



what works?

Adverse Childhood Experiences (ACEs):
interventions meeting the
needs of children aged 0-9

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For more information contact:
research@yourtown.com.au

purpose

The purpose of this paper is to provide an overarching summary of evidence relating to interventions designed to meet the needs of young children who have been affected by adverse childhood experiences (ACEs).

The evidence is centred around what works to meet the needs of the **yourtown** persona 'Andy' (Figure 1), who represents a child aged 0-9 who has been affected by ACEs such as domestic and family violence, neglect and abuse, and insecure housing.

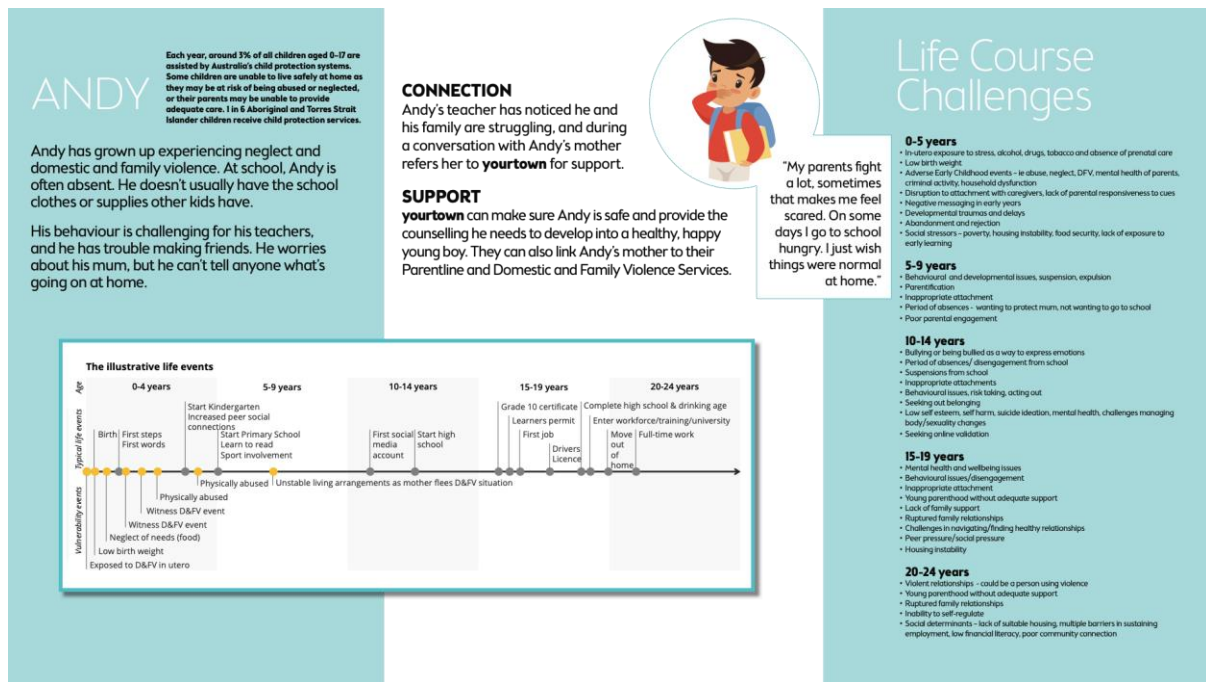


Figure 1.



background

Significant numbers of Australian children live through ACEs at home, such as physical, sexual or emotional abuse, neglect, exposure to domestic and family violence, parental drug and/or alcohol misuse, parental mental health issues and interaction with the criminal justice system.¹ These experiences are commonly interdependent, with at least a quarter of the population having experienced at least four ACEs during their childhood. For example, younger children (aged under 6) have the highest rate of maltreatment and are more likely to live in homes with domestic violence or parental substance misuse. Domestic and family violence is the top cause of children's homelessness in the country, and often cooccurs with child sexual abuse.

Research has demonstrated the long-term and detrimental effects of ACEs on a child's cognitive, social, emotional and physical development, health and wellbeing and life outcomes over the life course. Early childhood is a critical time for foundational development and young brains and behaviours are particularly vulnerable to the impact of trauma. Ongoing or cumulative trauma compound effects; there are strong associations between multiple ACEs and increased behavioural problems, mental health issues, involvement in crime, drug and alcohol misuse into adolescence and beyond. Socioeconomic disadvantage also compounds the impact of ACEs by creating additional stressors within the family environment, which deplete its protective factors and responses.

