

# HOPE

# In Times of Adversity

Knowledge to Action Brief

November, 2020

Some but not all children face adversities growing up, such as abuse or neglect, caregiver substance abuse, divorce, or mental illness in their home and these challenges are considered Adverse Childhood Experiences (ACEs). ACEs are common and in California – about 6 out of 10 residents experienced at least 1 ACE before the age of 18, and 4 out of 10 reported at least 2 or more ACEs. And about 16 percent experienced 4 or more categories of ACEs (1). Research suggests that children who experience four or more ACEs have a higher risk of poor health outcomes as adults than those with fewer ACEs.

Compounding the challenges, children who live in areas of high crime, poor housing quality and affordability, lacking access to nutrition and food, and opportunity for social and economic mobility, encounter another type of ACEs: living in Adverse Community Environments. Community environments often give rise to and can amplify childhood experiences. For example, children living in poverty are more likely to be reported to the Child Welfare system for suspected abuse or neglect than children who do not live in poverty.

As a result, children with higher ACE scores are more likely to have mental and physical health problems later in life, including increased heart disease, diabetes, stroke, Alzheimer's, or dementia. They may also be at risk for underemployment, unhealthy lifestyles, incarceration, drug abuse, crime, and perpetuate trauma for generations after them (2). Together these different types of ACEs form the Pair of ACEs which create a compounding and exponentially worsening effect on outcomes of childhood adversity.

## 4 Building Blocks of HOPE

Nurturing, supportive relationships

Constructive social engagement and to develop a sense of connectedness.

Living, developing, playing, and learning in safe, stable, protective, and equitable environments

Learning social and emotional competencies

To disrupt this cycle, it is not enough to address ACEs to remediate the impact of childhood adversity. Recent research shows resilience and strength based practice in parallel to directly addressing trauma resulting from ACEs provides the best chance to help a child or family to deal with these challenges. **Specifically, positive experiences that generate and reflect resilience within children, families and communities should be encouraged.**

Most recent findings indicate that positive experiences in childhood may reduce the risk for depression and/or poor mental health later in life. Healthy Outcomes from Positive Experiences (HOPE) offers a framework with a perspective on mitigating the adverse impacts to promote better health outcomes (3). The HOPE framework is based on examination of several evidence-based programs and promising initiatives designed to improve the lives of children and their families.

1 California Department Public Health, Injury and Violence Prevention Branch and the California Department of Social Services, 2020.

2 Dietz, W. H., & Wendy, E. R. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. *Academic Pediatrics*, 86-93.

3 Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatrics*. doi:doi:10.1001/jamapediatrics.2019.3007

Some examples of positive experiences are identifying and talking to family about feelings when it is safe to do so, feeling supported by family or other caregivers or friends, a sense of belonging at school, and enjoying community participation and cultural traditions. We know that children's brains develop to a wide spectrum of adverse and positive experiences, and although positive experiences do not erase adversity, they may improve outcomes. The HOPE framework seeks to encourage and promote strengths through positive experiences to ease ACEs' effect by cultivating and accessing resources to strengthen children and their families' lives through policy and action.

## ACTIONS TO TAKE



**LINK families to services that build and enhance protective factors** – as a pediatric provider or a professional in a community-based organization, do your part to ensure families are appropriately linked to services they need.



**Encourage local participation** in neighborhood-based experiences, e.g., activities offered through City of San Diego Parks and Recreation Department, the YMCA, or the JCC.



**Stay Connected.** COVID-19 has created a challenge in connecting with patients during in-person visits and staying safe. Ensure you are in ongoing communication with children and families using virtual appointment hours. Follow-up via email or a phone call as needed.



## RESOURCES

1. Healthy Outcomes from Positive Experiences: To read more about the HOPE framework and stay informed about new developments, go to <https://positiveexperience.org/>
2. For more information about the statewide ACEs Aware Initiative and to access resources, go to: <https://www.acesaware.org/>
3. Become an active part of the ACEs Connection, a social network focused on efforts around addressing ACEs, locally and nationwide. <https://www.acesconnection.com/>



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