Promoting Prevention, Mitigation and Healing from Childhood Adversity

by

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Abstract

Evidence shows that adverse childhood experiences (ACE) have a negative relationship to poor health outcomes as an adult**.** Protective factors, such as having a safe, secure, and nurturing relationship (SSNR) have proven to help prevent these long-term effects. Families require support and education to establish a SSNR to prevent, mitigate, and heal these childhood traumas. In order to create opportunities for support and education, barriers, both visible and invisible, will be determined to better understand what resources could be required.

Keywords: Adverse childhood experiences; trauma; poor health outcomes; resilience; SSNR; safe, secure, and nurturing relationship

Table of Contents

Chapter 1: Introduction……..……4

Research question……5

Significance and context of question…….……6

Relevant areas of literature……..7

Data collection procedure……..…….……11

Method of analysis……...12

Personal positioning……..…….…12

Chapter 2: Literature review……..….14

Protective factor……..…….……..…..16

Risk awareness……17

Protective factor awareness……..18

Safe, secure, and nurturing relationship……..19

Risk factors for maltreatment…….22

Support opportunities and possible barriers……24

Education resources……..….27

Education for schools……29

Invisible barriers……..30

Gaps in addressing barriers……..31

Current resource research……33

Timely research for supporting families……..35

An educational framework…….36

Diet support and education opportunities……38

Conclusion……40

Chapter 3: Discussion and application……43

Further research possibilities……45

Application to clinical practice……46

Closing reminders……48

References……49

Chapter 1: Introduction

The World Health Organization (WHO) reports that mental health conditions continue to rise and recognize that depression is one of the leading causes of disability in today's modern society. Suicide is now the second leading cause of death among people aged 15-29 years. (World Health Organization, 2021). Time Magazine recently reported that by the year 2020 the global revenue for antidepressant medications would reach $17 billion (Sifferlin, 2017). This monetary prediction scale was released three years prior to the global COVID-19 pandemic that would see increases in cases of depression, anxiety and other mental health disorders for which many people are being prescribed these medications. In an article that mentions how scientists are tracking mental stress and depression due to the COVID-19 pandemic, it was reported that in the UK depression was up 19% and that in the USA it was up 42% (Abbott, 2021). The data reported in this article did not include children ages 18 and under, who are also being widely impacted as the pandemic continues. The WHO states that people with severe mental health conditions die prematurely, as much as two decades early, due to preventable physical conditions (World Health Organization, 2021). It has been well established that these large increases in poor mental health may lead to an increase in adverse childhood experiences which have a negative relationship to poor health outcomes as an adult. This is setting up many future generations for adversity (Yamaoka & Bard, 2019).

The WHO also reports that as of 2019, the three leading causes of death globally, are ischaemic heart disease, followed by stroke and chronic obstructive pulmonary disease (World Health Organization, 2021). Dr. Nadine Burke Harris has

conducted extensive research outlining that these top three causes of death are adult diseases directly linked to childhood trauma, which can be assessed through the Adverse Childhood Experience test (ACE) (Burke Harris, 2019). What is more profound is that there is increasing evidence that these adult diseases, in addition to others discussed later in this literature review, along with the mental health conditions reported by the WHO, are becoming rising causes of death, all of which can be linked to childhood trauma (Nelson et al., 2020). What is also interesting is that this correlation is not widely screened for in medical practice. It is however starting to gain traction in both medical and mental health fields (Burke Harris, 2019).

The Centre for Disease Control (CDC) reports that prevention is a priority; however, there is still very little implementation of evidence-based trauma prevention and intervention for childhood adversity from medical practitioners, policy makers, and within educational settings. There are also very few examples of support for caregivers who are the front line of prevention, mitigation, and healing for children (Centres for Disease Control and Prevention, 2022).

Research Question

The data has revealed that childhood trauma is correlated to the highest causes of death and mental health conditions globally, as well as potentially reducing the lifespan by approximately 20 years (World Health Organization, 2021). If caregivers are the front line of prevention, mitigation, and healing, what do parents need to create protective factors for their children? What benefits are possible both in the long and short term?

For the most part, the assumption is that all parents aim to be loving and kind, and want to raise their kids in a positive and safe environment. With that in mind, it would be very interesting to study how parental support could mitigate ACEs and resultant poor health outcomes. Would this reduce the amount of ACEs in a child's life, giving them a greater chance at health throughout their lifespan? Could identifying what parents need as support and education in order to create protective factors in the event of trauma, childhood adversity or other risk factors, also reduce the amount of trauma that a child experiences, its effects, and poor health outcomes throughout their life? The answer to these questions could change how healthcare providers and mental health practitioners support families, but it could also bring a greater awareness to the support and education families need to create protective factors as well as raise awareness for actors in positions of power about what barriers, both visible and invisible, parents face in accessing possible resources. This paper will aim to answer these questions and highlight any gaps or opportunities for resources. Ultimately, the goal of compiling the research in one place is so parents and families become more of a priority and society can become healthier and experience fewer adversities.

Significance and Context of the Question

The significance of the research question is that this could potentially alter how healthcare is administered, and a greater acceptance for screening for ACEs. There could be potential for prescriptions for healing traumas as opposed to only treating symptoms. This could also mean that as a society, parenting and caregiving is viewed as an important resource that requires support as a means of preventing major causes of death, poor health outcomes and ever-increasing mental health issues being passed

on to future generations. ACEs effect everyone in that they are either directly linked to one's own health or the health of any individual encountered in our daily lives. In its simplest terms, the significance of this question makes it possible to see longer, healthier and happier lives.

Relevant Areas of Literature

The relevant areas of literature for how ACEs affect poor health or mental health outcomes for children, which can progress into adulthood, are correlations between ACEs and depression, substance use and anti-social behaviour; ACEs effects on the immune system; ACEs effect on neurobiology, and healing childhood trauma for positive health outcomes.

Because there are many ways that ACEs can negatively impact health and because the term health or mental health can also have variance, it was important to look at literature on more than one health impact of a high ACE score. It was then also important to determine large enough, non-discriminant protective factors such as parental education and support that could be applied in the context of all children rather than separating out additional risk factors of adversity such as poverty, race, gender or other social locations that could potentially exclude groups of children. It is also important to recognize that some individuals with multiple ACEs also come with high levels of these additional adversities, which can further contribute to poor health and mental health outcomes, however, for the purposes of this paper, the current ACE score criteria will be the considered literature. By implementing parental education about ACEs and how to either prevent or support after an event, combined with overall support for those parents, this also gives a broad protective factor that may help with

some of the cross sections of adversity by bringing awareness to how traumas listed on the ACE test can occur more easily within these populations.

In one longitudinal study, a sample of young adults with cross sections of adversity such as poverty and race, reported high levels of ACEs. The study concluded that there was a very strong association between childhood adversity and depressive symptoms, antisocial behaviour and drug use during the early transition to adulthood (Schilling et al., 2007). These findings, as well as the impact of major ACEs well into the adult lives of the participants, indicated that there is a critical need for intervention strategies that target ACEs and therefore poor mental health outcomes.

