

NEW MEXICO POLICY DINNER

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*Adverse Childhood Experiences (ACEs):
An Overview and Why It Matters*

ISSUE BRIEF



INTRODUCTION

Adverse Childhood Experiences (ACEs) are negative and [potentially traumatic events](#) that have long-lasting impacts and can include abuse, neglect, household challenges, or other external adversity. This can include, but is not limited to, food insecurity, housing insecurity, and poverty. These traumatic experiences can have [long term consequences](#) on health, wellbeing, educational outcomes, career potential, and life opportunities. Exposure to early adversity can lead to the extended or prolonged activation of the stress-response system, known as [toxic stress](#), which negatively impacts brain development, especially in children. [Toxic stress](#) is far reaching, leaving a permanent impression in children's immune and stress-response systems, which translates to reduced attention span, hindered decision making skills, and compromised learning ability.

The higher number of ACEs a child experiences, the more likely it is that they will [experience poor health and low quality of life as adults](#). Additionally, many of these negative impacts [can be passed down from one generation to the next](#), and children can experience ACEs due to [historical and ongoing trauma](#) such as from [systemic racism or poverty](#). The CDC estimates the impact of ACEs cost the U.S. healthcare system around [\\$748 billion annually](#). By reducing the number of ACEs that children across the U.S. experience by 10 percent, it could save [\\$56 billion every year](#).

Health risk behaviors increase significantly for adults

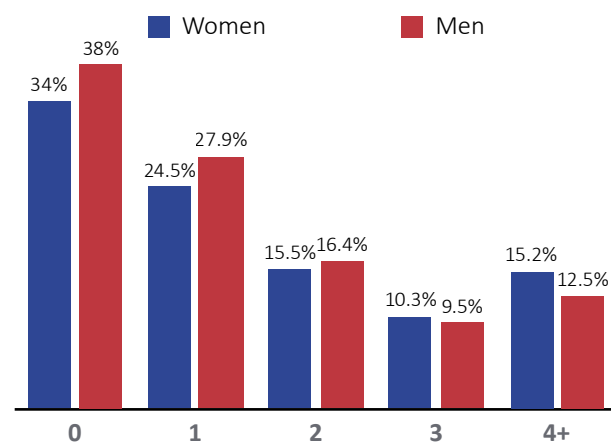
TYPES OF ACEs	
Abuse	Emotional, Physical, Sexual
Neglect	Emotional, Physical
Household Challenges <i>(ie., the child lives with a parent, caregiver, or other adult who experiences one or more of these challenges)</i>	Substance misuse, Mental illness, Suicidal thoughts and behavior, Divorce or separation, Incarceration, Intimate Partner Violence or Domestic Violence
Other External Adversity	Bullying, Community violence, Natural disasters, Refugee or wartime experiences, Witnessing or experiencing acts of terrorism

who experience additional ACEs. According to the data from the 2019 [CDC-Kaiser ACEs Study](#), the odds of risk behavior such as attempted suicide, drug abuse and alcoholism increased by as much as 1220 percent for adults experiencing four or more ACEs compared to two ACEs.

ODDS OF INCREASED RISK BEHAVIOR	TWO ACEs	FOUR+ ACEs
Suicide Attempt	300%	1220%
Drug Abuse	380%	1003%
Alcoholism	400%	740%
Chronic Depression	150%	460%
Lung Disease	160%	390%

23 states across the U.S. included an ACE module in the nationally administered Behavioral Risk Factor Surveillance System (BRFSS). Nationally, [men and women were at similar risk](#) for experiencing ACEs during childhood. Men experienced a slightly higher risk of having experienced one ACE, while women were at a slightly higher risk of experiencing more than four ACEs.

