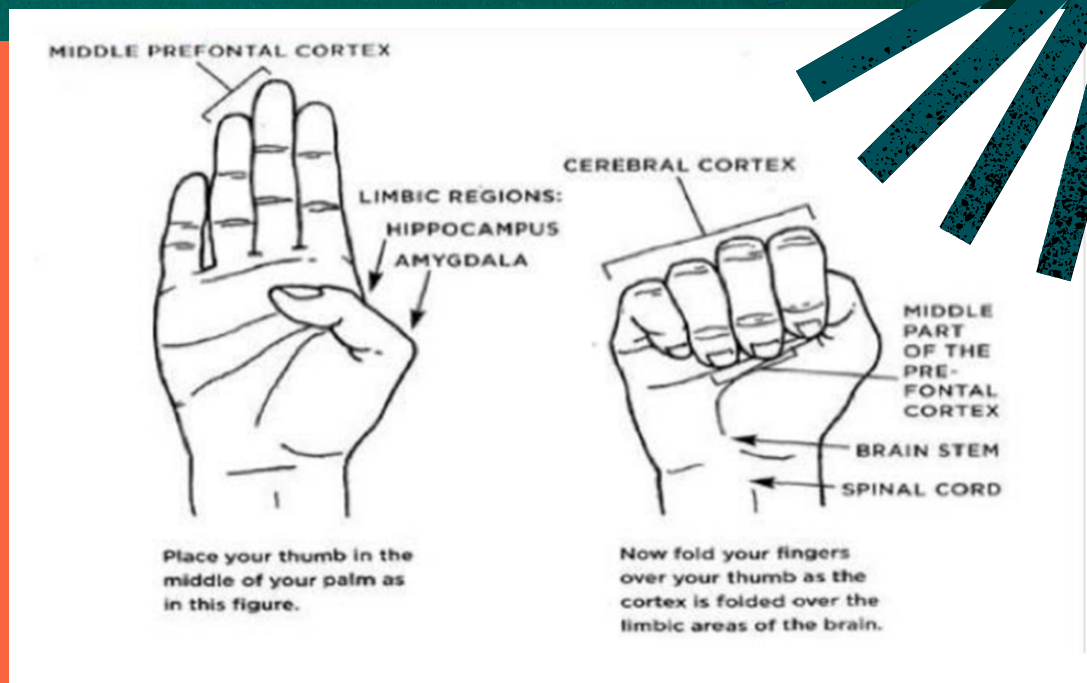
Skills that need to be learned

Self-regulation, self-soothing, taking turns, self and other compassion and responsibility are skills that need to be learned. They support wellbeing and self-esteem. Children with ACEs often need to learn and practise these skills in school.

Better safety, emotional wellbeing, and social skills do not always equal better test scores but they are required to succeed in life. We always remember the teachers and school staff who made us feel special or supported us.

The bottom line is children who do not feel safe and whose basic needs are not met when they come to school, cannot learn.

The Hand Brain Model



The 'hand model' of the brain is a simple and effective way of introducing the three basic areas of the brain (i.e. brain stem, limbic system and prefrontal cortex). It is also helpful to understanding of what happens to the brain under stress. As such, it provides a valuable illustration of information of which we should all be aware.

In the 'hand model', the different parts of the human hand represent three brain regions. The brain develops with the bottom region forming first and the top region last.

Hold hand upright with palm facing outward. The wrist represents the brain stem (the part which controls level of arousal and which developed first).

The palm with thumb folded over it represents the limbic system (the 'emotional' part of the brain which developed next).

The fingers (folded down to cover the thumb and palm) represent the cortex or cognitive ('thinking/reflective') part of the brain which evolved last.

The simple shift of moving your fingers upright and away from your palm (so that thumb and palm are exposed) represents how severe stress can cause us to 'flip our lid'. Stress activates our arousal ('survival') responses – represented by the upright wrist – and 'knocks out' our capacity to think and reflect. We need to calm this response before we are capable of anything else.

