

JUST SIX
QUESTIONS

RESEARCH
SUMMARY



Adverse Childhood Experiences and Resilience: Addressing the Unique Needs of Adolescents

“Understanding, identifying, and nurturing protective home, school, and community elements may help diminish the overall impact of youth’s exposure to ACEs” (p. S109).

1. What is the research about?

Exposure to **adverse childhood experiences (ACEs)** – such as physical, emotional or sexual abuse, substance use issues, and parental separation or divorce – during childhood and adolescence can have both **short- and long-term negative impacts on a young person’s life course trajectory**. Short-term impacts include “a greater likelihood of repeating a grade in school, lower resilience, increased risk for learning and behavioural issues, suicidal ideation, and early initiation of sexual activity and pregnancy” (p. S109), while long-term impacts include increased vulnerability to chronic illness in adulthood. Internal (e.g., coping skills) and external (e.g., family and community supports) protective factors can **help build resiliency and reduce the negative impacts of ACEs**.

This paper explores the ways in which health, education, and social service systems can address the unique needs of adolescents who have been and/or continue to be exposed to ACEs. The authors summarize relevant research on the prevalence and impacts of ACEs in different youth populations, and make practice, policy, and research recommendations for supporting young people with ACEs.

2. Where did the research take place?

The research reviewed in this paper took place primarily in the United States, and focused on health, education, and social service settings.

3. Who is this research about?

This research is about adolescents in the United States who have been exposed to ACEs, including justice-involved youth, youth experiencing homelessness, LGBTQ youth, and youth with experience in the foster care system.

4. How was the research done?

The authors conducted a literature review to examine how ACEs affect adolescent health and to discuss the ways in which clinical and community systems can adapt to better support youth who have been exposed to ACEs. In particular, the goal was to highlight the importance of addressing the unique needs of young people with ACEs and to identify areas for further research.

5. What are the key findings?

The authors highlight five key themes that can inform service provision for adolescents who have been exposed to ACEs in clinical and community health, education, and social service settings.

i) Ensure confidential care and respect emerging independence.

Young people often avoid healthcare due to concerns about confidentiality, and are more likely to disclose sensitive information when service providers are able to ensure confidentiality. By offering private meetings (e.g., without the presence of a caregiver), health care providers show respect for young people's emerging autonomy and help them "learn how to manage their health with greater independence" (p. S109). This is particularly important for youth with trauma exposure, as it gives them "the opportunity to begin to develop trusting relationships to safely disclose their experiences" (p. S109).

ii) Improve screening tools for adolescents.

Assessment tools for trauma exposure are limiting, inconsistent, lengthy, and challenging to administer, and few have been adequately validated for use with adolescents. Additionally, providers often lack the time and resources to conduct screenings and/or address the results. Screening tools should be designed specifically for adolescents, rigorously tested, and easy-to-use in clinical and school-based settings. Before conducting assessments with youth who have experienced trauma, service providers should ensure that they are able to appropriately address young people's needs through services or referrals.

iii) Create an integrated system of care for youth.

Cross-sector collaboration is essential in supporting youth who have experienced trauma. Sector stakeholders should advocate for the sharing of information across sectors, which is a significant barrier to the development of an integrated system of care. It is critical to directly engage youth in the development of trauma-informed health services and decisions about their care.

iv) Implement and expand ACE-informed, evidence-based interventions.

Service providers should offer or expand trauma supports in places that young people spend most of their time, such as schools. Interventions should target the roots of young people's adverse experiences, account for family dynamics, be developmentally- and culturally-appropriate, and address inequalities in health as well as determinants of health. Services should also be tailored to support youth with multiple ACEs and few protective factors, such as LGBTQ youth, justice-involved youth, youth with experience in the foster care system, and youth experiencing homelessness.

v) Advocate for increased training and research initiatives.

Evidence suggests that some providers lack knowledge about ACEs and the prevalence and incidence of trauma. Training programs for health care providers should focus on the assessment of trauma and the provision of trauma-informed care. Future research should address the impacts of ACEs on adolescents, and determine which multipronged approaches can best respond to the complex needs of youth with trauma exposure.

6. Why does it matter for youth work?

This article suggests that trauma-informed services and programs can **act as a protective factor** and **mitigate the negative impacts of ACEs** on youth. The authors argue for the expansion of evidence-based, trauma-informed interventions in places where young people spend the majority of their time, such as school, health, and work settings.

This research also reveals that many practitioners who work with youth lack the knowledge and skills to recognize trauma exposure and provide trauma-informed care. Organizations should **prioritize tailored training on trauma-informed care** for practitioners who work with youth, including health care and social service providers, youth workers, and educators.



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