There is evidence that having a protective factor such as having access to a trusted adult can foster resilience in children experiencing adverse childhood experiences; how much it mitigates this adversity had been poorly quantified (Bellis et al., 2017). For this reason, this team of researchers looked to collect data on people who had high levels of ACEs but who also had a consistently available adult in their lives. The conclusions were that having this protective factor developed resilience in children and reduced childhood adversity, both of which are critical for reducing poor mental health outcomes and reducing adult diseases (Bellis et al., 2017).

In a more current study, researchers recognized that while ACEs have consistently been associated with numerous negative psychological and physical health issues into adulthood, there was not a lot of research that looked into psychological processes which could underlie the relationship between them (Cloitre et al., 2019). This study focused on how emotional regulation could potentially mediate ACEs and PTSD, depression, as well as poor physical health. The outcome was that a treatment

strategy around improving emotional regulation skills could be transdiognostic in that it could help both the physical and psychological heath issues. This finding is important because having a high ACE score often means co-occurring psychological and physical health problems, and having one treatment strategy for both could become more economical for those living in low social economic status. This finding is also important because emotional regulation can be achieved through co-regulation with a caregiver, and self-regulation can be taught by parents who model through social early learning (Housman, 2017). This further identifies that supporting and educating parents on how to use these interventions is a key area of ACE prevention, mitigation, and healing.

In an effort to assess whether parenting and parental support could be a significant enough protective factor to lower the prevalence of adverse health problems in adults, a study was conducted on adolescents who are considered high-risk because they had ACE scores of four or higher. They wanted to determine if resilience by way of caregiver support would prove to lower these health risks. A validated resilience measure was used to score and analyze three different components of resilience: individual, relationship with caregiver, and context sub scales. The study concluded that with adolescents, only the relationship with the caregiver was significant, suggesting that it was the driver of the protective factor (Hall et al., 2021). This significant finding can help focus intervention strategies for different age groups and supporting caregivers in their relationships with children and adolescents. This also suggests that educating parents and caregivers on the effects of high ACEs may motivate the prevention of parent-caused traumas and contribute to parents making their relationship with their children a priority. This also provides tangible intervention processes for counsellors

and healthcare teams working with these populations to offer better support for the family as a whole.

There is an important question to consider with all of this literature on ACEs, which is are all ACE categories created equal? A study was conducted to assess if a simple cumulative ACE score implies that all traumatic experiences and adversities that result in an ACE score make an equivalent contribution to risk (Briggs et al., 2021). The research concluded that the adoption of the ACE methodology for quantifying that childhood traumas and adversities put people at risk for adult medical and mental health issues, and that it is positive for public, policy, and professional impact. It does, however, leave out some severe forms of childhood trauma such as racism, natural disasters, community violence, medical trauma, and sex trafficking to name a few. The study also determined that some scores of four or higher where not equivalent to other scores of four or higher based on the severity of each scored item. For example, women more often reported sexual assault than men, being more likely to coincide with emotional and physical abuse which is often more traumatic than parental divorce as an example. This study emphasizes that in addition to ACE scores, other screening tools for childhood trauma, especially more severe forms of trauma, are of benefit when trying to implement health intervention strategies. This study does not differ in acknowledging that caregiver relationships and education around childhood trauma is an important protective factor for poor health outcomes later in life.

To look at the motivation to prevent childhood trauma, as well as break cycles of trauma, one study looked into parental aspirations to make their children's lives better, the parents' nurturance, and level of support (Woods-Jaeger et al., 2018). The findings

illuminated protective factors and family strengths, which are important to build upon when developing and implementing interventions that promote resilience among parents and children exposed to early adversity. The study also recognized that there were difficulties in providing nurturance as a parent who had childhood trauma themselves, in addition to hyper-vigilance of potential threats to their children due to their own ACE histories contributing to lower abilities to nurture. This made it apparent that parental support was a key aspect of breaking the cycle of trauma, as well as providing interventions if preventing traumatic events is not possible. This study also took an interesting approach in that it directly asked the participants what they would recommend as treatment for the intergeneration cycle of ACEs. The results were (1) raise awareness about ACEs in the community, (2) build and nurture a supportive community, and (3) provide accessible parenting education and support, including mental health treatment services for parents. The qualitative findings of this study were similar and also highlighted the importance of finding the strengths of the parents.

There is significant research in the area of childhood trauma and the relationship to mental and physical health issues well into adulthood reducing the lifespan for many. The hope is that this research can normalize supporting parents and caregivers to best set up future generations for optimal health outcomes through promoting prevention, mitigation, and healing of adverse childhood experiences and trauma. The messaging should include how this type of cycle harms everyone, not just families and children.

Data Collection Procedure

The data collection for this paper was a review of the literature on how adverse childhood experiences can result in poor health outcomes. The review also included

literature that could repute this idea or had positive health outcomes despite having adverse childhood experiences and trauma. Research which studied the importance of a nurturing parent-child relationship and how it could be created through both the support and education of parents was also reviewed, in addition to studies on childhood resilience.

Method of Analysis

The method of analysis for this paper was reading through the literature and looking into the research studies, media excerpts and case studies on adverse childhood experiences, as well as the global data collection by the WHO on leading causes of death. The focus was on current findings and community plans for supporting families with direct interventions.

Personal Positioning

I once sat in a psychologist's office after my third psychological assessment to become a police officer and was asked what made me resilient. From their determination, not only did I have one of the highest ACE scores they had encountered in this type of assessment, but I also had no distinguishable protective factors. The question left me curious and now, years later as a single parent, I am very calculated with ensuring protective factors for my son. As a counsellor, I want to be able to work with clients who, in spite of ACEs and other childhood traumas, can find a life and path of healing that will not sentence them to adulthood diseases or lifelong battles with mental health issues. I also want to bring awareness and normalize supporting caregivers who are the front line of prevention for childhood adversity. In addition, as the world tries come out of the global COVID-19 pandemic, I can't help but feel that

there may be experiences of trauma specifically for children being raised to experience the social anxiety, isolation, poverty, and increased abuse as a result of the pandemic. I think everyone can benefit from educating parents about protective factors to mitigate the negative outcomes of childhood adversity, along with supporting them not only through this process but throughout their life in general, as a way to set families up for better health. The pandemic has brought realizations about seeing parents struggle with how to best protect their children while dealing with their own isolation, and that this is a common struggle for many families outside of the pandemic. Parents that I personally know seem to be searching for validated education on how to best parent in these circumstances. I have seen many parents lose support from their extended family, partners, and community during the pandemic, resulting in rapid declines in their mental and physical health.

As I reflected my own childhood, I wondered if my parents had known about ACEs and the link to mental and physical health issues, or if they had more support, maybe they would have made better choices. For all of these reasons, my position is that I want dig into the research around supporting caregivers and educating them, and in making this a priority, there could be potential to affect positive long term changes setting people up for more positive health outcomes, longevity and quality of life.

