

From Adversity to Resilience in the Social Services Sector



Findings from Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health

How Adversity Can Impact Social Services Outcomes

Child abuse (physical, sexual, and emotional) and neglect (physical and emotional) constitute five of the 10 Adverse Childhood Experiences (ACEs)¹⁻³ categories known to be associated with lifelong health and social risk.¹⁻¹¹ In California, nearly 70,000 children were substantiated as abused and/or neglected in 2019 (of these cases, over three-quarters of reports were for neglect).¹² And this number dramatically understates the problem: national surveys suggest that three times as many children are maltreated each year as is recorded by Child Protective Services agencies.¹⁴

The intergenerational cycle of ACEs and toxic stress is demonstrable when analyzing these and other risk factors for entry into the child welfare system. In addition to the original ACEs, there are many other life stressors that can also reduce a caregiver's capacity to cope effectively with the typical day-to-day stresses of raising children. These include financial and social stressors, such as poverty or financial insecurity, unemployment, housing insecurity or homelessness, and community violence. Without sufficient buffering supports, these challenges can also lead to ACEs for their children through increasing child abuse, neglect, and/or household challenges, as well as potentially serving as additional risk factors for directly activating the toxic stress response.^{15,16}

Children placed in foster care as a result of substantiated abuse or neglect represent a population at high risk for toxic stress and the neuro-endocrine-immune-metabolic dysregulation it produces. Together with the emotional, physical, and social disruptions that foster care can entail, the toxic stress response can take a heavy toll on the health and well-being of foster children throughout their lifetimes.

Foster youth have been documented to have greater risk of the medical, behavioral, educational, and social consequences of toxic stress, including higher rates of ACE-Associated Health Conditions—such as diabetes, asthma, and substance use disorder—as well as high school noncompletion, lower earnings, greater risk of unemployment, and greater risk of justice involvement.¹⁷⁻²⁶

The Role of the Social Services Sector in Preventing and Mitigating Toxic Stress

Historically, the child welfare system has focused its attention and resources on tertiary prevention efforts for children who have already experienced abuse or neglect. There is a new urgency to promote primary and secondary prevention as well—that is, preventing abuse and neglect before it occurs by addressing major drivers of child welfare involvement, such as: family poverty, unaddressed family mental health challenges, including substance use, and parental history of ACEs like abuse or neglect.

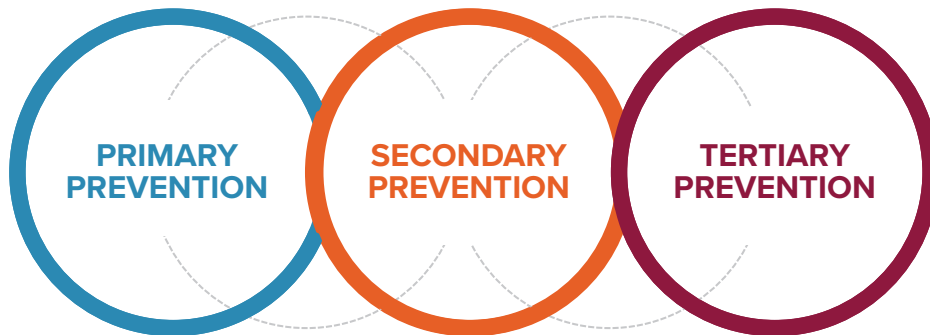
The social services and child welfare sector now offers a fuller range of preventive and intervention services, including strengthening social and economic supports for families, direct provision of parent education and skills training to reinforce family strengths, and other efforts to lessen risk factors for adversity by increasing protective or buffering factors.

To achieve the goal of reducing ACEs and toxic stress by half within a generation, it is essential to raise awareness of ACEs and toxic stress science and implement evidence-based policies, strategies, and programs that promote safe, stable, and nurturing relationships and environments, so all children have the opportunity to reach their full potential.

Given the high burden of ACEs, toxic stress, and ACE-Associated Health Conditions in families accessing social services, liaising with the healthcare system is of crucial importance. Some children in foster care are cared for by specialty child abuse pediatricians or a primary care clinic that specializes in foster care. Child welfare organizations can also connect children, youth, and families to an ACEs Aware provider who is trained to recognize and respond to toxic stress via the [online provider directory](#).¹³



Social Services Sector Strategies for Preventing and Addressing ACEs and Toxic Stress



Primary Prevention Strategies

These activities are directed at the general population to strengthen communities and improve child well-being by addressing the social and economic determinants of health and structural inequalities to increase buffering resources and reduce the likelihood of adversity.

Secondary Prevention Strategies

These activities are offered to families with risk factors associated with child maltreatment (e.g., poverty, violence, substance abuse, mental health disorders) to strengthen protective factors and mitigate risk.

Tertiary Prevention Strategies

These activities target families who have already experienced ACEs and toxic stress by intervening to mitigate their impacts, prevent recurrence, and build capacity for buffering of toxic stress.



Primary Prevention Strategies

- ▶ Reduce poverty and improve economic stability through increased access to safety net supports
- ▶ Increase social connections through family resource centers and community events
- ▶ Improve neighborhood safety and play areas for children
- ▶ Improve access to high-quality child care to support school readiness
- ▶ Improve access to high-quality, trauma-informed healthcare
- ▶ Increase family-friendly work environments (e.g., paid family leave, on-site child care)
- ▶ Increase public awareness and support for a shared community responsibility for child well-being (investing in our future)
- ▶ Provide widespread trauma-informed training for all workers in social services and child welfare

Secondary Prevention Strategies

- ▶ Differential response programs—an alternative to CPS involvement for families experiencing serious parental stress, using community resources to provide concrete services (e.g., crisis respite care; food and transportation assistance)
- ▶ Parenting supports and education, and peer mentoring and support groups with a focus on teen or single parents and families with young children
- ▶ Accessible family resource centers that offer information, education, and referral services to meet concrete needs
- ▶ Respite care for families in crisis or with children with special needs
- ▶ Home visiting programs that provide support and assistance to families at risk of abuse or neglect
- ▶ Family-centered treatment services, such as for substance use disorder



Tertiary Prevention Strategies

- ▶ Intensive family preservation services, with trained mental health counselors that are available to families for intensive bursts (6-8 weeks)
- ▶ Parent mentorship and support programs, with stable families providing support to families in crisis
- ▶ Healthcare services to address toxic stress impacts, such as ACE-Associated Health Conditions, in children and caregivers, support family-oriented therapies, and strengthen resilience for affected families. Strategies to address the toxic stress response include enhancing sleep, nutrition, exercise, healthy relationships, mindfulness practices, access to nature, and mental healthcare, as needed.

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