While the lives of younger children can be the most severely affected by ACEs, they also have the most to gain. Early intervention can keep them safe from compounding traumatic events and equip them and their support networks with the tools to offset the potentially lifelong, negative effects of trauma.

¹ The 10 original ACEs are: physical abuse, sexual abuse, psychological abuse, physical neglect, psychological neglect, witnessing domestic abuse, a close family member who misused drugs or alcohol, a close family member with mental health problems, close family member who served time in prison and parental separation or divorce on account of relationship breakdown.

what works?

Contemporary evidence indicates there is good, emerging, and limited evidence for the following components of interventions relevant to a child or young person, aged 5-25, who requires mental wellbeing support.

Quality of evidence is assessed as follows:



Good Evidence²



Emerging Evidence³



Limited Evidence⁴

² Evidence is considered good if: a systematic review or meta-analysis has a strong quality assessment rating and includes at least 5 primary studies or narrative synthesis has a quality assessment rating of 9+ and recent primary studies are in line with review findings.








Note: When there is good evidence that an intervention is generally successful, this does not mean that each intervention within this space has good evidence. However, it does indicate fewer concerns about the program's theory of change.

³ Evidence is considered emerging if: only narrative synthesis on the intervention is available.





Note: When there is emerging evidence, generalisability of results is limited as there is limited evidence. While some interventions of a particular type have encouraging results, more research is required to understand the effectiveness of the internet. Rigorous, medium-sized trials are required to better understand the potential of the intervention.

⁴ Evidence is considered limited if: there is an absence of strong research on the intervention.

1. system-wide features






Feature	Quality of evidence
<p>Early intervention works</p> <p>Early intervention, through creating a safe environment, developing skills or working therapeutically to address emotional, social or behavioural symptoms of trauma, is critical to minimise and prevent the negative effects of ACEs on young children. It optimises children's adaptability and can help ensure that they have the cognitive and social foundational blocks needed to succeed in education, employment, and relationships. [1,2,3,4]</p>	
<p>There is strong evidence for programs that target support based on early signs of risk</p> <p>These signs include child behaviour problems, insecure attachment, delayed development of speech and lack of maternal sensitivity. [2]</p>	
<p>Cross-sector support can improve outcomes</p> <p>Studies show that cross-sector support interventions - such as such as case management, multidisciplinary teamwork and 'wraparound' support and treatment - can improve outcomes for children at risk by helping to meet their many needs. [5,6]</p>	
<p>Relationship-based approaches are key to fostering trust and commitment</p> <p>Developing relationships of trust between staff and children and their caregiver/s are key to underpinning positive outcomes for this cohort. [7] Several studies found that this highlighted the need for a key worker. [6]</p> <p>Many studies accentuated the importance of support staff developing strong relationships with the child's mother, with positive relationships between staff and mums, for example, found to result in more children staying with the family. [8]</p>	
<p>Small caseloads, high contact and flexible timeframes are critical to success</p> <p>These elements enable the development of relationships of trust. Several studies also found more positive impacts the longer the intervention engagement. [6]</p>	
<p>Trauma-informed approaches are promising</p> <p>There is emerging evidence that trauma-informed approaches improve the mental and emotional wellbeing of children accessing community-based support services. [13]</p>	
<p>Unclear whether screening for ACEs is helpful or detrimental to clients</p> <p>Increasing numbers of frontline providers routinely screen for ACEs but few screening activities have been evaluated, while concerns about the potential for re-traumatisation through the screening process and the lack of evidence-based services to help clients once identified as at risk have yet to be addressed. [12] Research has shown that clients who have experienced high numbers of ACEs are not comfortable with being asked the questions.</p>	