Chapter 2: Literature Review

Screening families and children for trauma in healthcare settings as well as assessing for possible risk factors in other points of contact such as in educational settings and community programs could be a critical step in the prevention, mitigation, and healing from trauma as way of preventing ACEs. These settings can also provide necessary referrals and educational resources. All of this can become a viable way to break cycles of trauma over generations and prevent avoidable traumas in childhood such as abuse or neglect that can occur both inside and outside the home. In a recent literature review that looked into ethical considerations for screening but also why screening for ACEs was not widely practiced, clinicians said that they were concerned about patient discomfort (Rariden et al., 2021). When the researchers examined over twenty relevant studies, they found that most patients were willing to complete ACE screenings. The review further found that parents felt that ACE screenings were an acceptable way to identify families for additional services and altering intergenerational patterns. Additionally, the patients already viewed clinicians as guides for helping families with ACE exposures. To further address clinician concerns, adult patients stated that screening was expected, over half also said it enhanced trust in their doctor, and they felt it would allow them to feel better understood. This significantly addresses clinician avoidance, but it also allows for a better understanding of health concerns in addition to determining any need for further resources. The review looked at studies conducted in settings such as doctors' offices, in-home visits, schools and with social workers. They found that an ethical concern was that these providers would need to be educated in trauma sensitivity and have confidence in this area. Finally, this review

revealed an acceptance of screening by parents and other adults and that it could be easily implemented. Screening for ACEs can help create better health outcomes for everyone (Rariden et al., 2021).

Psychiatrist Dr. Paul Conti has created a clinic for the support and treatment of complex trauma stating that trauma is the invisible epidemic in our world today (Conti, 2021). Having an entire clinic dedicated to the healing of trauma should be an indication of the need for further awareness around preventing the types of childhood traumas that stay with people long after childhood has ended, creating health issues, changes in brain structures, how people perceive the world and many mental health struggles.

Childhood trauma has been linked to the world's leading causes of disease, but it is also responsible for structural changes in the brain, having an altered or a lack of memory, as well as changing a person's view of life such as seeing the world as unsafe. All of this can greatly alter the trajectory of a person's life. Dr. Gabor Maté has said that the immediate pain that trauma inflicts is not its greatest damage, but rather, it is the long-term effects such as how a developing child will later interpret the world (Maté, 2018). Dr. Maté also mentions that the root of addiction is often trauma or at the very least, a profound hurt. These two doctors bring similar messages and calls to action that trauma is a public health crisis that can no longer be ignored.

One aim of this paper is to bring awareness to some barriers that families face which lead to childhood maltreatment and ACEs. These barriers may be preventing families from accessing critical help and resources. A secondary aim is to address any gaps in resources as a way to create opportunities for improvement. The evidence will highlight how awareness and knowledge can provide ways to support families that are

definable, universal, and that has the potential to empower them. Preventing and mitigating any ACEs would result in better health outcomes, quality of life, and best practices across domains such as parenting, healthcare, educational institutions, policy makers and community. This paper will prioritize a key protective factor and two ways to best achieve it. Essentially, having the data in one place will help streamline how to best support families so more emphasis can be placed on creating environments where children exist free of trauma, eliminating the need to heal from their childhood as adults.

Protective Factor

This paper will focus on one profound protective factor: a safe, secure, and nurturing relationship (SSNR) and what families need to create it. As a protective factor, having a SSNR can reduce trauma, build stronger families, and create resilience for those who face intersections of risk factors that may not necessarily be traumatic but that bring the risk of experiencing or compounding trauma. These factors can include cultural factors, race, poverty, and other social location factors (Crouch et al., 2018). Having a SSNR also brings other advantages to a family such as a greater enjoyment of parenting and childhood making this type of relationship optimal in addition to being trauma-preventative (Centres for Disease Control and Prevention, 2019). The CDC has created a manual titled The Essentials for Childhood Framework, outlining that having a SSNR as a protective factor is essential in childhood and that it also creates parental satisfaction. It further states that a SSNR reduces the overall occurrence of adverse childhood experiences and their negative effects and that it can improve physical, cognitive, and emotional outcomes throughout a child's life (Centres for Disease Control and Prevention, 2019). Further evidence reveals that having a SSNR reduces health

inequities and can have a cumulative impact on health. Having a SSNR in many areas of a child's life and environment is ideal, but because parents are on the front line, this means that developing this type of relationship at home would be an effective place to start (Powell et al., 2021).

This paper will address two key ways to help parents create a SSNR: (1) Support and (2) Education. Through providing education to parents on parent-child relationships, as well as additional areas where their own well-being will benefit, this could empower families and ultimately support them in creating a SSNR. There are barriers families face in addition to a lack of education that they will need support with, this paper will highlight some of these key areas. For families that may not know how to create a SSNR, who have barriers or who may not understand what a SSNR is, the first step is educating parents, caregivers and those who work with families on how trauma affects children both in the short and long term as a way to bring awareness to the risks.

Risk Awareness

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study is one of the largest investigations into childhood abuse, neglect, and household challenges and their link with adult health and well-being (Centres for Disease Control and Prevention, 2021). The original study, conducted from 1995-1997 collected two sets of data, some of which is ongoing, looking into the long-term health of many of the participants, their medication use, and medical status. The study has shown that time alone does not heal adverse experiences, that people simply do not "get over" the adversities and traumas of childhood; rather, they remain and lead to many types of physical and mental health challenges throughout the lifespan (Felitti, et al., 2002). The

original study cited that as medical investigators began to examine the associations between childhood adversities and adult health risk behaviours and disease, it became clear that the leading causes of morbidity and mortality in the USA are related to health behaviours and lifestyle factors which have been labelled the actual causes of death. It could be said that these childhood exposures are the basic causes of death in adult life. Additionally, not all trauma occurs in childhood; however, the likelihood of trauma that occurs in an adult being compounded by childhood traumas is very high and in those experiencing PTSD, having a high ACE score is very common (Stone & Su, 2020). Over time, multiple traumas may occur and become cumulative, resulting in even more damage. This makes the prevention of avoidable traumatic experiences such as abuse or neglect in childhood critical. Focusing on the reduction of these types of traumas can ultimately buffer children from ACEs and reduce the cumulative effects of trauma over their lifetime, even when unavoidable traumas occur such as living through a natural disaster.

Protective Factor Awareness

There is hope for ACEs prevention and mitigation. Decades of research on how children overcome adversity, the importance of relationships, and resources that foster healthy development have provided evidence of protective factors. There are now more recent evidence-based studies that name and substantiate the benefits of certain protective factors that help build resilience. These protective factors have the potential for mitigating the long-term impact of ACEs, as well as creating areas of prevention. Researchers in Oklahoma categorized protective factors that they learned best addressed the prevention of high ACE scores and distributed the results by developing

the Protective and Compensatory Experiences Scale (PACE). The scale outlined ten protective factors or resources that help build resilience in childhood. The research was grounded in developmental science as a way to have evidence show how parents and environments can buffer the effects of ACEs (Hays-Grudo & Morris, 2020). The ten protective factors for children were listed as: (1) Parent/caregiver unconditional love, (2) having a best friend, (3) volunteering or helping others, (4) being active in a social group, (5) having a mentor outside of family, (6) living in a clean, safe home with enough food, (7) having learning opportunities, (8) vaving a hobby, (9) being active, and (10) having routines and fair rules in the home. This list expresses the many areas where children can feel supported, included, and safe within the context of their entire lives.

