# Adverse Childhood Experiences and Their Impact on Tribal Communities

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The American Indian/Alaskan Native (AI/AN) population in the United States experiences a disproportionately higher rate of mental and behavioral health issues, medical issues, and suicides than other segments of the population.[1] AI/AN peoples have had to contend with historical and intergenerational trauma from decades of traumatic losses and forced assimilation, which has resulted in increased exposure to problematic social conditions. These include the toxic stress of poverty, low graduation rates, high rates of unemployment, and limited or inadequate medical care.[2] Yet despite all this, Native American reservations and tribal communities demonstrate a high level of adaptability and resilience to the most adverse situations.[3] This article begins with an exploration of adverse childhood experiences (ACEs) and their impacts on the general population. We then examine research on ACEs specific to the AI/AN population. We end by describing strategies to strengthen protective factors that buffer against the impact of ACEs and reduce their deleterious long-term impacts on tribal communities, including substance abuse.

## What are adverse childhood experiences (ACEs)?

Adverse childhood experiences (ACEs) are negative experiences and stressful events that occur during childhood that can have a long-lasting and deleterious effect on outcomes extending over the course of an individual's lifespan. These negative experiences or stressful events include emotional, physical, and sexual abuse; emotional and physical neglect; witnessing domestic violence; parental separation or divorce; and living with someone who was misusing substances, had a mental health disorder, or who had gone to prison.[4] In a landmark study on ACEs, and several studies thereafter, research revealed a strong connection between ACEs and probematic outcomes in childhood, adolescence, and adulthood, including poor academic performance, lower graduation rates, substance misuse, criminal involvement in adolescence and adulthood, and lasting negative behavioral and mental health outcomes such as depression, suicide rates, anxiety, Type 2 diabetes, cardiac issues, obesity, and higher rates of morbidity.[5]

## How are ACEs impacting tribal communities?

Significant research has been conducted on the prevalence of ACEs among AI/ANs as well as the short- and long-

term impacts of ACEs on outcomes between ACEs and problematic outcomes in childhoods, including poor academic performance, lower graduation rates. For example, a strong association between ACEs and polydrug use, post-traumatic stress disorder (PTSD), depression, and suicide attempts was found in reservation-based Native American adolescents and young adults.[6] Further, compared with non-AI/ANs, AI/ANs displayed a higher prevalence of ACEs including abuse, neglect, and household dysfunction and had a higher total number of ACEs. ACEs also have a compounding effect, meaning that the greater the number of ACEs, the worse the outcomes. Among AI/AN children under the age of 17, school challenges, grade failures, and need for medication and counseling were 2–3 times higher when three or more ACEs were experienced, versus a comparison group of non-Hispanic White children. In a study focusing on tribal communities in South Dakota, having six or more ACEs significantly increased the odds for depression, anxiety, PTSD, severe alcohol misuse, and smoking compared with individuals with no ACEs.[7] Research has also found a relationship between ACEs and early initiation of alcohol and drug use,[8,9] and early initiation of substance use increases the likelihood of addiction into adulthood.[10,11] This relationship between ACEs and substance use cannot be overstated. ACEs impact the developing brain in a way that increases risk-taking, susceptibility to initiating substance use, likelihood of addiction, and vulnerability to relapse. The strategies to reduce the negative impact of ACEs that are discussed here also apply to developing the support and skills needed to combat substance use and addiction in children and adults.

The impact of ACEs is not limited to children. Native American women are at an especially high risk of lifetime violence, including childhood abuse, intimate-partner violence, and sexual assault and are overrepresented in the criminal justice system. Several studies have revealed the predictive nature of ACEs among Native American women, where adverse childhood experiences are linked to higher rates of criminal involvement in general, arrests for violent offenses in particular, likelihood of incarceration, lifetime suicide attempts, and intimate partner violence.[12,13]

## What are protective or buffering strategies to reduce the impact of ACEs?

Across the research, although there are significantly higher rates of prevalence of ACEs among AI/AN compared with non-Hispanic Whites, these race-based differences are largely accounted for by social and economic variables such as poverty, unemployment, and access to health care.[14] This means that the prevalence of ACEs as well as their impacts can be mitigated by attending to these variables. In addition to social programs focused on poverty alleviation, employment, and equitable medical and behavioral health care, the following are eight research-supported strategies for preventing or mitigating the effects of ACEs, thereby reducing their deleterious outcomes in both the short and long term:

**1. Safe, stable, and nurturing environments:** One of the primary ways to prevent or protect against ACEs is to develop safe, stable, and nurturing relationships

and environments for children to grow up in. These are predictable environments with clear structure and accountability. Examples can include establishing routines and having consistent ways of responding to behavior. Inconsistency, like getting upset with a behavior one day and allowing it the next, leads to increased anxiety and lack of a sense of safety or predictability. As children grow, we continue to reduce ACEs by encouraging learning and growth and supporting skill building. This means providing safe and prosocial ways for children to try new things, such as sports or other activities. Encouraging growth means creating a safe environment with a clear message that children are not born with innate abilities but can learn skills through failure and mistakes. This allows for vulnerability and honest conversations between adults and children. These conversations also reduce the likelihood of initiating substance use. Parents or caregivers who talk with their children about drugs and alcohol are using one of the primary substance use prevention strategies.

