



## EMERGENCY RESPONSE PLANNING: ADVERSE CHILDHOOD EVENTS (ACES)

OCTOBER 2020

These materials were prepared as part of the Rapid Response Network, a joint initiative between the **California Mental Health Services Oversight and Accountability Commission** (MHSOAC) and **Social Finance, Inc.** to support jurisdictions in fast-paced research and decision making driven by COVID-19.

The network aims to **facilitate connections** among jurisdictions facing similar challenges, and to supplement that shared experience with **support from external experts**—in order to deliver fast, customized, digestible research and analysis that strengthens local capacity.

**We recognize that the pace of these responses means that they are likely to be both incomplete and imperfect.** If you have suggestions for improvement or questions about these materials, we would love to hear from you. Please email Jake Segal ([jsegal@socialfinance.org](mailto:jsegal@socialfinance.org)) or Nic Miragliuolo ([nmiragliuolo@socialfinance.org](mailto:nmiragliuolo@socialfinance.org)).

*With gratitude for the support of the Robert Wood Johnson Foundation and invaluable in-kind support from GLG, which supports the RRN through access to their expert network.*

## ▶ TABLE OF CONTENTS

**Executive Summary** *(slide 4)*

**Impact of disasters on children and families** *(slides 5-9)*

*Factors that effect children (slide 6-7)*

*Children's response to a disaster (slide 8)*

*Emergencies and Adverse Childhood Events (ACEs) (slide 9)*

**Effective interventions to support children and families during emergencies**  
*(slides 10-15)*

*Interventions for young children (slides 11-13)*

*Interventions during COVID-19 (slide 14)*

*Summary (slide 15)*

**Next Steps and Resources** *(slides 16-19)*

## ▶ EXECUTIVE SUMMARY

*Summarized from research literature and expert interviews*

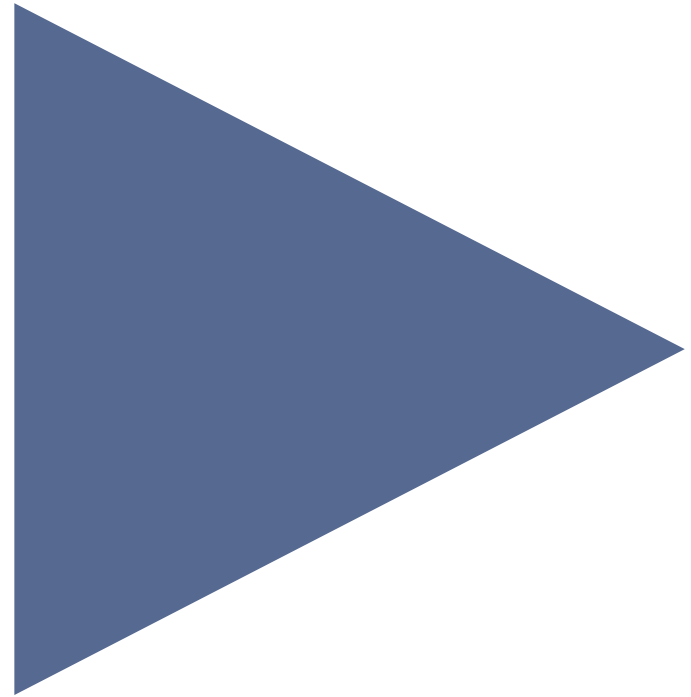
### Impact of emergencies on children

- Reactions of fear, grief, confusion, apathy, and sadness after a disaster are common and are part of a **normal recovery process**
- An individual's resilience in the face of an emergency is the result of the **interaction of community, family, and individual factors**
- Adverse Childhood Experiences (ACEs) can have life-time mental and physical impact and can reduce life potential with **62% of adults report having experienced an ACE**
- COVID Impact: **50% of adults with children** report a decrease in employment income, over **50% decline** in basic health screenings, **29% of parents** report their child has experienced harm to health