2. features of interventions targeting child maltreatment and abuse





Feature	Quality of evidence
<p>Cognitive Behavioural Therapy (CBT) works for children who have been neglected or abused</p> <p>CBT is found to improve mental health outcomes for children who have experienced ACEs, reduce symptoms of trauma, and increase children's resilience. [5,12]</p>	
<p>Family therapy reduces child trauma symptoms and child maltreatment risk</p> <p>There is good evidence that intensive family therapy for a period of 6 months or longer reduces the symptoms of trauma associated with maltreatment, as well as reducing child maltreatment. [2]</p>	
<p>Parent–infant psychotherapy is effective at improving attachment security and early self-regulatory development</p> <p>Lieberman models of parent-infant psychotherapy (Infant-Parent and Child Parent Psychotherapy) have good evidence of improving these child outcomes. [2] They involve weekly sessions that take place for a year or longer with mothers where there are known parenting risks (e.g., severe mental health problems or a childhood history of maltreatment trauma). The therapy seeks to work through the parent's trauma and to help the mother reflect on the ways her own childhood issues may be affecting her relationship with her child. Sessions include joint play activities with the child, allowing the practitioner to show how to sensitively respond to the child and give positive explanations for their behaviour.</p> <p>Parent-infant psychotherapy has also been effectively used as part of multifaceted home-based interventions with families at risk.</p>	
<p>Multifaceted, parent education programs targeting parents of at risk children improve child and parent outcomes</p> <p>Parent education programs seek to support parents who have concerns about their children's behaviour. They aim to engender positive parent-child interactions, prevent child maltreatment, and improve children's behaviour. [2] They are heterogenous in terms of duration and techniques but share some features in terms of being group-based, regularly engaging in follow-up with parents post sessions and the types of educational tools used.</p> <p>The Incredible Years (IY) Preschool Basic Programme has the strongest evidence-base. It is for parents with concerns about the behaviour of a child aged 3-6, has a relatively long duration (18 to 20 weekly group sessions) and works to strengthen parental social support by weekly facilitator calls, parent buddy calls and group process methods.</p> <p>Studies show parenting programs are found to reduce the risk of physical and emotional maltreatment, improve parental mental health and parenting skills, and were associated with a significant reduction in childhood conduct problems. [14,12] They can result in long-term reductions in criminal justice</p>	

Feature	Quality of evidence
involvement, substance misuse and mental disorders up to 15 years after the intervention. [14]	





3. features of interventions for children exposed to domestic and family violence





Feature	Quality of evidence
<p>Domestic violence interventions that include joint sessions with mothers and children are likely to sustain change</p> <p>Interventions that work with mothers and children together are effective and should be combined with sessions working with mothers and children separately. [9,15,16] The development of this dyadic relationship is seen to be critical to children's long-term recovery.</p>	
<p>Domestic violence interventions supporting mothers with younger children have better outcomes than those mothers with older children</p> <p>Although more likely to witness domestic violence, younger children are more receptive to their mothers' improved wellbeing after receiving treatment, compared with older children. [17]</p>	
<p>Children exposed to domestic and family violence need specific interventions</p> <p>More research and rigorous evaluation is needed into interventions tailored specifically to meet the needs of children exposed to domestic and family violence. [18]</p> <p>These interventions should respond to what children say they need, such as simultaneous support for their physical safety and emotional wellbeing needs and regular opportunities to talk about their experiences in formal and informal settings. [17]</p>	
<p>Building on the role of fathers has the potential to improve child outcomes</p> <p>Positive fathering improves child outcomes and being a better father is found to be a motivation for fathers to change. [19]</p>	
<p>Working with the whole family at home can improve outcomes</p> <p>There is emerging evidence that working with the whole family through early years coparenting and when parents are separating, or divorcing can improve child and parent outcomes. [12,20]</p>	

4. features of family interventions at home

Feature	Quality of evidence
<p>Home visiting programs can keep children safer at home and improve developmental outcomes</p> <p>Home visiting programs are early interventions and work to support families, particularly mothers and babies and/or young children, through building parenting skills, improving mother-child attachment, providing information on child development, and helping them access support when they need it. [6,14,22]</p> <p>They are most effective when they are delivered intensively (for a year or longer and four or more visits a month) and by a master's-level therapist and/or social worker who teach parents specific skills. One of the most effective home visiting programs is, however, delivered by a nurse (the Family Nurse Partnership). [2]</p> <p>Home visiting programs are associated with better outcomes for children's welfare including lower rates of children being taken into care and of hospitalisation due to maltreatment. They also improve attachment security and responsiveness and early cognitive skills, reduce behavioural problems in later childhood and reduce criminality and preventable death in adolescence.</p> <p>Home visiting programs that provide parents with opportunities to learn and practise teaching skills have also been found to improve children's early language development and other cognitive outcomes. [24]</p>	
<p>'In the moment' parent coaching at home improves child development outcomes</p> <p>The Attachment Biobehavioral Catch-up intervention (ABC) is a 10-week, in-home intervention primarily for children (aged 6 months–2 years) at risk of maltreatment or experiencing multiple adversities. [25] With the help of a parent coach, ABC seeks to teach parents 'in the moment' how to provide nurturing care and engage in appropriate interactions with their children. ABC is effective at improving child emotion regulation, externalising, and internalising behaviours, normative developmental functioning and attachment quality.</p>	
<p>Reading programs that involve parents improve children's literacy</p> <p>One reading program that has good evidence base is Raising Education Achievement in Literacy (REAL). [2] It aims to improve the early literacy development of disadvantaged children (aged 3-5) by teaching parents about early literacy development and practices to support their children. REAL teachers work with parents on average for five group sessions and 10 home visits over a period of 12 to 18 months. REAL's main components include home visits, provision of literacy resources, centre-based group activities, special events (e.g., group library visits), and postal communication between the teacher and child.</p>	
<p>Technological home-based interventions may improve parental engagementⁱ</p> <p>There is emerging evidence that the use of a tablet to deliver parent psychoeducation and skills modelling can increase parental engagement. [26]</p>	

