



ACEs and Resilience: What Can We Do?

Overview

Children across North Carolina suffer Adverse Childhood Experiences (ACEs) in various forms of abuse and neglect. The trauma of ACEs can cause children to develop toxic stress, affecting them not just emotionally but psychologically and biologically. Toxic stress is associated with everything from misbehavior at school to heart disease; it can shorten the lives of the kids who suffer from it. However, adults can help children with toxic stress, not by erasing their trauma but by helping children develop resilience. Resilience is the capacity that allows kids to cope with their imperfect situations and to move on with confidence and optimism. Teaching children resilience requires trained and attentive school personnel. This learned skill set can act within a child as a buffer for the ACEs they have endured.

Although children across the economic spectrum suffer ACEs, they disproportionately affect children living in poverty. In North Carolina, 1 in 5 children experience food insecurity. Almost half of North Carolina's children live in poor or low-income households. North Carolina is ranked 40th in the US in terms of Child Poverty according to [the most recent estimates](#). The [Child Poverty rate](#) in North Carolina is 20.9 percent. An [estimated 585,000](#) Black and Hispanic Children live below 200% percent of the federal poverty level. The geographical disparity of wealth in our state – with [child poverty rates ranging from a low of 9% to a high of 44%](#) – reveals the significant challenges of the very counties least able to compensate for them.

The toxic stress these kids suffer affects their school performance and their very ability to learn. This transfers to their academic setting and can cause educators to experience secondary traumatic stress. In many distressed NC communities, schools are yet another source of stress rather than a safe buffer zone because they are chronically underfunded and lack the professional services that help children who are struggling to succeed in-and-out-of-school.

In addition to underfunding necessary support personnel, state policies have triggered a teacher pipeline shortage and resulted in inadequate funds for staff development and classroom resources. Too few resources and too many substitute teachers leave children without consistent adults who know them and leave teachers more stressed and less able to promote resilience in their students.

Summary

Children come to school with varying levels of adverse experiences. They need educators and other helping professionals who are trauma-informed and trained to be responsive and compassionate to help remove barriers that are impacting social, health and academic success. These helping professionals are needed to train all educators on how they can create school cultures that teach resilience. In turn, every educator in the school building



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can help children build resilience so they can moderate the impacts of ACEs in order to be able to come to school and graduate with a chance at a healthy and productive future.

Critical Need

North Carolina's schools are ill-equipped to deal with consequences of kids' ACEs. School resource officers are not always trauma-informed and may act to push children out of school through various short-and-long-term disciplinary measures. Not serving our children while they are in school creates generations of adults who are unprepared for successful lives. All of this has taken place – or failed to take place – amidst a backdrop of the many other ongoing public health emergencies impacting children like foster care needs. As of 2018, [the number of children in the state's foster system passed 17,000](#). This is due in part to the opioid epidemic.

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Our schools need more support personnel; nurses, social workers, counselors and child psychologists to help kids and teachers cope with ACEs in order to lead healthier, more productive lives. Currently, our public schools are woefully understaffed to meet the needs of our trauma- impacted children. Further, NC needs a Social Work Director position at the Department of Public Instruction to help coordinate and provide support to efforts across all school districts (recommended by the NCGA's Child Fatality Task Force).

Here is what experts recommend schools have:

1 school counselor for every 250 kids. The state pays for 1 for every 413 students.

- NC, on average, has one school counselor for every 350 students.*

1 social worker for every 250 children. The state pays for 1 per 1,922 students.

- NC, on average, has one school social worker for every 1,427 students.

1 school psychologist for every 700 kids. The state pays for 1 per 2,483 students.

- NC, on average, has one school psychologist for every 1,857 students.

1 school nurse for every 750 kids or at least one per school.

- NC, on average, has one school nurse for every 2,315 students.

(*Note: Some school districts use local funds to supplemental state dollars.)



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What Can We Do?

First, educate ourselves and others to understand ACEs and resilience.

We can educate ourselves to understand the impact of adverse childhood experiences (ACEs) and resilience (the ability to thrive, adapt and cope despite tough and stressful times). We know that the presence of a caring, stable adult at school and being raised in a safe, stable and nurturing environment are two critical factors to build resilience. We know that resilience is a skill that can be taught, learned and practiced. We all can become resilient with the right training and people around us. Resilience isn't just for children; adults can also learn these skills.

Second, advocate for more state and local resources to hire more helping professionals. School social workers, counselors, nurses and child psychologists are needed to train/support educators who work with children with high ACE scores. They provide direct services to traumatized children or connect them to vital community resources. (See ratios.)

Third, advocate for trauma-informed training for all school staff and for implementing trauma-informed district-wide policies and programs. Talk to your school board members and state legislators. Tell them how our public schools can and must play a critical role in helping children. For many children, school is the only safe and stable place in their lives. Children **are more likely to get needed mental health services at school than through any other source.** Teachers and other educators have a role to play but they can't do it all. As community members we must also be allies for children with high ACE scores.

Finally, we can advocate for better healthcare and mental health services for children and families in our community. We can work to reduce poverty that keeps our children and their families from achieving the economic and health outcomes they deserve. We can talk to others and share the information about reducing the impact of childhood trauma on our children.

