

Your child has experienced multiple adverse childhood experiences (ACEs), so now what?

**WHAT PROTECTIVE MOMS CAN
DO TO PROMOTE CHILD HEALTH,
WELL-BEING, AND SAFETY IN
THE MIDST OF ADVERSITY**

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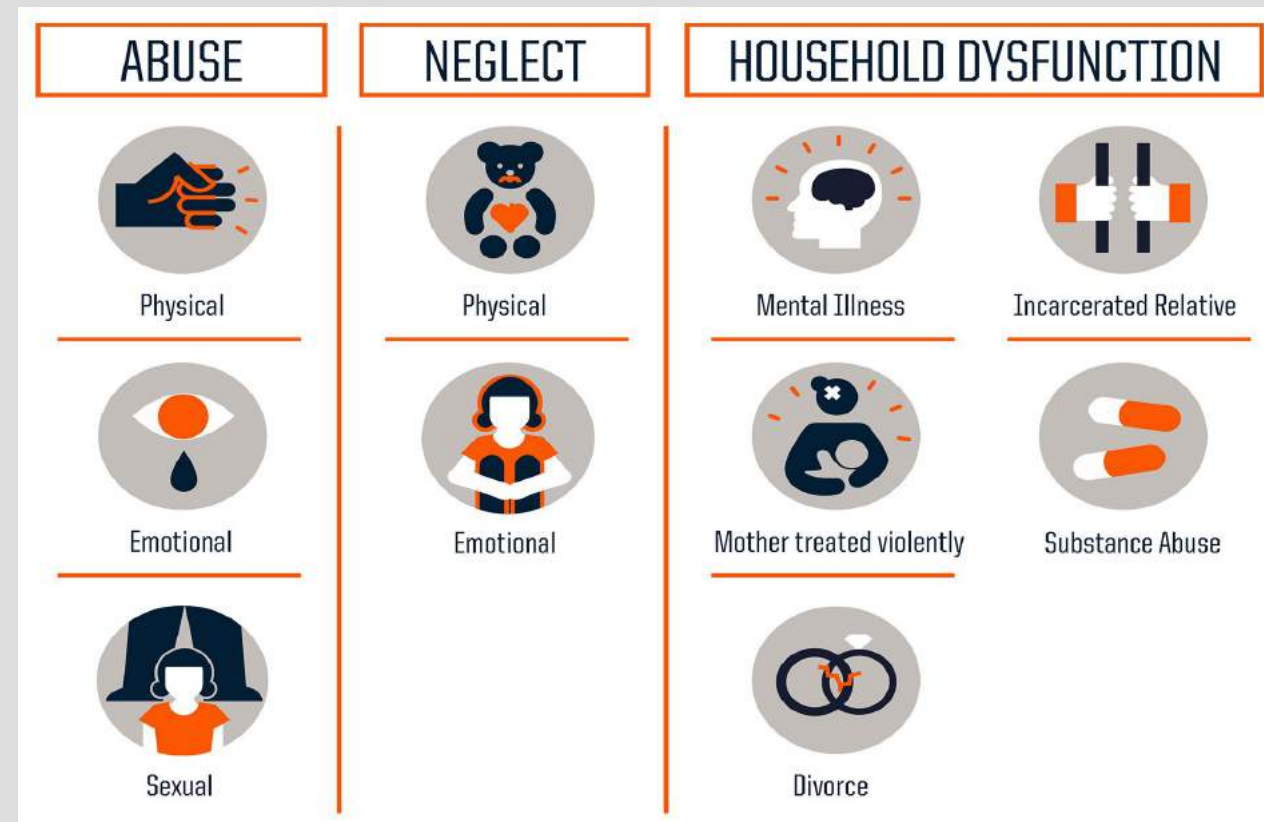
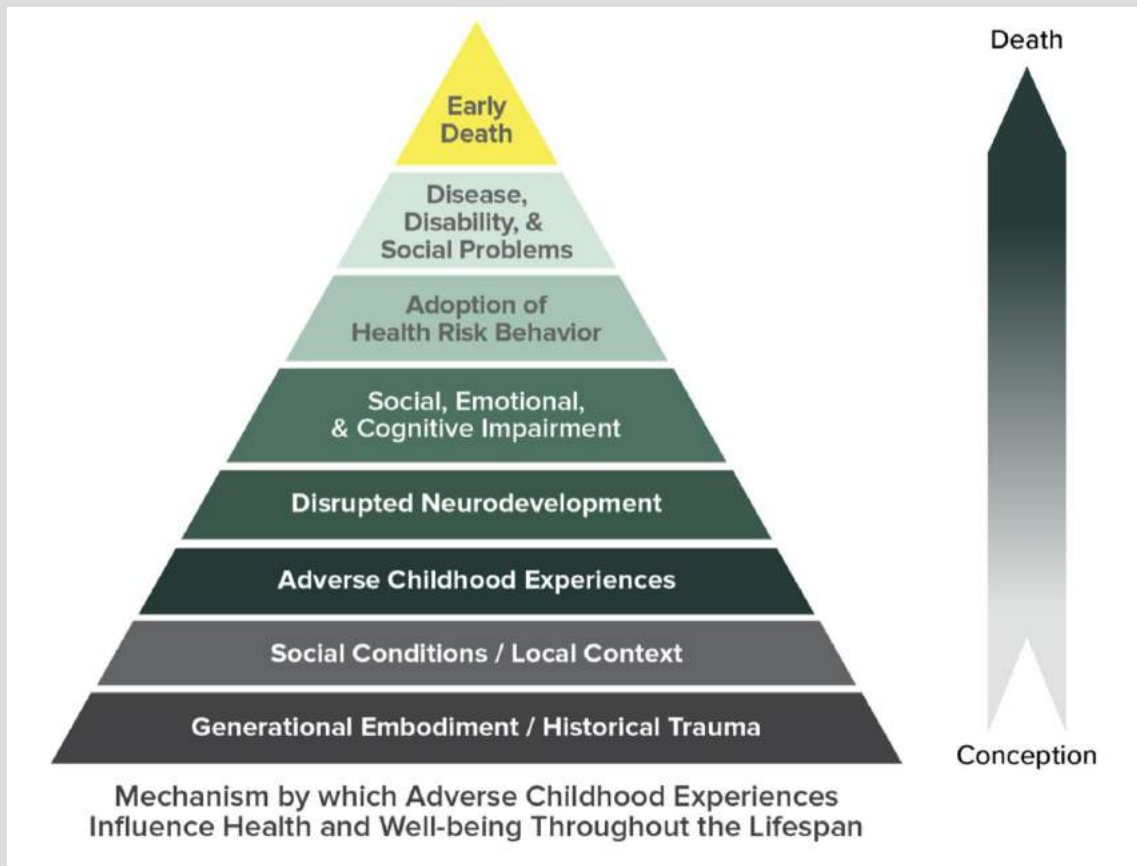
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First, some background on the science behind ACEs...