5. features of early child education and school-based interventions

Feature	Quality of evidence
<p>Enriched early childhood educational experiences reduce child development gaps and other symptoms of ACE</p> <p>Evidence shows that enriched childcare and early years education have the potential to reduce income-related gaps in children's early learning, especially when offered alongside support to parents. [24,27,28] Access to affordable, high-quality childcare acts as a protective factor and reduces child behaviour problems, parental stress and depression, and rates of child abuse and neglect.</p> <p>Children enrolled in preschool enrichment programs that actively involve and support parents have better maths, language, and social skills as they enter school; require less special education services as they grow older; are less likely to be held back a grade in school; are more likely to graduate high-school and attend college; and are more likely to be employed and have higher earnings as adults.</p> <p>Enrichment programs offer such support as preschool and kindergarten education, transportation, nutritious food, health and developmental assessments and interventions, parenting and life skills education and family support and counselling.</p>	
<p>Individual and group-based approaches are helpful in reducing trauma symptoms</p> <p>Individual and group-based interventions based on the concepts of CBT and delivered by professional mental health clinicians in one-on-one or small groups are effective in reducing the emotional, psychological, and behavioural symptoms of trauma in children. [29] They work best on students with internalising symptoms and older cohorts of children in primary school.</p>	
<p>Active participation helps children learn about abuse prevention</p> <p>Effective child abuse prevention programs are more likely to teach prevention skills through active behavioural skills training. [32] Specifically, students learn more through roleplaying, video modelling, and verbal discussion than through passive learning such as watching the presenter model skills, hearing a lecture, or viewing a film.</p>	
<p>Repetition of child abuse prevention skills is helpful</p> <p>Greater repetition of subject matter through more brief sessions is more effective than providing fewer long sessions and parental education was found to be helpful as it continued or repeated the discussion about the issues at home. [32,33]</p> <p>It is also helpful for children to be re-exposed to child abuse concepts and prevention strategies year on year as repetition helps them to fully engage with the issues and skills. [32]</p>	

Feature	Quality of evidence
<p>Social-emotional learning (SEL) interventions improve children's health and wellbeing</p> <p>SEL interventions are school-based curriculums that provide children with strategies for increasing emotional resilience. [12] There is no direct evidence that SEL interventions reduce ACE-related trauma but they do increase children's emotional wellbeing and self-efficacy and reduce their risk of health-harming behaviours and peer victimisation within schools.</p>	
<p>There is good evidence that teaching social and emotional skills in class reduces negative outcomes in adolescence</p> <p>Programs that deliver curriculum-based teaching of social and emotional skills in class reduce the likelihood of substance misuse, antisocial behaviour and mental health problems in adolescence. [2]</p>	
<p>Evidence is promising on the efficacy of school-based violence prevention programs</p> <p>There is emerging evidence for the efficacy of universally delivered, school-based programs that seek to prevent violence through supporting children to become critical of gender norms and violence-supportive attitudes and equipping them with the skills to form healthy relationships in adulthood. [10]</p>	
<p>Unclear whether classroom-based and school-wide approaches help trauma</p> <p>There is mixed evidence that classroom-based and school-wide approaches (that aim to create safe and supporting environments) are effective in reducing symptoms of trauma in children. [29,30]</p> <p>For example, studies of the Trauma-Informed Elementary Schools (TIES) ⁵ program have promising findings, while other studies of interventions have established no intervention effect. [30,31] This may be due to the complexity of measuring change and the limits of the evaluations undertaken. More research is required.</p>	

⁵ Based on the Attachment Self-Regulation and Competency framework, TIES provides highly qualified therapists to support and train teachers to recognise and appropriately respond to indicators of trauma in the classroom. TIES staff members consult with teachers, observe classrooms, and provide intervention. Service components include parent and teacher training, classroom consultation, and therapeutic intervention with children and families.

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