ACEs and Resilience: What Can We Do?

What strategies help promote Resilience? Here are a few strategies you can use to help to build resilience or mitigate the effect of ACES, to help educate communities and encourage local leaders to take action. (*Adapted from the Facilitator's Guide to Resilience by Prevent Child Abuse/KPJR Films.*)



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Strategy: Changing the discussion from “what’s wrong with you?” to “what happened to you?” Neuroscience research shows how the brain is constructed through an ongoing process that begins prenatally and continues into our twenties. While ACEs undermine this development and negatively affect the foundation of the brain, resilience can help repair these structural problems and allow a person to “bounce back” from the trauma or adversity they had experienced. The ACEs study shows how changing the conversation when a child is acting out from “**what’s wrong with you” to “what happened to you and how can we help fix it?” is a powerful tool.** The presence of compassionate teachers, caring coaches, or other adult mentors can help build resilience.

Strategy: Recognizing systemic racism contributes to toxic stress. While the results of the original Resilience study were groundbreaking, and incredibly valuable, many [racial justice advocates have noted](#) the research tended to focus on middle class, college-educated, white populations. Looking at Resilience with a racial equity lens is also necessary to fully understand the impacts of systemic racism in regards to childhood trauma.

Strategy: Recognizing toxic stress as the largest public health issue of our generation. ACEs can have long-term effects on our bodies and lifelong health. When we equip our children and families with the tools they need to overcome ACEs, we can reduce the costs that future generations incur for health care. Eliminating toxic stress among children would profoundly impact on the health and well-being of individuals and entire populations and lower health care costs.

Strategy: Building critical collaborations: The consequences of ACEs cuts across professional disciplines, personal relationships and all socioeconomic demographics. Creating trauma-informed agencies and disciplines to work in collaboration will give us a better chance of improving child and family well-being overall.

Strategy: Promoting safe, stable, nurturing relationships & environments: Caring adults and stable environments are necessary for a child’s healthy development and for building resilience. Safe, stable, nurturing relationships between children and their parents or caregivers act to buffer the effects of toxic stress and other ACEs. If parents are struggling, other adults – like teachers or coaches – can be present to provide the safe, stable, nurturing relationships that a child needs. PTAs can also invest in supporting and promoting policies and providing programs that strengthen families.

Strategy: Preventing intergenerational transmission of toxic stress: To create good outcomes for children we need to support adults. *Resilience* makes very clear the inter-generational effects associated with ACEs and trauma. What a parent teaches their children will get passed on to their children’s children. We need businesses, churches and synagogues, PTAs and other civic organization and community advocates to work



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together on programs to support families who are dealing with trauma that impacts children.

Strategy: Promoting hope: If you watched the film *Resilience*, you heard one clear message - there is always hope! Science shows the effects of ACEs do not have to be permanent. Different disciplines, agencies and people can come together and make a difference in the lives of trauma- impacted children. Get educated and then get involved in helping our children and our community be stronger and healthier.

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What Are ACEs?

The experiences included in the CDC–Kaiser Permanente Adverse Childhood Experience (ACE) Study, a landmark study on childhood trauma (occurring before the age of 18), include:

- emotional, physical, or sexual abuse
- emotional or physical neglect
- witnessing violence against one’s mother
- a parent’s addiction to alcohol or other substance, or a family member’s mental illness
- separation or divorce
- the incarceration of a parent
- involvement with the foster care system
- witnessing community violence
- living in an unsafe neighborhood
- bullying
- experiencing racism

Traumatic experiences may be one-time events or they may be frequent and repeated (part of a child’s environment). The adverse childhood experiences result in toxic stress that elevates unhealthy stress levels. One in four children experience more than one ACE, and ACEs have been proven to negatively impact brain development, learning and memory, social skills, and mental and physical health. The National Child Traumatic Stress Network (NCTSN) defines trauma as “the physical and emotional responses of a child to events that threaten the life or physical or emotional wellness of the child, or of someone critically important to the child (such as a parent or sibling).”

Children respond to trauma differently but research is clear that traumatic childhood experiences not addressed can have serious long-term effects on children’s well-being.



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What Helps? The good news about resilience is that our brains and our bodies are resilient with protective factors that can lessen the impact of trauma:

- Parent/caregiver resilience and knowledge: parents who can cope and who understand their child's development, positive parenting strategies, and their own responses to trauma;
- Nurturing and attachment: supporting the child through loving relationships and being attuned to their needs;
- Social connections: family, friends, neighbors, and community members who help;
- Basic needs: having food, shelter, clothing, and health care;
- Social and emotional skills: kids & parents being able to manage emotions & share feelings.

All the research point to the single most effective protective factor being the consistent presence of one or more caring adults in a child's life. Parents and other close caregivers (including teachers) hold the greatest power in their hands to help traumatized children. Parents, teachers, coaches, guardians, and other care providers have a powerful ability to buffer trauma's negative effects on our children.

Go to acestoohigh.com and kpjrfilms.co/resilience to learn more and find your ACE score. Visit our [website](#) for more information and research and how you can see the film.

For a list of resources, please visit <https://www.publicschoolsfirstnc.org/know-the-issues/resilience/resilience-resources/>

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