Safe, Secure and Nurturing Relationship

The PACE scale sets a good framework of goals for a family to strive for; however, when considering the prevention, mitigation, and healing from trauma it may be beneficial for families to have a more immediate and simplified focus. This may help families feel empowered and proactive and allow them to build the foundation to achieve more of these protective factors. For this reason, creating a SSNR will be the focus here. To address barriers and help families, awareness about the support and education parents need will also be highlighted. Research will later be included that aims to further define some of the barriers which prevent parents from achieving a SSNR for their children.

The next step in raising awareness is education on the priority protective factor. The CDC defines a safe, stable, and nurturing relationship and environment as a space

where a child is safe and free from fear and secure from physical or psychological harm. The relationship is predictable and consistent for the child's social, emotional, and physical environment and is nurturing to the extent that a child's physical, emotional and developmental needs are met (Centres for Disease Control and Prevention, 2021).

In a meta-analysis that looked at how having a SSNR can moderate intergenerational continuity of child maltreatment, the study suggested that in addition to a SSNR in the parent-child relationship, having a SSNR between the parent and another adult such as a co-parent, partner or other form of adult social support resources, could also decrease maltreatment (Schofield et al., 2013). This establishes a barrier some parents may have in creating a SSNR with their children if they lack their own secure relationships with other adults. The study concluded that focusing on enhancing the relationship climate, having positive supportive relationships between parents and children, as well as between parents and other adults, was a key prevention strategy. This conclusion creates a starting opportunity for educating parents on how having a SSNR themselves with another adult offers them support and also models creating a SSNR with their children. The protective benefits of healing within a relationship and stopping cycles of trauma or abuse and how parental support is a key area to begin in this type of healing is becoming clearer with research.

For children, having a safe, secure, and nurturing relationship with at least one caregiver has proven valuable in moderating the impacts of adverse childhood experiences and ACE scores (Crouch et al., 2018). In this study which looked at the self-reported mental and physical health outcomes among an adult sample using what is called the South Carolina Behavioral Risk Factor Surveillance System, protective

factors were assessed as potential moderators of ACEs. It also compared self-reported poor mental and psychical health in multivariate logistic regression analyses with four or more making them high risk, but who also grew up with an adult who made them feel safe. What they found was that these respondents were less likely to self-report frequent mental distress, as well as poor physical health.

The same South Carolina Behavioral Risk Factor Surveillance System was used in a study that linked poor health outcomes to risky health behaviours in adulthood to risk factors in childhood. The researchers wanted to identify what the root cause of two risk behaviours in adults might be: tobacco use and binge-drinking. Data concluded that there was a significant decrease in the odds of these behaviours in adults who had ACE scores but who also had a SSNR with at least one caregiver growing up (Srivastav et al., 2018). Data also suggested that there was a decrease in these behaviours when there was exposure to programs and policies that promote resilience through a SSNR as a protective factor.

Parents may have their own risk factors including stress or mental health challenges, addiction, and may be experiencing poverty to name a few, all of which may hinder their abilities to provide the best SSNR for their children. In the absence of this at home, research has shown that having a SSNR with at least one adult caregiver has been validated as a protective factor (Crouch et al., 2018). This can include extended family, friends, neighbours, coaches, teachers, or daycare providers. Children often spend at least 6 hours of their day in school or daycare settings so it is worth mentioning that education professionals can also protect kids from harm by providing a SSNR (Robinson et al., 2016). The more safe, secure, and nurturing relationships

children have to thrive in, the more they benefit in terms of overall development and prevention of ACEs.

Risk Factors for Maltreatment

First addressing what can be done to prevent maltreatment at home should be considered as well as what might cause a parent to abuse or neglect their children. These types of child maltreatment are usually the result of several potential risk factors including the parents being abused or neglected themselves, being depressed, having high levels of stress for various reasons, and being socially isolated to name a few key risk factors (Dubowitz et al., 2007). This provides relevant potential screening criteria for medical professionals who work with families as a means of isolating interventions that can be deployed before maltreatment happens or escalates. This also highlights tangible areas where parents may require support and where education for both families and resource providers is necessary. In a study that looked to predict emotional and behavioural problems in children and the link between their mother's own ACE's, it was determined to be a good predictor (Khan & Renk, 2019). The study also stated that the ACE questionnaire should be used in screening for high-risk mothers. In a similar study, researchers who wanted to determine if a mother's own ACEs had an effect on infant attachment, concluded that there was no direct effect but then also stated that mothers should be screened for ACEs as a way to support those at risk for toxic stress and negative health outcomes, both risk factors for maltreatment (Hinsley et al., 2020). This is significant because it states that screening mothers is a priority, and that healthy attachment can be achieved regardless of a mother's own ACEs. Achieving a secure attachment with infants where the child feels safe and comforted by their caregiver, and

that they can rely on them, is a healthy goal. One study that looked into a mother's attachment patterns and her own ACEs, concluded that education was a protective factor for establishing a healthy attachment (Mutlu Karakas et al., 2021). Education about attachment and development can easily be screened for in healthcare settings.

Research out of the USA states that neglect is the most common form of child maltreatment and that it can be caused by insufficient parental knowledge, or, more rarely, can be intentional (Dubowitz et al., 2007). This further highlights that as preventative resources and protective factors, parental education and support can be effective at stopping maltreatment as well as in creating a SSNR.

There are risk factors which may predispose children to maltreatment such as a child having a disability and poor mental health of one or both parents. Additionally, within the context of the whole family, intimate partner violence also increases a child's risk of abuse (Woods-Jaeger et al., 2018). There are additional risk factors that may interact and put children at risk for maltreatment such as living in a dangerous neighbourhood, experiencing poverty, and not having access to recreational facilities. It should be noted that these interactions may increase the risk for childhood maltreatment, but that maltreatment can occur in all social classes, cultures, and countries. It appears as though childhood maltreatment occurs within the complex interplay between both risk and protective factors. Healthcare providers as well as families should fully understand the risk factors which contribute to abuse or neglect, as well as the strengths within the family that may provide insight into ways in which the family might prevent maltreatment.

As a place for possible screening and intervention, educational settings can benefit by being trauma informed. Obtaining training in screening criteria for maltreatment and other risk factors may be helpful for prevention as well for creating effective interventions. Additionally, when schools and daycares are able to have additional resources as a way to better support families that are experiencing poverty, they are able to provide much needed services such as supplies, food, and affordability all of which can support parents in being able to provide for their families and also help with their overall well-being. All of this could reduce the risk for maltreatment and contribute to support for a SSNR. It is also worth mentioning that educational settings would also benefit from having support for their teachers and caregivers to create a SSNR with the children which might include wage increases, schedules that allow for their own self-care, resources, free training, and other personalized accommodations.

Support, Opportunities and Possible Barriers

Parents are typically the first resource for relationships and require support so they can be available for their children. Assisting parents by implementing various levels of support may increase their chances of creating a consistent SSNR at home (Stolper et al., 2021). The type of support for parents can vary and it can be personalized. There are many helpful areas of support which might include peer groups, parenting groups, parenting education, accessible mental health services, quality affordable childcare, supportive workplaces, schedules that accommodate children's schedules, having family close by, strong social and community connections, access, and knowledge about healthy foods, access, and ability to exercise or play, quality activity programs for kids, financial planning education and fair wages. This list is not exhaustive, but it does

highlight some key changeable areas for creating support for families from policy makers, communities and healthcare providers. It is also important to recognize that change in all of these areas is not entirely necessary to support all parents but that some parents may need support in only one or a few areas, while others may need more support. The importance here is having a variety of supports that are customizable and widely available to all families.