HAND MODEL OF THE BRAIN (Daniel J. Siegel, 2009) Demonstration at
: <https://www.youtube.com/watch?v=gm9CIJ74Oxw>

Resilience framework helping to gain skills that help us cope



Resilience Framework (Children & Young People) Oct 2012 – adapted from Hart & Blincow with Thomas 2007					
	BASICS	BELONGING	LEARNING	COPING	CORE SELF
SPECIFIC APPROACHES	Good enough housing	Find somewhere for the child/YP to belong	Make school/college life work as well as possible	Understanding boundaries and keeping within them	Instil a sense of hope
	Enough money to live	Help child/YP understand their place in the world		Engage mentors for children/YP	
		Tap into good influences	Solving problems		Support the child/YP to understand other people's feelings
	Being safe	Keep relationships going			
	Access & transport	The more healthy relationships the better	Map out career or life plan	Putting on rose-tinted glasses	Help the child/YP to know themselves
		Take what you can from relationships where there is some hope		Fostering their interests	
	Healthy diet	Get together people the child/YP can count on	Help the child/YP to organise themselves	Calming down & self-soothing	Help the child/YP take responsibility for themselves
	Exercise and fresh air	Responsibilities & obligations			
		Enough sleep Play & leisure	Focus on good times and places	Highlight achievements	Remember tomorrow is another day
	Make sense of where child/YP has come from		Lean on others when necessary		
Being free from prejudice & discrimination	Predict a good experience of someone or something new	Develop life skills		Have a laugh	There are tried and tested treatments for specific problems, use them
	Make friends and mix with other children/YPs				
NOBLE TRUTHS					
ACCEPTING		CONSERVING	COMMITMENT		ENLISTING

Common themes

- Safe stable (adult) relationships
- Connections to your community
- Safe environments and feeling safe
- Regular sports participation
- Feeling a part of something – a sense of belonging
- Opportunities to practice social skills and engage with others in non-academic pursuits (developing social competency)
- Living in a home with some financial stability
- Supportive peer group
- Social competence
- Ability to self-regulate
- Self-esteem and self-worth

These particular skills and attributes can help children (and adults) cope better with stress.

Further information and resources



There are some excellent free resources detailing the steps required to make your school trauma-sensitive/trauma-informed. The Trauma and Learning Policy Initiative (TLPI) published by Massachusetts Advocates for Children and Harvard Law School can be found here: <https://traumasensitiveschools.org/get-involved/creating-trauma-sensitive-schools/>

For a wider comprehensive framework of resilience, see Angie Hart's Resilience Framework. :

<https://www.boingboing.org.uk/resilience/resilient-therapy-resilience-framework/>

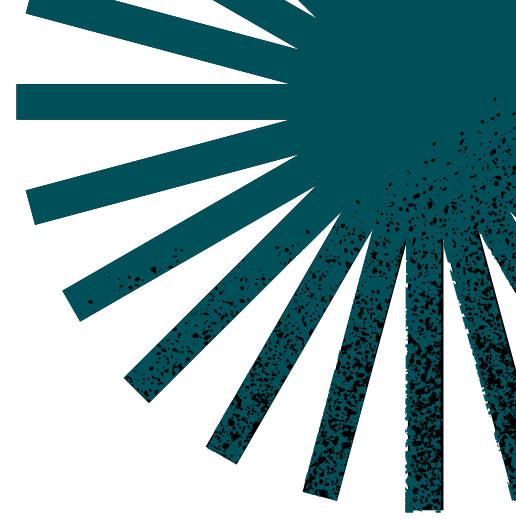
If you would like to read a summary of how Positive Childhood Experiences May Buffer Against Health Effects Of Adverse Ones Please see: <https://www.npr.org/sections/health-shots/2019/09/09/759031061/positive-childhood-experiences-may-buffer-against-health-effects-of-adverse-ones>

Burns H. What causes wellness? TEDxGlasgow 2014 (accessed 28/05/20)

Frydman JMC (2017). Trauma and Early Adolescent Development: Case Examples from a Trauma-Informed Public School. *Children & Schools*, 2017;39(4):238-47

Add NHS Highland(2018) Adverse Childhood Experiences and Trauma Informed Care: A Public Health Approach to Understanding and Responding to Adversity.

SIGNPOSTING



**Working with young people and
families in Renfrewshire**

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