### Intervention for young children during an emergency

- Train first responders and other frontline staff on Psychological First Aid
- Develop connections to key resources and provide materials to share critical information
- Interventions using the ACEs framework include both **preventing** the circumstances that can increase the likelihood of ACEs (e.g. economic insecurity and low-quality early education) and **providing treatment** to children and families to reduce long-term harm
- **Emergencies like COVID-19** disrupt normalcy and can exacerbate circumstances that increase the likelihood of an ACE – interventions should focus on creating a **sense of safety for the entire family**, especially for vulnerable communities

# ▶ THE IMPACT OF DISASTERS ON CHILDREN AND FAMILIES



## ▶ FACTORS THAT AFFECT CHILDREN DURING AN EMERGENCY

### *Factors that affect child well-being during an emergency<sup>1</sup>*



**Exposure:** Increased proximity to and intensity of event leads to more severe emotional consequences.



**Disruption:** The degree of change to day-to-day routines will determine the impact of the emergency on the child



**Media Exposure:** Mass media exposures can cause heightened anxiety for children even for disasters that don't directly impact the child

### *Pre-existing factors that affect a child's response to an emergency*



**Community Resilience:** The more community social cohesion that is sustained during a crisis the faster recovery begins and normalcy returns for the child



**Family Resources:** Families with inter-personal relationships challenges prior to disaster are likely to have a poor response to the disaster

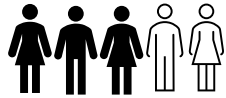


**Mental and Physical Health:** Pre-existing conditions increases the likelihood of emotional disturbance following a disaster



**Age and Gender:** Younger children are more dependent on caregivers and children have distinct reaction based on gender.

# ▶ ADVERSE CHILDHOOD EXPERIENCES (ACES) AFFECT CHILDREN DURING AN EMERGENCY



**62%** of adults reported they had experienced at least one ACE<sup>2</sup>  
**16%** of adults had **4+ ACES**; women and racial minorities experienced this at a higher percentage<sup>2</sup>

## What are ACEs?

- **Traumatic events that occur in childhood (pre 18)** –categorized as abuse, household dysfunction and neglect – impacting a child’s sense of safety
- **Examples include** physical, emotional, and sexual abuse, physical and emotional neglect, violence at home, mental illness, divorce, incarcerated relative, substance abuse, have a relative attempt or die by suicide
- **ACEs are not experienced equally:** 61% of black non-Hispanic and 51% of Hispanic children experience at least one ACE vs. 40% of white non-Hispanic children<sup>3</sup>

## What is the impact of ACEs?

- **ACEs impact on a child’s sense of safety, educational outcomes, and mental and physical health have long term effects** on health, well-being, and life potential
- Those who have experienced 4 or more ACEs are at a **higher risk for 7 of 10 leading adult causes of death**, such as heart disease and diabetes
- Preventing ACEs could **reduce depression in adults by ~44%**<sup>2</sup>

# ▶ CHILDREN'S EMOTIONAL RESPONSE TO DISASTER<sup>1</sup>

*“Most of the emotional responses of children in the wake of disaster are not pathological by themselves [and require] basic supportive interventions by trusted others in their environment”*

As long as symptoms **don't interfere with normal childhood activity**, they are considered part of the **normal recovery process**

## Immediate

- Occurs **immediately** after a traumatic experience
- Includes reactions of **fear, denial, confusion, sorrow, and relief** (if loved ones are unharmed)
- Can also include **dissociative symptoms** such as emotional numbing or even amnesia

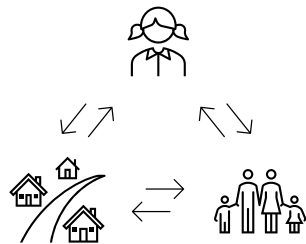
## Long-term

- Occurs **days or weeks** after a disaster
- Younger children can react by showing signs of **regressive behavior**
- Other signs of emotional distress may occur including **anguish, fear, sadness, and depressive symptoms**
- Children may also act out by showing **hostility and aggressiveness, apathy, sleep disturbances, and repetitive play**

## Long-term

- **Majority** of children regain normal functioning
- Those whose response to a disaster leads to a **persistent impairment of normal functioning** will need further support
- Most frequent long-term challenges include **severe stress reactions and adaptive disorders, anxiety disorders, conduct disorders, PTSD, and somatic symptoms**
- Long-term affects of **ACEs**