**2. Social support and connectedness:** Social support among tribal communities is found to buffer the impact of ACEs, not only among youth but also among older adults.[15] Social support means having people around us to turn to. Knowing we have social support means knowing we are cared for, that we have people to rely on in times of need, and that when we reach out, someone does indeed respond. Social support constitutes a myriad of supports including emotional, psychological, informational, and practical. Developing social support is linked to improved mental and physical health, as well as reductions in substance use and relapse prevention, and therefore is a strong strategy for combatting the effects of ACEs. The feeling of being connected or belonging to family or friends contributes to improved resiliency. We can improve connectedness through organized activities on holidays and weekends that provide healthy alternatives and role models for children. Spending time together, whether around food, games, or ritual, can help improve this sense of connectedness.

**3. Trauma-informed services:** Because of the long-lasting neurological impact of ACEs on the developing brain, practitioners working with children and adults suffering from the consequences of ACEs need to be trained in trauma-informed care. This helps buffer the impact of ACEs on children and adults. Trauma-informed care does not mean training in trauma resolution. Instead, it means having a lens that views behavior as a trauma response or coping mechanism, rather than one that views behavior as purely problematic. This lens sees problematic behavior not only as something to be corrected, but as a symptom of something larger to be understood to help youth adopt healthier behaviors.

**4. Social-emotional learning:** Social-emotional learning can be defined as a process through which individuals acquire skills to increase self-awareness, improve relationships with others, and achieve their goals. Social-emotional skills include being able to name and manage emotions, convey empathy and understanding to others, make prosocial decisions, act responsibly, establish and maintain positive relationships, and avoid antisocial behaviors. These skills can directly mitigate the problematic impacts of ACEs and help build resilience that lasts throughout the life course. They are essential to succeed in family, school, workplaces, and community and are increasingly recognized as important to one's success in a variety of life outcomes such as fewer conduct problems, lower levels of emotional distress, and positive well-being. Social-emotional skills are also associated with improved academic outcomes and positive employment outcomes and may buffer against a

variety of negative outcomes later in life, including criminal involvement and addiction, with positive impacts lasting into adulthood. (See *Social Emotional Development as a Key to Success* in the June 2020 issue of *Keeping Up With COSSAP*.)

**5. Spiritual practices and cultural involvement:** Engaging in spiritual practices has a positive impact on mental and behavioral health, according to a recent research study conducted with American Indian adults.[16] These adults reported an increase in overall well-being and resilience as a result of engaging in cultural activities including spiritual practices and rituals. Although no causal relationships can be asserted, engagement in cultural activities and spiritual practices appears to mitigate the negative impact of ACEs and improve overall mental and behavioral health symptoms.

**6. Parent emotional availability:** A research finding revealed that although parents who are themselves impacted by ACEs can have negative impacts on their children, these negative impacts are dramatically reduced when parents are emotionally available to their children.[17] (Fundamentally, this means that parents are able to express empathy with their children.) This finding emphasizes the importance of developing parenting skills in general, and social-emotional skills among parents in particular, so that they can be more emotionally available to their children, thus limiting the impact of ACEs on their children.

**7. ACEs screening or violence screening in medical settings:** Early detection of ACEs is helpful so that interventions can be put in place to mitigate their impacts on children, youth, and adults. One successful method of early detection is to include ACEs or violence screening for those seeking care at medical settings. Screens for substance use in medical settings have had positive impacts on reducing use when physicians have supportive conversations with their patients about reducing use or seeking help. However, the success of such an intervention is dependent on the availability of resources in the community. Therefore, if a tribal community decides to incorporate ACEs or violence screenings in medical settings, the community needs to ensure that there are corresponding resources available in the community to which medical practitioners can refer their patients. These resources could include therapists, social workers, tribal leaders and elders, parenting skill classes, social groups, or support groups of any kind.

**8. Primary prevention programs:** One cluster of adverse childhood experiences centers on parent or caregiver use of substances. Primary prevention programs on reservations can help mitigate the negative effects of children's exposure to adult alcohol use or substance use in general. Education of children regarding physical and sexual abuse can also reduce the likelihood of abuse or at least increase support received in the event of physical or sexual abuse.[18]

## Conclusion

Adverse childhood experiences have significant negative impacts that are felt all the way into adulthood. Several research-supported strategies are available, either for preventing ACEs or for reducing their negative impacts. These strategies are directed toward children, parents, and tribal communities and are also useful when addressing the interplay between ACEs and substance use. Parent-specific strategies include providing safe and supportive environments for their children, developing parental emotional availability, and supporting social-emotional learning both in parents/caregivers and children. Maintaining social support and connectedness as well as involvement in cultural and spiritual practices develops resiliency and buffers communities from the impacts of ACEs. Finally, creating trauma-informed services, conducting ACEs screening or violence screening in medical settings, and establishing primary prevention programs can help to develop and sustain resilient communities.

## End Notes

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