The topic of what parents need was addressed by researchers in a study which considered the view of parents who were experiencing poverty. Previously, the views of parents had rarely been considered in determining their needs. What they determined was that what the parents stated as their needs differed widely from what actors in positions of power such as teachers, school administrators, district leaders and policy makers expressed as being needed (McManus et al., 2021). The latter group felt that mothers needed more education, training, and models of parenting. The parents expressed needing more money, opportunities for self-care, time, and validation to support their young children. Specifics were cited as needing higher wages, childcare to free up personal time, and both emotional support and social capital as a way of validating their parenting. This shows a strong disconnect between what actors in positions of power and parents feel is needed to better support children and create environments that help prevent ACEs, even outside of experiencing poverty. This highlights needed resources, gaps, and areas of improvement to support families. This also begins to streamline what families see as barriers and what they may need to feel supported in creating a SSNR at home. When the needs and barriers that families face are addressed, it may be possible to reduce the development of unused resources.

A significant barrier to creating a SSNR at home is the parent's own mental health struggles. A recent study addressed that psychopathology in parents is a risk factor for maladaptive parenting, creating negative effects on parent-child interactions and relations both in the long and short term (Stolper et al., 2021). This important consideration is currently a missed opportunity for prevention and screening in healthcare settings. The study further explains that to address this risk factor, mental health providers should collaborate in ways that treat the family as a whole, perhaps with a multi-agency approach which can incorporate social services to help support the entire family while parents work on their mental health. This would not only help parents with their mental health struggles by providing direct treatment but also create opportunities for funding or childcare so that parents can attend their treatments or provide programs that would help them create a SSNR. Additional benefits of this approach are that it can be tailored to individual needs and address all risk factors, as well as target all domains such as the parental and family environments to better foster the development of the parent-child relationship. This creates an opportunity for healthcare providers to gain a deeper understanding of each family and their personal needs, allowing them to better refine treatment plans to be client-focused, set measurable goals and reduce the use of unneeded resources.

Further to this, when parents experience struggles that can lead to changes in parenting which then affect the parent-child relationship such as mental health, physical health, death of a loved one including the loss of pregnancy, job loss, and divorce to name a few that contribute to ACEs and the well-being of parents, these also create opportunities for areas of support. In a study that addressed what types of informal

support parents who had suffered the loss of a child found beneficial, it was reported that talking with a supportive person such as a counsellor, meeting others who had a similar experience, as well as a loss specific support group, were found to be the most helpful (Schoonover et al., 2022). It might also be possible for supports like these to help parents who are experiencing other struggles in that they address mental health treatment, connection, social isolation, and health concerns by creating an opportunity to build social interactions and relations among those with shared lived experiences as well as with service providers, all of which are quality protective factors for mental health. This is also an opportunity for both those who fund and provide mental health services to offer services that are affordable, accessible, as well as group therapy options. The creation of a SSNR at home is complex when parents and families face barriers and systemic disadvantages, despite best efforts to be effective at parenting.

Education Resources

Parents may not know what effective parenting is, perhaps because they themselves did not experience it as a child. This raises an important consideration which is to define what an effective parent is and therefore is not. The Centre for Parenting Education defines it as the ability to interact and engage with children in such a way that they learn and grow into remarkable adults, and that it takes daily effort to connect with children on a meaningful and personal level (Harvey, n.d). This simple definition could also include elements of safety that would essentially allow for an understanding of what constitutes a SSNR. It is also brings awareness that effective parenting is more than providing the basic necessities of life.

In a recent release of research, the contributors wanted to address what parents need to be effective parents. They also wanted to address barriers such as translation and cultural interpretations, parental mental health, substance use and stress. The aim of the information was to collect a framework for effective parenting that could be implemented across all domains and barriers. The collective research was distributed in a book that focuses on parenting young children. In it, they reveal that certain areas of knowledge and parenting practices are associated with favourable developmental outcomes (Breiner et al., 2016). This research has shown that a parent's knowledge about developmental stages and needs positively effects parent-child interactions and positively influences parenting choices that promote healthy development. The research found that when a parent has the knowledge of evidence-based parenting practices that also promote the health and safety of the child, the parent is more likely to choose these practices. The research also noted that while having awareness and education in these areas did account for a higher chance parents would implement positive practices, awareness was found to be foundational for behaviour that supports children. What this means is that to gain more than a foundation, parents need further support to continue to have positive parenting behaviours and have access to further educational opportunities. Research has also stated that even the most educated parents often do not have basic knowledge about their child's brain and how it plays a central role in each aspect of their child's life (Siegal & Bryson, 2011). These same authors note that the brain is shaped by experiences offered by parents, changes within response to parenting, and can help kids become resilient. The importance of this education and how ACEs can negatively impact a child's brain is a crucial element to include in

parenting resources. A way to address this need has been to provide graduate training for providers of children's services on evidence-based parenting practices. Service providers such as social workers, counsellors, nurses and early childhood educators are some providers that benefit from this education and can help to further educate parents (Asmussen, 2011). This also creates an area of development for those in positions of power to better support families. In consideration of where to best deliver educational resources, research found that areas where parents and children are already accessing services, such as schools, healthcare settings, early education settings and community programs all provide viable distribution opportunities (Breiner et al., 2016). An additional way of delivering programs to parents is with voluntary in-home programs which have been shown to reduce child maltreatment, reduce hospitalizations and decrease the involvement of child protection services. This was outlined by a nurse-family partnership program in the USA (Administration for Children and Families, 2019). This is a tangible area of support and education for parents in mitigating trauma as a result of maltreatment. This is a potential area of screening for mental health in parents that could also deliver treatment for those parents.

Education for Schools

There has been research that determined that in order to help children feel safe, connected, regulated and to be better able to learn, schools need to be educated and develop as a trauma sensitive school (Alexander, 2019). For this reason, guides have been created for schools to build strategies to set students up for success in supportive trauma-informed environments but to also have interventions in place. The strategies also looked at restorative and learning based discipline with trauma-sensitive

consequences. These focus on making things right rather than on retribution for what has gone wrong. This educational piece can be beneficial to parenting as well by creating learning opportunities for children through discipline practices that restore justice or allow the child to create a repair rather than punish them for doing something wrong. This can help foster critical thinking and reframe behaviours as external to the child rather than reinforce shame, all while maintaining the parent-child relationship. This approach supports attachment while also showing children how they can repair with others in similar situations (Kemp et al., 2016). It also bares mentioning that this practice works both ways for the parent and child in that the parent can also create repairs when their behaviours require consequences further supporting the parent-child connections in addition to modelling repairs. These benefits can only happen when parents are aware of these practices, this is where education comes in and where schools can support parents by providing educational resources. Evidence has also shown that there is a connection between parent-child co-regulation and the child's development of regulation capacity, which can be modelled through repair. This provides a further educational piece for family-based interventions (Kemp et al., 2016).

