

Protecting God's Children for Adults

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Part One: Healing from Child Trauma: Guiding Principles and Frameworks from ACEs to HOPEs

By [Angelo P. Giardino, MD, PhD, MPH](#)

Editor's note: In a previous article, Dr. Bart Klika provided an overview of the Adverse Childhood Experiences (ACEs) study, which detailed the impact on adult health for those children exposed to the 10 defined adversities prior to 18 years of age. According to Dr. Klika, "...traumatic experiences [including sexual abuse], are more common than expected, span the entire country and impact the adult's ability to recover, heal and thrive throughout adulthood." As part One of two articles, this article from Dr. Angelo Giardino builds on the information gained from the ACEs work and expands the definition of child trauma. It will also explore the guiding principles and frameworks that inform our work directed toward helping children and adults heal from traumatic experiences. In a follow-up, the Part Two article will explore practical applications of these principles and frameworks that will serve as useful examples for how to incorporate trauma-informed practices in your interaction with children and families who may be dealing with the aftermath of experiencing child trauma.



Introduction

Preventing child abuse, including child sexual abuse, is our aspirational goal—such that children would be in environments that avoid exposure to Adverse Child Experiences (ACEs) and other forms of child trauma. However, until that goal is fully achieved, we need to understand how to help children and adults who have experienced traumatic events to heal, recover and ultimately flourish.¹

One such approach to countering ACEs comes from a team of investigators led by Dr. Robert Sege, called *Healthy Outcomes from Positive Experiences*—aptly abbreviated as HOPEs (see description below).

Child Trauma

The National Child Traumatic Stress Network (NCTSN) defines a traumatic event as a "frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity," which also includes if a child witnesses an event that poses a threat to the life or physical security of a loved one, since a child's understanding of safety depends on the safety of their caregivers.²

Examples of Traumatic Experiences:^{3,4}

- Physical, sexual, or psychological abuse and neglect (including trafficking)



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Angelo P. Giardino, MD, PhD, MPH

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- Natural and technological disasters or terrorism
- Family or community violence
- Sudden or violent loss of a loved one
- Substance use disorder (personal or familial)
- Refugee and war experiences (including torture)
- Serious accidents or life-threatening illness
- Military family-related stressors (e.g., deployment, parental loss or injury)

A child exposed to traumatic events may experience strong emotions, including helplessness, feelings of extreme fear (terror), and physical reactions such as heart pounding, vomiting, or loss of bowel or bladder control.

ACEs

More than two decades of epidemiologic studies⁵ on ACEs has given us greater understanding of what ACEs are and what psychological and physical effects they have on the child and adult (for more information on ACEs, the Center for Disease Control, or [CDC, website](#)).⁶ This "ACE Pyramid" image is the Centers for Disease Control and Prevention conceptualization of how people may experience ACEs (and the other types of child trauma), which can then lead to a cascade of stress-related physiologic and psychosocial consequences. ACE consequences can then lead to long-term impacts on adult health which shorten the adult's expected life span. ACEs studies show that the more ACEs once experiences, the higher the risk for stress-related consequences, which cumulatively has more significant and negative effects on the child's subsequent adult health and well-being.^{7,8}

Influences of ACEs on Health and Well Being (The "ACE Pyramid").

The left hand side of the graphic (the "ACE Pyramid")⁹ shows the curved arrow that connects the ACEs line to disrupted aspects of neurodevelopment which are labeled as "Toxic Stress."

Experiencing adversity in childhood causes toxic stress on one's system, which then can cause a cascade of physiologic disruptions and psychosocial impairments. Events that happen in childhood can cause a complex chain of events that can negatively impact a person throughout adulthood. Recognizing the pivotal effect of toxic stress informs us about why we need to respond swiftly and with care to children who experience child trauma--to mitigate that cascade and promote healing and recovery.



Toxic Stress

There are three types of stress experienced by children: positive, tolerable and toxic.¹⁰

- **Positive stress** is an essential part of healthy human development and is characterized by routine activities that may cause brief increases in heart rate and mild elevations in hormone levels. We expect a positive stress response when a child receives an injected immunization or when they are left at a new day care center. Such responses are short lived and buffered by supportive adults who provide care and comfort to the child during their distress.
- A **tolerable stress** response is seen in more consequential situations such as during a natural disaster or after a frightening injury. The response to the stress is more severe than positive stress, longer in duration and more pronounced. While the response to tolerable stress is and may pose a potential risk to the child's well-being, when supportive and caring adults help the child adapt to the concerning situation, the child can manage the stress of the situation without long term consequences.
- **Toxic stress** occurs "when a child experiences strong, frequent, and/or prolonged adversity--such as physical or emotional abuse, chronic neglect,

Philadelphia (CHOP), and earned a Master's in Public Health from the University of Massachusetts. He holds subspecialty certifications in Pediatrics and Child Abuse Pediatrics from the American Board of Pediatrics. He is also a Certified Physician Executive (CPE) within the American Association for Physician Leadership. He completed the Patient Safety Certificate Program from the Quality Colloquium, is certified in medical quality (CMQ) as designated by the American Board of Medical Quality, and is a Distinguished Fellow of the American College of Medical Quality. Prior to arriving in Salt Lake City, Dr. Giardino most recently served as Professor and Division Chief for Academic General Pediatrics at Baylor College of Medicine where he also was the Senior Vice-President and Chief Quality Officer at Texas Children's Hospital. Previous academic leadership positions included serving as the Associate Chair for Clinical Operations, Associate Physician-in-Chief and Vice-President for Clinical Affairs at St. Christopher's Hospital for Children as well as Associate Chair for Operations at The Children's Hospital

caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship--without adequate adult support."¹¹ The definition is remarkably similar to what is expected with exposures to ACEs. Other child traumas are associated with toxic stress as well (recall the "Examples of Traumatic Experiences" listed earlier). The prolonged exposure and subsequent prolonged physiologic response to stressors may have neurodevelopmental consequences on brain function.