## Community and Individual Resilience<sup>1</sup>

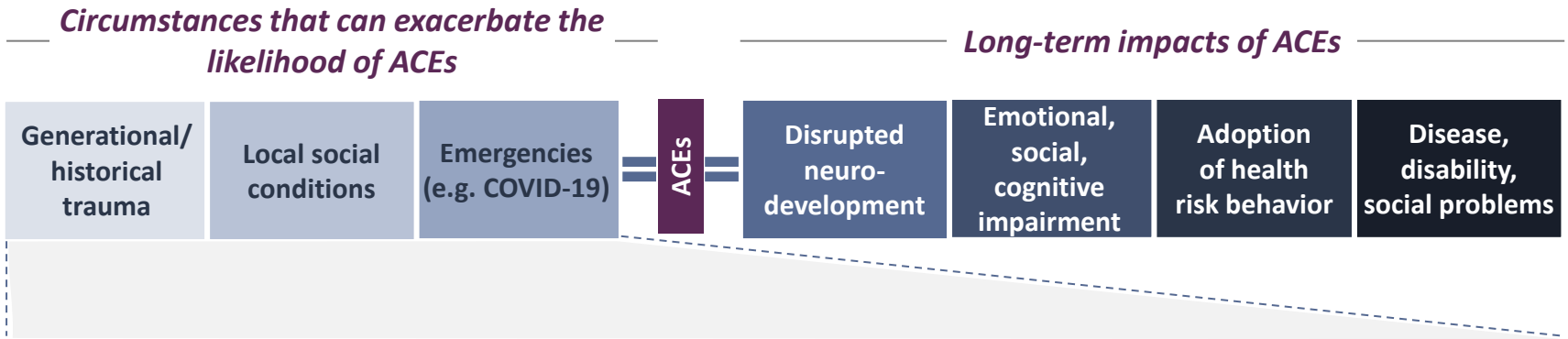


- **Resilience is a multi-dimensional concept** that is determined by the capacity of the individual as well as the physical and social environment
- Determined by the degree at which a person and community has the **resources capable of organizing itself**
- It is not the **risk factors** and **protective factors** that matter, as much as the relationships between those factors in determining good or bad outcomes during an emergency






# ▶ THE LONG-TERM IMPACT OF AN EMERGENCY AS AN ACE

## COVID-19 can increase the likelihood of ACEs, impacting children's lives

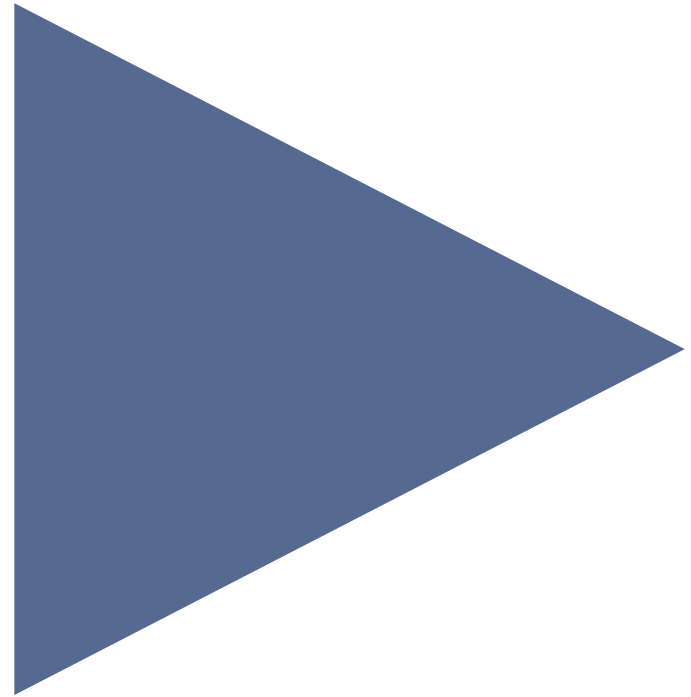


### *COVID-19 can magnify circumstances that lead to ACEs*

Generational/historical trauma	Local/social conditions	Emergencies (COVID-19)
		