WHAT WE KNOW ABOUT ADVERSE CHILDHOOD EXPERIENCES (ACES) & IMPACT ON CHILDREN'S HEALTH



What Impact Do ACEs Have?

As the number of ACEs increases, so does the risk of negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



Lack of Physical Activity



Smoking



Alcoholism



Substance Abuse



Missed Work

PHYSICAL & MENTAL HEALTH



Severe Obesity



Diabetes



Depression



Suicide Threats



STIs



Heart Disease



Cancer



Stroke



COPD



Broken Bones

For children exposed to domestic violence, 95% have the co-occurrence of another ACE.

Children with 2 or more ACEs have higher rates of chronic physical, developmental, behavioral or emotional conditions (Bethell et al. 2017)

WHAT IS TOXIC
STRESS?

HOW DOES IT
IMPACT KIDS?

According to the Center for the Developing Child at Harvard University (2014), toxic stress is the unrelenting activation of the stress response systems in the absence of adequate buffers.

You may also have heard this referred to as fight, flight, freeze, or fawn.

Toxic stress leads to stress-related diseases and deficits in learning, emotional, and behavioral outcomes for children and across the lifespan.

Toxic stress can result from exposure to ACEs – such as exposure to parental/caregiver IPV or child physical or sexual abuse.

But it can also result from experiences that would not typically reach the evidentiary threshold of child maltreatment or domestic violence, such as in the face of coercive control where children live in fear of the response from an adult caregiver/parent (Katz et al., 2020; Stark & Hester, 2019).

MAIN TAKEAWAYS ABOUT TOXIC STRESS

Main takeaways of the impact of toxic stress on children (Shonkoff et al., 2012):

- Genes and environments interact to build the architecture of the brain. Children are especially sensitive to environmental inputs during sensitive time periods. Younger children are most susceptible and vulnerable, as they are most dependent on their caregivers and unable to engage protective factors outside family systems such as peer and school support (Fogarty et al., 2020; Howell et al., 2013; Miller-Graff & Howell, 2015).
- Children develop in an environment of relationships, with the importance of a “serve and return” process. Experiences of threat or deprivation can disrupt these relationships (Machlin et al., 2019).
- Learning, behavior, social capacities, and physical and mental health are closely intertwined.
- Relational health, such as family resilience and connection, is fundamental to children’s well-being (Bethell et al., 2019).

IT'S NOT ALL DOOM AND GLOOM: THE POWER OF HEALING AND PROTECTIVE RELATIONSHIPS

Safe, supportive and nurturing relationships are one of the most important sources of healing and resiliency in a child's life. Flourishing is an independent predictor of lifelong health and can exist in the midst of adversity.