Invisible Barriers

Studies have addressed that there are varying support needs for different families such as those with children who have special needs, families who are new immigrants, culturally inclusive supports, income assistance as well as in home support versus out of home programs (Breiner et al., 2016). One critical piece to acknowledge here as a barrier is the fear of having in-home support to certain populations that have previously suffered profound family loss and trauma as a result of these types of

involvements. There may be a need for further research on the effectiveness and safety of programs such as these here in Canada. Families who are newly immigrated, who lack education around in-home services, or families experiencing custody issues in the legal system may also fear some services. These considerations, in addition to supports for families that may not appear in need of immediate support, would be important to consider in lowering barriers to accessing services (Breiner et al., 2016). One reason noted by this research was that many families who could benefit do not seek out support, nor are they referred. This again highlights opportunities for screening in healthcare, educational settings, and other community services where families are regularly interacting. Understanding the needs of parents and knowing how to meet those needs are an essential part of intervention, delivery and effectiveness. This strategy addresses parents who seek help or are referred for help but may not fully address parents who have barriers to receiving help, or perhaps are themselves unaware of what is available or their own needs. One way of addressing this could be to normalize services for all families that address parenting education, well-being support, accessibility, affordable childcare, nutrition, exercise, social and community connection, as well as fair wages regardless of need.

Gaps in Addressing Barriers

There are gaps in the current research, some of which are the possible benefits of delivering universal programs and support to all families, regardless of need. This could help deliver universal education about parenting, attachment, brain development, nutrition and ACEs. This could reduce both visible and invisible barriers such as the shame families feel when seeking support. If services are accessible outside of the

home by all families regardless of circumstance or barriers, this could provide an opportunity for consistent, normalized support and education.

Families, like individuals, are all unique and have different needs. Further research might include this individuality by connecting with families of varying diverse backgrounds and social locations to determine what they feel they lack in terms of support or education and what presents as a barrier to accessing resources or to creating a SSNR with their children.

Some invisible barriers to accessing resources not mentioned in the research are lengthy applications and processing times, not having access to a computer or transportation, and related language barriers. Requests for supporting documentation in income-based models, disclosure of personal information, and fears around using services by those who not only would feel shame but fear losing their children such as those in populations who have historically suffered or parents in high conflict custody circumstances. There are current gaps in resources such as a low availability of weekend childcare spaces in addition to an extra cost which may prevent parents from accepting work that includes weekends, or single parent homes that may need to work a second job or need valuable self-care time. Lastly, shame around accessing resources has been mentioned but a critical piece is that some parents may actually turn down resources due to shame or fear as a result of their own traumas. Studies have cited a connection between shame and trauma but also suggest that shame along with fear need to be acknowledged in trauma survivors (Plante et al., 2022). When considering addressing barriers, it would be important to think about trauma survivors

accessing resources and how to best accommodate them as well as not further traumatize.

Current Resource Research

Research is starting to consider that parents need support in various ways to positively impact their parenting and home environments such as income, nutrition, healthcare, housing support programs, and polices like parental leave (Pega et al., 2013). These studies have found positive outcomes in all areas. One study found that in the USA, government tax credits for families encouraged parents to work but it also determined that the credits were correlated to a lower income, a higher stress job schedule, accounted for more single mothers, and at times put children at risk for maltreatment due to both parental stress and the choice of lower cost childcare (Pega et al., 2013). This study did mention that for the single-mother households, these risks were lower than if there was no tax credit at all. This supports the idea that having a higher amount of money as a form of support for parents can reduce the risks for maltreatment, ACEs as well as support the wellness of parents and families. This same study also found improved child outcomes and participation in school after receiving the tax credit. When children are in school, they are better available for screening, interventions and to have additional supportive relationships. Children attending school allows for parents to work or have time for self-care, both of which are areas mentioned by parents as necessary support they needed to create a better relationship with their children (McManus et al., 2021).

Families also need access to healthcare, and this is another area of support for parents and families that can provide screening opportunities, deliver resources or

education, as well as access to mental health treatment (Burke Harris, 2019). Having affordable access would also relieve financial stress or difficult decisions that parents may have to make as a result of expense. When parents have to worry about choosing to take themselves or their children to the doctor because of the cost they may avoid these appointments. This could prevent important gains in their health and prevent access to referrals. Parents would also benefit from trauma screening to heal themselves, making them better able to care for their children in the short and long term. These healthcare settings could also provide trauma screening for children as there may be circumstances where parents are unaware their child has suffered a traumatic experience.

There are some work-related areas of support parents may need such as universal parental leave and work schedules that fit with a child's schedule. Many parents lose wages when caring for themselves or their sick children and they fear losing their jobs as a result of taking time off. Parents may also need to pay for additional childcare to accommodate an illness. Additionally, some parents may have a stressful schedule that puts their child in long hours of childcare, or they may have to refuse work that does not accommodate being a parent (Daku et al., 2012). All of this added stress creates risks that could increase the possibility of ACEs as well as cause a barrier to parents establishing a SSNR. This research also determined that children are more likely to be vaccinated when parents are supported in taking time away from work to attend these appointments. This is beneficial for the children and families but also for public health. This might also create incentive for policy makers to implement parental

leave to bolster vaccine numbers as well as prevent further work absences from viruses that often keep children home from school.

Timely Research for Supporting Families

The fear felt in the early days of the COVID-19 pandemic before vaccines were available weighed heavily on parents, especially those of young children who waited up to two years to be eligible for vaccination. Some parents were forced to make decisions to keep their children away from school long term, further distancing families from necessary interventions and support. Research found that there were large increases in child maltreatment during the pandemic and they cited this as being a perfect storm in that with children being home, they were exposed to increased parental stress and burnout, risks which also increased during the pandemic (Rodriguez et al., 2021). This same study additionally noted an increase in parent-child conflict which was associated with concurrent child abuse risk. Several links were determined including parental job loss, stress, isolation and food insecurity. The mental health of parents declined, and all of this created an environment that eroded parent-child relationships and increased childhood adversity. Children were out of schools, away from friends and extended families, and not attending medical appointments during the pandemic, all of which minimized opportunities for intervention or screening for families. There is no doubt that the lack of parental support during the COVID-19 pandemic highlighted how necessary supporting parents is to the prevention of trauma, much of which was seen in the absence of a SSNR at home during this global event. At the time of this paper, the pandemic was ongoing in many parts of the world and the effects are still being

measured and may need to be tracked long term. This creates an opportunity to begin supporting families now to mitigate any trauma experienced as a result of the pandemic.