<ul style="list-style-type: none"> <li>The negative impacts of COVID-19 <b>disproportionately affect low-income Black and Latinx households<sup>4</sup></b></li> <li>This could be considered <b>trauma on top of historical oppression</b> of racial minorities in the US</li> </ul>	<ul style="list-style-type: none"> <li><b>The economic impacts of COVID-19</b> such as <b>unemployment</b> can change the living standards of a household<sup>5</sup></li> <li>Can lead to food insecurity, high levels of family stress, etc.</li> </ul>	<p><b>COVID-19</b> can cause ACEs or increase the severity of ACEs:</p> <ul style="list-style-type: none"> <li><b>Increase in abuse<sup>6</sup></b>, due to the increased exposure to potential online predators</li> <li><b>Increase in drug overdoses<sup>7</sup> and domestic violence<sup>8</sup></b>— two events that can be an ACE in a household with children</li> </ul>

All footnotes herein refer to references listed within Slide 17, References

# ▶ INTERVENTIONS TO SUPPORT CHILDREN AND FAMILIES DURING EMERGENCIES



# ▶ INTERVENTIONS FOR YOUNG CHILDREN<sup>1</sup>

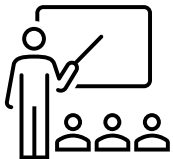
## Five Intervention Principles



- Interventions should be grounded in **the principles of child development**
- Mental health providers should strengthen pre-existing **collaborative relationships with community-based orgs**
- Children and families should be assessed for risk factors and interventions should be **individualized** based on those assessments
- The **key objectives** for interventions is to improve parental attention & family cohesion, prevent social disruption & displacement, and remove children & families from danger
- Remain in contact with children and families and monitor their recovery

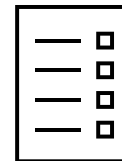
## Pre-disaster Interventions

### Trainings



- Pediatricians and other medical professionals should give trainings and talks on the psychosocial need of children
- Run Psychological First Aid seminars for first responders

Both [WHO](#) and [Save the Children](#) have training resources on psychological first aid




### Materials and Resources


- Develop flyers and handouts for families and children on coping strategies and where to get assistance
- Distribute resources on the emotional needs of children to first responders and local media to build community knowledge and resilience


# ▶ INTERVENTION TO ADDRESS ACES


## Preventing and treating ACEs to create a safe environment for children


### Interventions to address and prevent ACEs<sup>9</sup>


- 

**1 Strengthen economic support to families**  
*Improve household financial security, family-friendly work policies*
- 

**2 Promote social norms to protect against violence**  
*Awareness campaigns, bystander-intervention trainings, reduce corporal punishment*
- 

**3 Provide a strong start for children**  
*Quality education and childcare, early childhood home visitation, preschool enrichment*
- 

**4 Teach healthy relationship skills**  
*Social-emotional learning, safe dating/sex training, positive parenting programs*
- 

**5 Promote connectedness to caring adults**  
*Mentoring programs, after-school programs*
- 

**6 Reduce immediate & long-term harm**  
*Victim- and family-centered treatments, treatment to prevent future violence*

### Evidence-based examples<sup>9</sup>

#### Childcare subsidies

- Higher-quality childcare; leads to safer and more nurturing relationships
- Reduces parental stress, a factor for child abuse and neglect

#### Public education campaigns on child physical abuse

- Reduce children's exposure to parental anger and conflict, child behavior problems
- Improve parental knowledge to prevent child abuse

#### Preschool enrichment programs with active parent involvement

- Improved academic and social outcomes through school
- Lower report rates of child abuse, out-of-home placements; depression, substance use, and arrests

#### Social Emotional Learning

- Improved academic and social outcomes through school
- Lower report rates of child abuse, out-of-home placements; depression, substance use, and arrests

#### Mentoring programs

- Improves behavioral, social, emotional, academic outcomes
- Reduces classes skipped, substance use, physical fighting & improves academic performance and family relationships