The chronic nature of the stress exposure coupled with an inadequate response by the adults in the child's caregiving environment can lead to a lack of buffering or risk mitigation. This has a negative impact on the child's development and ability to recover from the stress response.

When the child's caregiving environment does not provide the necessary support to address the exposure to stress, this causes toxic stress and detriment to the child. The ACE pyramid shows the cascade of neurodevelopmental disruptions that might ensue along with cognitive, emotional and social impairments that have negatively affect the health and well-being of adult.

Guiding Principles and Frameworks

Given the detrimental effects of toxic stressors on the child and adult, what are optimal ways to counter the effects of ACEs and other forms of child trauma in the developing child's life?

The CDC's *Essentials for Childhood*¹² program promotes an approach to provide every child with safe, stable and nurturing environments in which to grow and develop. In the family environment, this requires that parents and other caregivers create a predictable environment that focuses on promoting the child's health and wellbeing, and encouraging the child's development in a positive and constructive manner. At the community level, a range of services and supports, guided by policies, recognize family strengths and lift up families as they do the hard work of raising their child. Community supports and services improve the ability for the community to create environments where children feel valued.

The Healthy Outcomes from Positive Experiences (HOPEs) framework is an approach that aligns with the CDC's imperative to provide safe, stable and nurturing environments. HOPEs is based on four foundational themes:

1. Relationships with adults and other children
2. Safe, stable, and equitable environments to live, learn and play
3. Social/civic engagement
4. Social/emotional growth.¹³

The HOPEs framework promotes positive childhood experiences (PCEs) and identifies ways to encourage child development that can mitigate or lessen the impact of ACEs.¹⁴ Sege and Burstein (2021) describe PCEs as a way to promote children to form meaningful connections and build strong relationships.¹⁵ PCEs help the child feel a sense of belonging and develop a sense of worth and a positive self-image that in turn develops skills to cope with stress in healthy ways.

Communities, families, and health care providers that promote PCEs support the development of thriving and resilient children. Specific PCEs measured in the HOPEs framework include a child reporting when asked if they:

- 1) Were able to talk to family about feelings
- 2) Felt their family stood by them during difficult times
- 3) Enjoyed participating in community traditions
- 4) Had a sense of belonging in high school
- 5) Experienced the support of friends
- 6) Had at least two nonparent adults who expressed genuine interest in them
- 7) Felt safe and protected by an adult in their home.¹⁶

Conclusion

Much has been learned about ACEs, child trauma and toxic stress and their effects on the health and well-being of the child and adults. While the prevention

of Philadelphia. At both, St. Chris and CHOP, Dr. Giardino was appointed to chair the institution-wide Quality Improvement committee which included the peer-review responsibility.

Dr. Giardino is a member of the American Academy of Pediatrics Committee on Child Health Finance. He is a recipient of the Fulbright & Jaworski Faculty Excellence Award at Baylor College of Medicine and the 2013 Healthcare Advocacy Award from Doctors for Change in Houston, TX. His academic accomplishments include published articles, chapters and textbooks on child abuse and neglect, contributions to several national curricula on the evaluation of child maltreatment, and presentations on a variety of pediatric topics at both national and regional conferences. He is a Board member for several national and regional boards, including Prevent Child Abuse America, Mobilizing Action for Resilient Communities, the U.S. Center for SafeSport, and the National Advisory Council of the Conference of Major Superiors of Men (CMSM) for the U.S. Catholic Church, where he

of developmentally destructive experiences is an ultimate goal, we need evidenced based approaches to address how best to promote healing and recovery of those who have experienced toxic ACEs, child trauma and toxic stressors. While a cascade of disruptions and impairments in brain functioning and social, emotional and cognitive capacities emerge from negative childhood experiences, PCEs as described in the HOPEs framework can help counter and mitigate these disruptions and impairments.

Caring and supportive adults who focus on the child's development and wellbeing are an aid to overcoming the challenges that impede a child's ideal development and growth. When working to create those positive experiences when interacting with a child who has experienced trauma and ACEs our call to action is to listen, ask simple questions and provide reassurance to the child that it was not their fault. Let them know they are brave for sharing with you, and, that by working together, you will help them and be there for them, and that they are not alone.

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provides advice on how to best protect children from sexual abuse. He is also co-editor of the Children at Risk Journal of Applied Research on Children: Informing Policy for Children at Risk and the Journal of Family Strengths. Previously, Dr. Giardino served for 12 years on the National Review Board for the U.S. Conference of Catholic Bishops, where he chaired the Research Subcommittee, was elected Vice-Chair, and introduced the concept of high reliability as a quality improvement approach to work toward the response, and ultimately the prevention, of child sexual abuse in the church environment.

1) Which of the following statements is FALSE regarding Adverse Childhood Experiences (ACEs) and childhood trauma?

- A) ☐ A child exposed to traumatic events may experience strong emotions, including helplessness, feelings of extreme fear (terror), and physical reactions such as heart pounding, vomiting, or loss of bowel or bladder control.
- B) ☐ There is no hope for children who have experienced an adverse childhood experience or other childhood trauma-they will be "damaged" forever and cannot grow into healthy adults.
- C) ☐ Communities, families, and health care providers that promote Positive Childhood Experiences support the development of thriving and resilient children.
- D) ☐ The chronic nature of the stress exposure coupled with an inadequate response by the adults in the child's caregiving environment can lead to a lack of buffering or risk mitigation.

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