An Educational Framework

As previously mentioned, providing parents education about risk factors and ACEs and how having a SSNR as a protective factor can prevent poor long term health outcomes is preventative. Additionally, awareness for possible barriers, areas of support, as well as the need for screening, all create opportunities for change. It may be a good next step to bring support and education together for parents by having a framework for creating a SSNR that is evidence-based as way of increasing the odds of achieving this protective factor. Researchers set out to create a framework to address the mental and physical health of future adult populations which can be impacted in positive ways if there is a focus on the parent-child relationship. It notes that the education to do so should be given to parents in a structure that is easy to follow, adaptable to needs or barriers, and is trackable (Landreth & Bratton, 2018). The trackable structured system child-parent relationship therapy, or CPRT was created as a way to guide and support parents through measurable play therapy sessions so that they can become the agents of change in their children's lives. This approach is grounded in child-centred/person-centred theory and is consistent with attachment theory. A play experience provides a secure relationship where the child can both safely exist and express. To create the structure, eight basic principals were outlined for establishing and maintaining a relationship with the child. These basic principles are: (1) To be genuinely interested in the child and develop a warm, caring relationship; (2) to have unqualified acceptance of the child and not wish the child were different in some

way; (3) create a feeling of safety and permissiveness where the child feels free to explore and express themself completely; (4) remaining sensitive to a child's feelings and gently reflect those feelings so the child develops self-understanding; (5) have the belief that the child can solve personal problems and allow them to do so; (6) trust the child's own inner direction; (7) allow the child to lead in the relationship, resisting the urge to direct; (8) have an appreciation for the gradual nature of the process without needing to hurry; and (9) establish only the limits that help the child accept personal and appropriate relationship responsibility (Landreth & Bratton, 2018). This is an actionable list of measurable tasks for building a therapeutic relationship which could be a viable way of creating a SSNR at home both preventatively or in the wake of trauma because it is evidence-based and lays the foundation of the possibility of treatment. This is valuable education and support for parents, as well as an opportunity to create community level resources in delivering this type of model to families. This framework is a viable educational resource that can help families learn the skills needed to develop or strengthen their relationship with their children and learn how to become the safe and nurturing adult needed to prevent or mitigate trauma. Parents can feel supported in creating a SSNR while having a guided system that clearly shows what is possible with definable goals. A framework such as CRPT can assist in conceptualizing a SSNR and help guide parenting choices. It can also be used as a way to validate the areas in which parents are already succeeding in their relationship with their children or as a way they themselves can see any possible gaps or room for improvement.

Diet Support and Education Opportunities

A protective factor worth considering for the overall health of families and as a means of supporting parents as they develop a SSNR is the diet of the entire family. Research that addressed how diet affected the mental and physical health of children when combined with parenting style, found that an authoritative parenting style was associated with healthier eating behaviours and food choices in children (Zahra et al., 2013). This is interesting because an authoritative parenting style is an approach to parenting where warmth, sensitivity and setting limits are combined with positive reinforcement and has been linked with superior child outcomes throughout the world (Dewar, 2017), This type of parenting style may require parents to feel supported and have education around parenting, all which would be necessary for a SSNR. Having the evidence that a child's diet is influenced by a parenting style that requires parents to feel supported, capable, and well themselves is an important consideration. When diet can affect long term health outcomes in children and parenting style can help to positively influence this, it becomes necessary to both educate parents and provide parental support in addition to access to things such as nutritious foods. The diet of both the parents and children is an important variable in mental and physical well-being.

An evolving area of research where diet has been shown to support a healthy gut microbiome, which plays a crucial role in gut-brain communication, is an opportunity for education (Butler et al., 2019). A healthy gut microbiome also supports a healthy immune system and additionally has been studied in patients suffering from psychiatric disorders such as autism, depression, bipolar disorder, and schizophrenia, where patients showed significant compositional differences in their gut microbiomes. When

these patients were treated through diet, they showed improvements in their disorders (Butler et al., 2019). This evidence reveals how diet and a healthy guy microbiome positively affect mental health. The gut-brain connection also plays a role in the production of serotonin, a hormone with known anti depressive benefits. This is currently a hot research area for mental health disorders, physical health conditions, longevity and trauma. Providing parents with a basic understanding of a diet that supports the development and continued health of the gut microbiome for their family members is another educational protective factor and an area of support to consider in ACE prevention.

In a more simplified way, having a nutritious diet will also provide parents with the foundations of good health, sleep and energy, all key factors that support a parent feeling well enough to foster their parent-child relationship. In a way, the more areas that can buffer parents and children from risk factors, the more opportunity there is for mitigating ACEs.

There has also been countless research done on the increase of poor mental health and its relation to inflammatory diseases. One recent study looked at how treatment-resistant major depression could be treated by reducing overall inflammation (Cardinal et al., 2021). Many studies have found that the effects of poor nutrition from things like sugar and highly processed foods which have become increasingly predominant in western diets exacerbate systemic inflammation, even more so when combined with additional risk factors such as psychosocial stressors, physical inactivity, obesity, and smoking to name a few (Berk et al., 2013). These highly processed diets are often more affordable so they may be the only options for those experiencing

poverty. There is no doubt that there is also an overall lack of awareness or education around the benefits of nutrition and how to create an ideal diet for families, and this is a great opportunity for further support and education. When parents and children are well fed and do not experience a lot of illness as a result of poor diet, this can reduce a barrier to creating a SSNR by reducing stress and health concerns. This also demonstrates how diet can play a role in treating the mental health of parents and setting children up for future mental health success. If one of the largest risks for childhood maltreatment is parental mental health struggles, it should be worth considering all areas of research to both educate and help support good mental health for families.

Conclusion

Dr. Paul Conti (2021) has reflected that trauma can be viewed as a parasite, moving through the body and changing the structure of the brain in order for it to survive and pass from host to host. He states that it fights to survive by creating a perfect host environment while seeking out additional hosts to expand its own existence. The brain on trauma forgets the host's worth and questions its ability to survive. Changes and loss in memories can occur and narratives rewritten to support trauma's survival. This creates cycles of trauma that are passed down through generations on a biological level long before a child is born into an environment where trauma can continue to thrive through choices made by caregivers (Conti, 2021). Without the knowledge of this process, or how to prevent, mitigate and heal trauma, the survival of trauma is ensured. There are many unavoidable traumas that are part of the human experience; this is

where providing the framework, skill set and environments to process and heal these events is a critical step to ensure better health and lives for everyone.

A death certificate might state a cause of death as a heart attack rather than long term chronic stress as a result of trauma by way of sexual assault and harassment in the workplace. Someone might state that their friend died by suicide rather than trauma from childhood neglect and abandonment. These differences continue to mislead us in ways to think our health is purely physical or often explained as unknown causes. This dismisses a person's past trauma and therefor healing that trauma remains an unconsidered path to better health. Future generations will not only have the benefit of better health but also greater life enjoyment because they won't need to heal from their childhood. Hospitals will no longer be breaking under capacity; mental health workers will not have long waitlists. It is possible that parents, families, and most importantly children, will be both respected and protected.

Trauma profoundly changes brain structure, how an individual views the world and then adjusts their behaviour and how they conduct themselves throughout their life. It can alter their life course, and on an epigenetic level it can be transmitted through intergenerational trauma over many generations (Schaack Beth et al., 2011). There are extreme traumas such as psychological war, natural disasters and deliberate human rights violations that are designed to inflict these trauma wounds, something the inflictors know by design. For this reason and with the support of science, the effects of trauma can no longer be ignored in healthcare systems. The more information is normalized about how to best treat, mitigate, and prevent trauma, the more normalized

these practices and interventions become. Perhaps this would reduce any concurrent shame, but it will help reduce maltreatment and other avoidable trauma.

The data shows that when at-risk children or children who have experienced adverse childhood experiences have a safe, secure, and nurturing relationship with at least one adult in their life, they have better overall health outcomes, life enjoyment and fewer mental health challenges over their lifetime. The data shows that a SSNR builds resilience, and it also shows that parents and caregivers need both support and education to establish this parent-child relationship at home. This should be a priority for those in positions of power to set all people up for better health and lives.