#### Family-centered treatment for substance use disorders

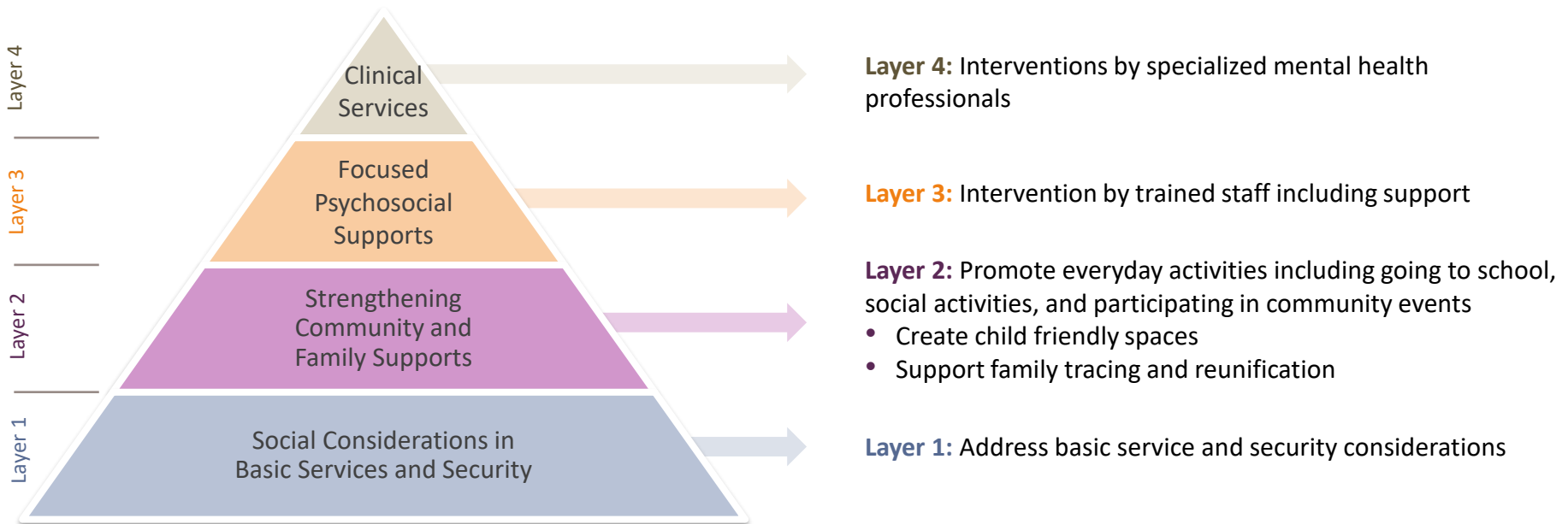
- Evidence-based treatments for substance use disorders with preventive services (e.g., mental health services, parenting education, employment assistance, childcare)

All footnotes herein refer to references listed within Slide 17, References

# ▶ EMOTIONAL SUPPORTS FOR YOUNG CHILDREN<sup>1</sup>

Immediately following an emergency, the response should focus on addressing basic services, security, and providing useful information

*Pyramid for psychosocial support in emergencies<sup>6</sup>*



*Psychological First Aid (PFA)<sup>6</sup>*

- Follows the principles of **Look, Listen, and Link**
- **Look** to identify and address basic needs through non-intrusive practical care
- **Listen** to people, assess their needs, and provide comfort
- **Link** individuals to information and social services
- Protect individuals from further harm
- Prepare for emergencies by providing **½ to one day training on PFA** for first responders, health care workers, teachers, and volunteers

**There is no clear empirical evidence for crisis response interventions** including Critical Incident Stress Debriefing (CISD), but PFA is an alternative approach that can help by providing comfort, information, and support for individuals without assuming they are having a traumatic reaction

All footnotes herein refer to references listed within Slide 17, References

# ▶ INTERVENTION DURING COVID-19<sup>11</sup>

## Addressing the emotional health of children during COVID-19 restrictions

### Impact of COVID-19 on Children

#### Impact of Physical Distancing

- A June survey found **that 29% of parents** reported that their child was already experiencing **harm to emotional or physical health**
- Increase in parental stress can adversely affect children. Prior to the pandemic **52% of children aged 0-5 received at least 10 hours of care per week**. These families are experiencing significant disruptions in routine and an increase in stress
- Low-income students have **less access to “learning pods” and computing resources** meaning they must choose between poorer education or the health risk of in-person schooling