Protective parents can nurture connections and promote positive childhood experiences such as helping a child feel that

- they are able to talk to their family about feelings;
- their family stood by them during difficult times;
- enjoyed participating in community traditions;
- felt a sense of belonging in high school (not including those who did not attend school or were home schooled);
- felt supported by friends;
- had at least 2 nonparent adults who took genuine interest in them; and
- felt safe and protected by an adult in their home

- **Individual factors:** emotional self-regulation, child temperament, cognitive factors, and self-esteem

(Key takeaway: while some of these traits may be intrinsic, emotional self-regulation can be taught. Children learn from watching you! Managing your own emotions will teach children to manage their big feelings as well)

- **Family factors:** maternal physical and mental health and warm, responsive parenting

(Key takeaway: take care of your mental and physical health!)

- **Demographic protective factors:** socioeconomic advantage, caregiver employment, and maternal education

(Key takeaway: protective moms have many barriers to overcome, but focusing on your education and career can help your kids)



PROTECTIVE
FACTORS FOR
YOUNG
CHILDREN
EXPOSED TO IPV
&
MALTREATMENT

Family (this means you, protective moms!)-child connection and resilience promotes flourishing and school engagement, even in the midst of adversity

- What does that mean? When your family faces problems, how often are you and your child likely to:
 - “talk together about what to do,”
 - “work together to solve our problems,”
 - “know we have strengths to draw on,” and
 - “stay hopeful even in difficult times.”
 - “can share ideas or talk about things that really matter”
 - and how well are you “handling the day-to-day demands of raising children” (parent coping – this is why it’s important to take care of yourself...see next slide!).

(Bethell et al., 2019)



SO, WHAT
CAN I DO?

PUT YOUR OWN OXYGEN MASK ON FIRST

Take care of yourself

Try to find joy in every day

Focus on what you can control

Your positive physical and mental health are protective factors for your children

It takes a village:
Build community around your children (schools, peers, extracurriculars)

Address and heal from your own trauma so you can bring your best, most present self to your kids

Work to limit interference from post-separation abuse tactics:
firm boundary setting!

Focus on what gives you hope:
your dreams & aspirations

Hope is a powerful source of healing:
help nurture this in your children too

SAFETY STRATEGIES & HARM MITIGATION

- Separation, divorce and custody proceedings are well-established risk factors for homicides of women and children. Danger Assessment: understand risk of lethality (Campbell et al., 2003; Campbell et al., 2009)
- The line item on the Danger Assessment (DA) assessing for prior threats to children (line item on DA states “does he threaten to harm your children”) was significant for an increased risk for a child victim in a related intimate partner homicide incident in one study (Campbell et al., 2003; Olszowy et al., 2013; Jaffe et al., 2014). **If this is true in your case, engage services to help with safety planning around court orders and transition times and visitations for children**
- Children should be considered at risk if mom is at risk (Jaffe et al., 2014)
- Safety planning: Use of apps such as MyPlan (Glass et al., 2010). Incorporate safety strategies into transitions of children during visitations. Use safety planning around times of court dates, motions, and judicial decisions – when violence can escalate
- GUNS!!!!
 - Does the perpetrator have access to guns or firearms?
 - If firearm relinquishment is not an option, advocate for SAFE STORAGE PROVISIONS in custody and parenting time orders (eg. any firearms will be appropriately stored, locked away from children, and ammunition stored and locked separately).
 - Safe storage has been shown to reduce homicides and suicides of children (Azad et al., 2020)
 - Safe storage provisions can provide protective parents an additional legal avenue to pursue that doesn't involve prosecution

KEY TAKEAWAYS

Focus on what you can control

Take care of yourself and heal from your trauma. Focus on cultivating HOPE in your children and for yourself

Manage and regulate your emotions (easier said than done!), so your kids can learn to manage theirs

Establish safety in your home – kids first need to have a sense of safety restored – creating calming, predictable structure. To the best of your ability, limit abusive co-parents' ability to create chaos in access schedules and interfere during your parenting time – this also goes for technological intrusion (repeated phone calls, emails, etc – you have to follow the Order, but limit what you can)

Build warm, nurturing relationships with your kids - focus on the time you have contact (phone, visits) and aspects you can control

Help build a community around your children – schools, peers, extracurriculars – so that your children have advocates and support even when they aren't with you

Regardless of where your children are in this family court journey, remember that you have already given your children an incredible gift: love, believing them, and advocating for them



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Kathryn J. Spearman, MSN, RN is a trauma and violence predoctoral fellow at the Johns Hopkins University School of Nursing supported by a T32 training grant from the National Institute of Child Health and Development under PI Dr. Jacquelyn Campbell. Her dissertation is entitled *Understanding the impact of post-separation abuse on children's health and flourishing*. Her broad research interests focus on the intersection of intimate partner violence and child abuse, intimate partner violence related-homicides of women and children, structural determinants of health and safety such as family court judicial decision making, and risk-assessment and interventions that promote safety, resiliency, and recovery from trauma for children and mother/child dyads who have experienced family violence. Her scientific inquiry is informed by clinical experience working as a pediatric nurse with abused children and their mothers impacted by intimate partner violence. She is the president and founder of the Adverse Childhood Experiences (ACEs) Research & Advocacy Club at Johns Hopkins University. Her BS and MSN are from the University of Virginia and Johns Hopkins University School of Nursing, respectively.

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