

## Commentary

**Adverse Childhood Experiences: How Schools Can Help**

Clear and compelling evidence suggests that not only do adverse childhood experiences have immediate impacts on child development and well-being, but they also have long-term consequences for adult health and healthcare utilization (Bethell, Newacheck, Hawes, & Halfon, 2014; Chartier, Walker, & Naimark, 2010; Smith & Smith, 2010). Adverse childhood experiences include extreme economic hardship; parental separation or divorce; living with someone with a substance abuse problem or mental illness; witnessing neighborhood or domestic violence; physical, sexual, or emotional abuse or neglect; parental incarceration; parental death; and unfair treatment due to race/ethnicity (Bethell et al., 2014). These experiences are common: 48% of children ages 0–17 years in the United States experience at least one adverse childhood experience and 23% experience two or more (Bethell et al., 2014). The greatest opportunities for mitigating the impacts of these experiences and preventing long-term adult health consequences and healthcare utilization occur during childhood and adolescence. A multilevel approach by scientists, healthcare providers, and schools is needed to prevent adverse childhood experiences whenever possible, identify children and adolescents early when these events occur, and provide resources and programs to assist these children and their families. Schools have a unique opportunity to identify children and families at risk, to intervene, and to link families to family-centered medical homes and other community resources.

Children with adverse health experiences are less likely to have positive health factors such as demonstrating resilience, living in a protective home environment, or a safe and supportive neighborhood. With each additional adverse experience, children are less likely to have positive health factors. Children with two or more adverse childhood experiences are especially vulnerable; they are less likely to demonstrate resilience, live in a protective home environment, or a safe and supportive neighborhood (Bethell et al., 2014). These children will need significant support to mitigate the impacts of adverse experiences and prevent long-term consequences for their health and healthcare utilization. Schools play a critical role in identifying children who are experiencing an adverse event early. School personnel (e.g., school nurses, teachers, counselors) are the most likely to be aware of adverse events through communication with parents or children. If these

events are not communicated, teachers are most likely to see subtle changes in behavior that may indicate need for additional screening or referral by a school nurse or counselor. Once children who experience adverse events are identified, we must offer services and resources. Rather than “wait and see” how they do, and intervene only if they show signs of maladjustment, we need to be proactive and assist these children develop coping strategies and build resiliency when adversities occur.

Children who have experienced adverse childhood events are less likely to be engaged in school and more likely to repeat a grade in school (Bethell et al., 2014). Teachers are the first line for noticing subtle changes in school engagement, which would indicate further screening. In addition, school counselors and nurses may detect possible issues during routine check-ins or related to referrals. Children who repeat a grade or engage in problematic behavior in school should be screened for adverse childhood events so they are not missed, resulting in ongoing issues. In addition to identifying children at risk, schools can link children and families to resources in the community. School personnel are ideally situated to facilitate connections with resources to counteract the effects of adverse experiences. They can encourage children and families to take advantage of existing resources, and they can assist families to locate resources. In addition to having trusting relationships with children and families, school personnel serve as advocates for families to identify and utilize resources.

Children who experience two or more adverse events were less likely to receive health care from a family-centered medical home (Bethell et al., 2014). These medical homes get to know the child and the child’s health history and can coordinate care and services outside of primary care. Schools should be aware of family-centered medical homes that serve their community and can connect families with them when possible. With proper consent and in appropriate circumstances, communication with medical homes can also enhance continuity of care between school, medical, and home settings. As children and adolescents experience life stress, school can be a place of refuge or a place where they learn resiliency skills. A first step in this involves understanding when children are distressed, anticipating needs based on experiencing adverse events, and working collaboratively with children and families to link them with appropriate support. Recognition and early

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intervention are keys to helping minimize the effects of adverse events, and school personnel can play a critical role in this process.

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