#### Impact on Family

- As of August 31, over **50% of adults** who have children in the household have reported a **loss of employment income**
- While most children are eligible for CHIP or Medicaid, **6 million** live in households that are at **risk of losing employer-sponsored health insurance** and experiencing a gap in coverage
- **12% of households** with children sometimes or often do not have sufficient food. Increases to **20% for Black households** and **16% for Latino households**

#### Service Disruption

- Among Medicaid and CHIP recipients <2 years old, **vaccination rates declined 34%** between January and May
- **Child screening, dental services, and outpatient mental health services also declines 50% or more**
- Telehealth services have **increased by 2,500%** since February, but **not enough to offset** decline in in-person visits
- **Decreases in child welfare** visits has led to a decrease in reported child abuse
- **Children with Special Health Care Needs (CSHCN)** are at higher risk as they rely on continual care and home-based caregiving

### Potential Focus Areas

- **Focus on vulnerable communities:** Low-income households, communities of color, and children with special needs are all at a heightened risk due to COVID-19
- **Primary Healthcare and Coverage:** While children are at lower-risk from COVID-19, they are not receiving the routine primary care they need due to social distancing guidelines or gaps in insurance coverage
- **Focus on the whole family:** The impact of COVID on family income and stress can have long-term adverse impacts on children.

# SUMMARY: EMERGENCY INTERVENTIONS FOR CHILDREN

## Pre-Emergency



- Consider **Psychological First Aid training and seminars**
- **Develop flyers, handouts, and other shareable resources** for families and children on coping strategies, where to get assistance, and the emotional needs of children
- Engage **with key partners** in the local area including early childhood education services, primary care services, and other community-based organizations to begin developing an emergency response plan

## During Emergency



- Provide **Psychological First Aid**
- Support **family tracing and reunification**
- **Link families and children** to key resources
- **Create child-friendly spaces** and promote everyday activities such as returning to school, community events, and social activities
- **Assess the needs** of a specific child or family and develop an individualized plan to address their challenges

## Long-term (addressing ACEs)

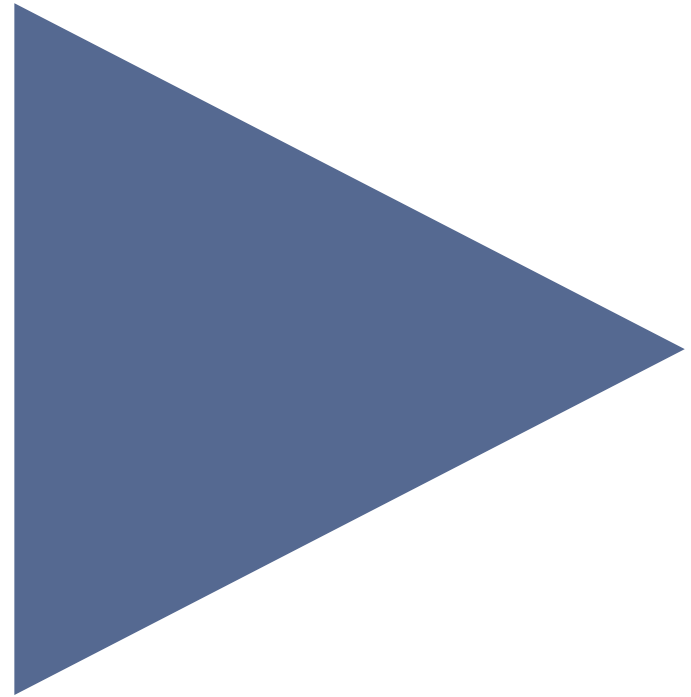


- **Strengthen economic support** for families (e.g. childcare subsidies)
- Provide quality **early childhood education programs** for all families
- **Family-centered treatment** for substance use disorders
- **Connect children to adults** through mentoring programs
- **Social-emotional learning programs** for children of all ages
- **Public education campaigns** on child physical abuse

### Focus areas for children during COVID-19

- **Focus on the most vulnerable communities** including communities of color, low-income families, and individuals with higher health risks
- **Support routine services that are disrupted by COVID-19** including primary care, schooling, and health screens
- **Focus on the entire family**; high family stress from job loss, lack of childcare, and health risks can lead to ACEs for children. Interventions that support the health and well-being of the whole family will also support the health of children

