



RESEARCH BRIEF | NOVEMBER 2019

ADVERSE CHILDHOOD EXPERIENCES AND HOUSEHOLD FOOD INSECURITY

A crisis among America's children and families

THE ISSUE

When children are exposed to very challenging experiences, their health suffers. In our recent study, "Adverse Childhood Experiences and Household Food Insecurity: Findings from the 2016 National Survey of Children's Health," we found that across the U.S., families reporting Adverse Childhood Experiences (ACEs), such as domestic violence, neighborhood violence, and family substance abuse, were much more likely to experience household food insecurity.¹

Food insecurity has a number of negative health consequences such as poor child development, higher hospitalizations, and behavioral health problems. This strong association between exposure to adversity and household food insecurity suggests that the U.S. has a serious crisis in child health. Experts on ACEs and food insecurity have linked the experience of both as a form of brain injury. The solutions to this crisis should integrate approaches that address both exposure to violence and discrimination as well as more financial resources so that families can afford food.

KEY TERMS AND DEFINITIONS

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before the age of 18 that have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. Primary caregivers were asked, "To the best of your knowledge, has this child ever experienced any of the following?"

- Divorce
- Incarcerated Parent
- Domestic Violence
- Neighborhood Violence
- Family Mental Illness
- Family Addiction
- Discrimination

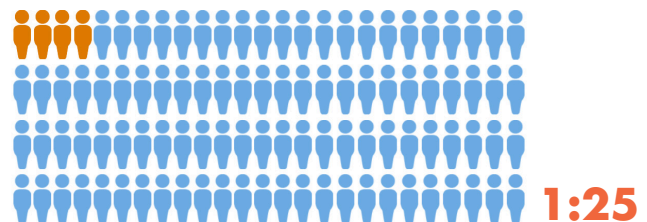
Household Food Insecurity

Household Food Insecurity, or lack of access to enough food for an active and healthy life, was measured during the 12 months prior to the survey. Household food insecurity was determined to be moderate-to-severe when families reported that they could sometimes or often not afford enough to eat. Conversely, families were designated as food secure when they reported always having enough to eat and not having to rely on low cost foods.

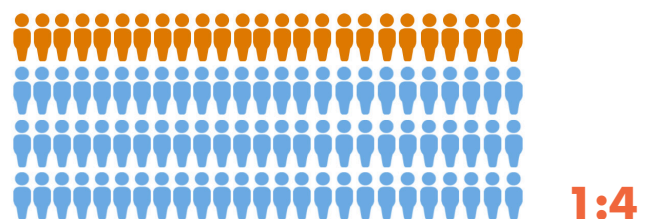
OUR RESEARCH

The study focused on over 50,000 children and their families who participated in the 2016 National Survey of Children's Health. Participants reside in all 50 states and the District of Columbia, making up a nationally representative cross-section of the U.S. population. Parents and caregivers were asked about children's exposure to ACEs and the food security status of their household. The study explored the impact of both specific ACEs and exposure to three or more ACEs on household food insecurity.