Chapter 3: Discussion and Application

Through an in-depth literature review on the long-term effects of adverse childhood experiences and how they relate to poor mental health and health outcomes later in life I concluded that parents and children need to be prioritized. I read through many studies where various methods included in-depth interviews, self-reports, statistics on medication use, and community based participatory research. My goal was to learn how to best prevent, mitigate, heal, and intervene to promote resilience among parents and children who have been exposed to early adversity. My review determined that one of the most consistently effective protective factors is having a safe, secure, and nurturing relationship with at least one adult caregiver. This protective factor was also beneficial in the absence of other protective factors making it a stand-alone factor that families can focus on.

I chose recent articles, books and media experts and considered it when directly supported or negated any evidence on how to best build resilience or act as a protective factor. There was no research that indicated that having a safe, secure, and nurturing relationship either prevented resilience, had no difference, or had negative results for children and families. The review found that many protective factors have been studied and that they also provided benefits for raising resilient children and those with ACE scores. I was able to conclude that only a SSNR was both consistent and had the added benefit of providing the family with overall enjoyment. This was in addition to having validated protective elements. With primary caregivers or parents being the front line of raising children, the focus of the review was to look into ways to support creating a SSNR within the context of the family structure. It was also important to review the

benefits to having a SSNR outside of the home or when available with multiple caregiver roles. This was to consider protective benefits in the absence of a SSNR at home.

Determining any barriers that families might face in the creation of a SSNR, as well as how to address them, created opportunities for support. In order to emphasize the importance of breaking down barriers, I wanted to understand what might contribute to the maltreatment of children and ACEs. Two areas were highlighted as areas of focus which were: parental support and education. These were broad enough that there was plenty of research that could address a variety of ways to help families with a SSNR but that also provided opportunities to discover areas in need of improvement. These two areas also provided insight into the individual needs of families. This reinforced the concept of accessible services for all families regardless of need as a way of normalizing these processes. It also revealed how resources could be customized to help families in ways they truly need, limiting the creation of unneeded resources. This review also brought out interesting options for screening and interventions that could aid in keeping all children out of any cracks in systems they may fall through due to a lack of knowledge in spaces such as medical offices or schools. This all felt like relevant information to compile in one place as a means of awareness. As counsellors who will deal with families, parents, children, medical professionals, and teachers, and who will without a doubt work with trauma, this information can be relevant to counselling practice.

Further Research Possibilities

There were many studies which were helpful at naming possible barriers, as well as opportunities for interventions. What would be interesting and helpful to consider for further research might be how communities or society at large can normalize interventions for all families to break down any perceived shame around accessing services, as this shame might be one of the larger invisible barriers. This could also further change how society prioritizes the health of everyone, those recovering from trauma and its lasting effects, as well as become accepted as public health problem. Trauma likely affects everyone daily whether they are a parent or not. People are no doubt dealing with the effects of trauma by interacting with others who have faced adversities. The data was very clear that the impact of trauma is very far-reaching.

There was plenty of literature which addressed intersections of risk such as low socioeconomic status, race and immigration, but what was lacking in-depth was research on how interventions addressed intergenerational trauma and additionally within at-risk populations such as Indigenous communities and recent immigrants or refugees that have sustained unknown traumas as a result of leaving their country. Research could also further address shame as both a trauma and a barrier as a way to address healing ACEs and preventing them through wider access to resources that do not further traumatize.

Supporting parents in creating a SSNR starts with education about what a SSNR is, how to create and maintain it, as well as the level of importance it possesses in the overall well-being of the entire family both in the present and future. While the research did address what parents felt they needed as support, it was obvious how their personal views differed from those who create interventions and policies for family support. This

would benefit from further research to address these differences and where the process could also create an added layer of support through making parents feel heard. One way of creating research on how supporting and educating parents mitigates ACEs could be to create a project around inclusive support for families with various risks as well as with families with no clear identifiable risks. These families could be given the same access to support and education that they would need to create a SSNR, to be effective parents, have their own needs met, as well as their children's and have equal resources. By tracking the families in a longitudinal study, their health outcomes, as well as life enjoyment this could define any success measures as a way to see where imbalances start. If this process was adopted as a new model, it could provide equitable resources and effectively change how society operates. This would need acceptance from industries that profit from our current healthcare system and reform measures with governments, an endeavour that is far greater than the scope of evidence at present. What is within our power as counsellors is to support and educate parents and how to best address any barriers.

Application to Clinical Practice

Clinical counsellors will work with traumas both present and past; however, the implications for practice can also prevent future trauma. Through screening, intervention and support, counsellors can help set families up for success in creating a SSNR, treat mental health problems, provide information on additional resources, and offer psycho-education. They can also screen for ACEs and maltreatment. This would mean that educating counsellors on trauma-informed care, screening criteria and the ways in which normalizing delivering messages of support can benefit all their clients.

Counsellors should be aware of what is necessary for supporting families to create a SSNR and what any possible limitations might be. Clients may have various health issues as a result of their own ACEs which could perpetuate further trauma within future generations of their family. Raising awareness about their own healing while parenting may provide necessary motivation. Clients may also be able to heal from their own childhood adversities through treatment measures in counselling spaces, and this is where the work begins for counsellors in trauma-informed care or in trauma-approach training. When clients and counsellors can begin to see what is possible in the areas of prevention, mitigation, and healing trauma, exciting things can happen, messages of healing can be passed forward and keeping everyone safe could be valued.

The current research raises an awareness that there may be times where treating the entire family is necessary for trauma prevention and so it would be helpful if counsellors learn to use a multi-agency approach or to be collaborative. Counsellors may also work with clients who because of their ACEs and trauma have normalized the changes in their bodies, brains and lives. They may not recognize what happened to them as trauma. Walking the line carefully to allow clients to discover and heal will be a necessary piece of healing that could change how a client views safety, the world, and themselves. The more support provided as a means of preventing avoidable childhood adversities the better society can collectively promote healing and mitigate trauma.

Closing Reminders

ACE scores are the result of adversities or traumatic events that occur before the age of 18 and can include individual experiences such as abuse, neglect, having a parent with a mental illness or addiction, and they can be witnessed such as a domestic

violence. Without protective factors in place, when children are exposed to chronic stressors such as these, a prolonged activation of the body's stress response can occur resulting in damage to a child's brain, immune or hormonal development. This stress can persist and the more ACEs one person experiences, the more there is risk of increase in chronic diseases such as cardiovascular, asthma, or depression to name a few, many of which were mentioned in chapter 1 as major causes of death. They have also been linked to shortening of the average lifespan by as much as twenty years. This is a huge crisis and it needs to be accepted that avoidable childhood adversities are the responsibility of more than just parents. Children need help and support and so do parents so that everyone has a chance of better health comes and a better life. As the global COVID-19 pandemic has revealed, childhood maltreatment increased as result of isolation, parental mental health concerns, and the erosion of the parent-child relationship. There will likely be long term effects not yet seen as a result of this pandemic; however, there is a chance to mitigate the trauma now through screening measures, promoting evidence-based protective factors, and providing support and education to help children heal so they do not become sick adults.

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