NUMBER OF ACEs EXPERIENCED



[Source](#)



IMPACTS OF ACES ON STUDENTS

For students, the impact of ACES can negatively affect many aspects of learning, from academic attainment to social and emotional maturity. Students who have experienced ACES are more likely to have:

- High dropout and low graduation rates
- Poor standardized assessment scores
- Low postsecondary enrollment
- Increased instances of absenteeism and behavioral referrals
- Lack of focus due to worrying about out-of-school factors
- Little to no involvement from parents

They are also more likely to:

- Come to school hungry and tired
- Be in a constant state of 'fight or flight'
- Become withdrawn or marginalized by their peers

Unfortunately, the impact of ACES continues past childhood into post-secondary educational settings. Research from New Mexico State University maintains that higher education students who have experienced ACES are more likely to:

- Be depressed or suicidal
- Have problems with substance abuse
- Have poor studying skills, including the inability to focus
- Have low academic achievement
- Be unaware or unable to articulate why they feel traumatized
- Struggle to ask for help and find support
- Drop out with no skills for employment

Overall, ACES can severely limit a child's capacity to fully develop their cognitive, social, emotional, and physical capabilities. This means that ACES can have a significant impact on a student's ability to thrive in an academic setting and to reach their full potential as an adult.

NEW MEXICO SPECIFIC DATA

In New Mexico, as many as one in six children have experienced **more than three** ACES compared to one in ten nationally, according to 2019 data. Across the state, one in four adults have experienced **more than four** ACES, with almost 70 percent of adults having experienced **at least one** ACE in their childhood.

- 36.4 percent experienced emotional or verbal abuse
- 30.4 percent experienced divorced or separated parents
- 29 percent experienced physically abusive parents or household members
- 28.9 percent experienced an alcoholic household member



Data shows that students across New Mexico who have experienced two or more ACEs are 70 percent less likely to engage with academics at school; 67 percent more likely to be bullied; 35 percent more likely to exhibit chronic health conditions; 25 percent more likely to have ongoing emotional, developmental, or behavioral problems; and 51 percent less likely to exhibit resilience and flourishing in or out of the school setting. The probability of these statistics occurring increases with the number of ACEs that students experience during their childhood.

86 percent of children who are incarcerated juveniles in New Mexico had experienced four or more ACEs, which is seven times higher than the state average. Of the incarcerated juvenile population, 23 percent of females had experienced **nine or more** ACEs, compared to three percent of the male incarcerated population who had experienced nine or more ACEs.

In New Mexico, there are varying degrees of vulnerability for children who are at risk to experience ACEs. Risk is higher for:

- Hispanic and Native American populations,
- People who have less than a high-school education,
- People in high poverty areas, especially those making less than \$15,000 per year,
- People who are unemployed, or
- People who are members of the LGBTQIA population.

ACEs pose a significant problem to children in New Mexico. The data shows that very few children are unaffected by the impact of ACEs, particularly in a school setting. Fortunately, there are ways that the impacts of ACEs can be mitigated in the classroom, and ways that they can be prevented outside the school.

SOLUTIONS TO THE ACEs PROBLEM

“THE CORE EXPERIENCES of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation.”

- Judith Herman, M.D.
Trauma and Recovery

ACEs are preventable. The prevention of ACEs requires a safe, stable, and secure environment that nurtures relationships. These aspects of preventing ACEs are also imperative once a child has experienced an ACE. It is vitally important that connections and relationships with peers and adults are created and maintained in order to mitigate the impacts of toxic stress. This includes both at home and at school.

Several states have implemented programs to target the prevention of ACEs (see state specific programs in next section). These solutions have included strengthening economic support for families; implementing curriculum or programs through schools to teach social-emotional skills,

Demographic breakdown of adults who have experienced more than four ACEs in New Mexico

33.1%

American Indian or
Alaskan Native

24.3%

Black/
African American

37.1%

Hispanic

22.7%

White



including parenting classes and safe dating; and healthy relationship skills. Many states have found that the prevention of ACEs increases with early learning and child care supports, such as home visitation, high-quality child care provision, and preschool enrichment programs that engage families and parents. Additionally, some of the most impactful approaches to preventing and mitigating the impacts of ACEs have been through after-school and mentoring programs, which foster positive relationships through connecting students with caring adults.

COMMUNITY SCHOOLS AND THE WHOLE CHILD APPROACH

Community schools and fostering a 'whole child approach' helps to mitigate the risk and effects of ACEs. Community schools are public schools that have considered the community's needs and provide services and support specific to those needs. The schools are often started and sustained through partnerships with the community, such as with local

organizations and businesses. They also tend to blend several solutions that fall under the whole child approach into the overall system of the school, such as trauma informed care, positive behavior systems, and holistic academic, social-emotional, and physical support. A large part of the whole child approach to education is that it creates an environment in which students can feel safe and supported. There are several aspects to creating this environment in school, and it can include a balance of six different types of support:

- Mental health
- Social and emotional development
- Identity development
- Academic development
- Cognitive development
- Physical health

Community schools recognize the interconnection of whole child education and use the unique needs of the community to support those connections.