## ▶ NEXT STEPS AND RESOURCES



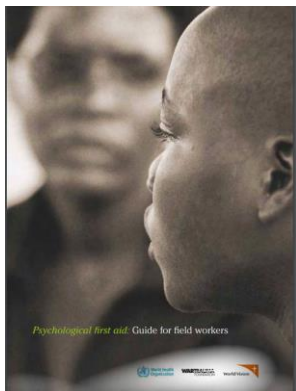


## ▶ STEPS TO TAKE TO REDUCE ACES DURING AN EMERGENCY

The below list is an aggregated selection of strategies for social service organization

- 1 Identify existing resources where ACEs interventions and emergency response practices should overlap and invest in improving those systems
- 2 Identify services “fit” to increase access for ACEs screening (e.g. primary care services, education counselors)
- 3 Via a clear screening criteria, select programs that address ACEs and the impact of emergencies (*as seen on slides 12-14*) for funding and partnership, with a focus on those that support vulnerable communities
- 4 Develop channels to coordinate services and share resources through funding, working groups, and other collaborative networks
- 5 Identify strong virtual delivery practices than can apply to a variety of services to ensure a continuum of care and ACEs screening (*see the supporting document, “Aggregated Virtual Delivery Responses”, for best telehealth practices during COVID-19*)

## ▶ HIGH-VALUE RESOURCES



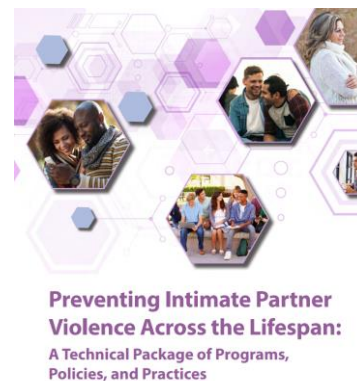
[WHO: Psychological First Aid guide for fieldworkers](#)



[Save the Children Psychological First Aid Training Manual for Child Practitioners](#)



[Zero to Three: Tips for Families: Coronavirus](#)



[Technical Packages for Violence Prevention: Using Evidence-based Strategies in Your Violence Prevention Efforts](#)

## ▶ REFERENCES

Below resources are referenced in preceding slides by footnotes

#	SOURCE	LINK
1	<i>The American Academy of Pediatrics</i>	<a href="#"><u><i>The Emotional Impact of Disaster on Children and Families</i></u></a>
2	<i>Center for Disease Control and Prevention</i>	<a href="#"><u><i>Vital Signs – Adverse Childhood Experiences (ACEs)</i></u></a>
3	<i>Child Trends</i>	<a href="#"><u><i>The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity</i></u></a>
4	<i>The American Journal of Preventative Medicine</i>	<a href="#"><u><i>Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults</i></u></a>
5	<i>American Journal of Public Health</i>	<a href="#"><u><i>We’re Not All in This Together: On COVID-19, Intersectionality, and Structural Inequality</i></u></a>
6	<i>MedRxiv : the preprint server for health sciences</i>	<a href="#"><u><i>Unemployment insurance and food insecurity among people who lost employment in the wake of COVID-19</i></u></a>
7	<i>Cambridge University Press – Children Australia</i>	<a href="#"><u><i>Responding to the accumulation of adverse childhood experiences in the wake of the COVID-19 pandemic: implications for practice</i></u></a>
8	<i>Drug and Alcohol Dependence Journal</i>	<a href="#"><u><i>Signal of increased opioid overdose during COVID-19 from emergency medical services data</i></u></a>
9	<i>International Journal of Mental Health Nursing</i>	<a href="#"><u><i>Family violence and COVID-19: Increased vulnerability and reduced options for support</i></u></a>
10	<i>Center for Disease Control and Prevention</i>	<a href="#"><u><i>Preventing Adverse Childhood Experiences (ACEs)</i></u></a>
11	<i>Kaiser Family Foundation</i>	<a href="#"><u><i>Children’s Health and Well Being During the Coronavirus Pandemic</i></u></a>