TYPE OF WHOLE CHILD APPROACH	
<u>Trauma Informed Care</u>	Trauma informed care is the practice of recognizing that the problematic behavior being displayed is not simply willfulness or defiance and therefore a punishable action, and instead understanding the complex impacts of toxic stress and the underlying traumatic experience that a child has gone through and treating the behavior as the result of that experience.
<u>Trauma Informed Schools</u>	Trauma informed schools are schools that use trauma informed care at a schoolwide level. These schools have the involvement of the entire school in supporting and addressing trauma for whole school transformation.
<u>Positive Behavioral Interventions and Supports (PBIS)</u>	The essential philosophy of PBIS is to set a foundation of systems and practices through the school and the classroom that provides proactive positive support while preventing unwanted behaviors. <u>Research</u> has shown that PBIS has substantial impacts on creating a positive school climate, and classrooms that implement PBIS have fewer discipline referrals and students show increased social, emotional, and academic growth.
<u>Language Supports</u>	<u>Language supports</u> can include graphics and manipulatives, word walls, collaborative learning, and language translations for academic materials. English Language Learners (ELLs) and students with Limited English Proficiency (LEPs) can experience feelings of isolation from their peers, as well as chronic stress from the migration experience. Language support across the entire school and creating meaningful relationships with teachers and peers is an important step in supporting ELLs that have experienced ACEs.
<u>Culturally Relevant Pedagogy</u>	This <u>pedagogical practice</u> focuses on using the <u>cultural tools</u> that students bring to the classroom to scaffold learning, resulting in <u>improvements to students' engagement and feelings of inclusion, appreciation for their own culture, and validation through the recognition and care shown by their teacher.</u>



STATE SPECIFIC PROGRAMS

There are many states across the U.S. who have implemented programs specifically to address ACEs.

Washington

- Collected data on ACEs to inform their [state prevention policy](#) implemented in 2011 that focused on public-private partnerships to prevent ACEs.
- Recognized that problems of mental health and substance abuse were disproportionately high for families receiving Temporary Assistance for Needy Families (TANF), therefore supported TANF recipients with Head Start parenting education, home visiting, and having parents volunteer in the child's school or care setting.
- Targeted juvenile offenders who had a high prevalence of ACEs with initiatives that included increased support in juvenile courts. One such program allowed probation officers to prioritize juveniles with high incidence of ACEs into support programs like Functional Family Therapy.

Illinois

- Started a parent to student mentorship program that helped reduce dropout rates from 23 percent to 9 percent.
- Partnered across the state's education and health sectors to train teachers and school-based mental health professions about trauma and resilience.

Tennessee

- Initiated a public-private partnership run through the executive, legislative and judicial branches of state government focused reducing ACEs through investing in early childhood programs to support cognitive development and information dissemination on the importance of early brain development in children.

Alaska

- Created an initiative with the [Alaska Children's Trust](#) that partnered with mental health professional, human services, universities, the First Alaskan Institute and the Alaska Native Tribal Health Consortium to create a culture of health and resilience in a proactive way to reduce ACEs, such as through the appropriation of federal funding to the specific reduction of ACEs through home visiting programs.

Oklahoma

- Developed the [Oklahoma Plan for the Prevention of Child Abuse and Neglect 2014-2018](#).
- Created an ACEs prevention working group and state-wide informational campaigns to raise awareness about ACEs, including creating data briefs.



POLICY CONSIDERATIONS

- How can New Mexico align current funding models to promote both the prevention and mitigation of ACEs?
- In what ways can policymakers support the collection of ACEs specific data across state agencies?
- What steps can New Mexico take to better prepare teachers to support students who have experienced ACEs?
- How can policymakers support communities across New Mexico to leverage their strengths in supporting parents, schools, and students?
- How might New Mexico rethink discipline policies to use best practices to keep students in school?
- In what ways could New Mexico support parental engagement from the early years through graduation from high school?
- What are the out-of-school factors that New Mexico could target to prevent ACEs in childhood?
- In what ways can policymakers use best practices from other states to inform New Mexico's policies around ACEs?





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