RATE OF EXPOSURE TO 3+ ACEs AMONG CHILDREN
IN FOOD-SECURE HOMES

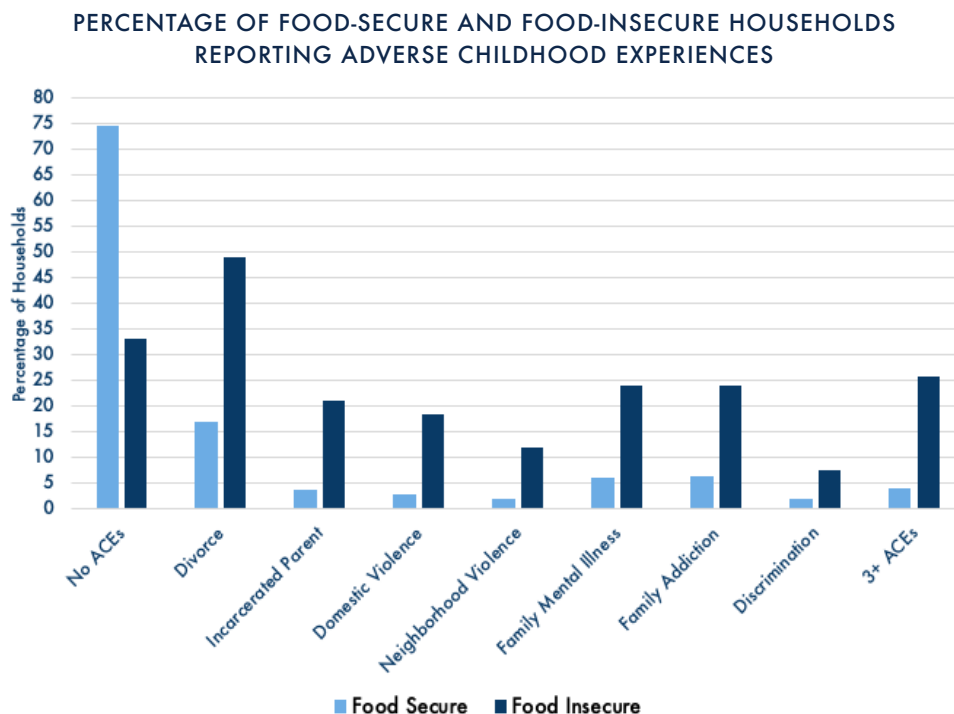


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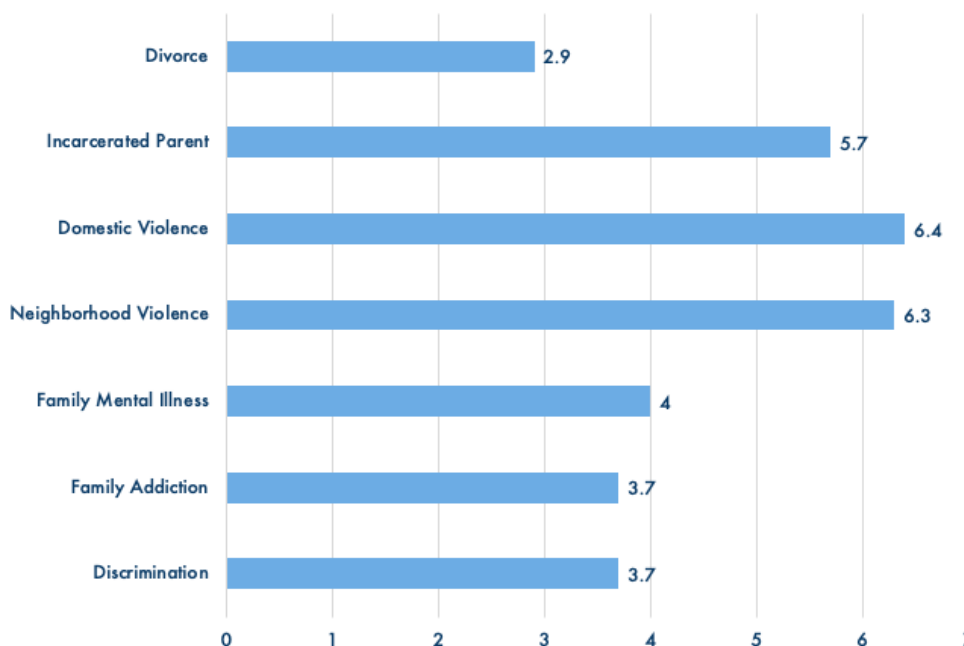


WHAT WE FOUND

Upon investigating each individual form of adversity, it became clear that ACEs were much more common in food-insecure homes than food-secure homes as noted in the graphs below. Just one out of every 25 children in food-secure homes were exposed to three or more ACEs. In food-insecure homes that rose to one in every four children.



INCREASED RISK OF ADVERSE CHILDHOOD EXPERIENCES IN FOOD-INSECURE HOMES



CONCLUSIONS

Based on the research, it is clear that hardship in terms of exposure to violence, discrimination, and incarceration are strongly connected to food insecurity. Investigations into the effectiveness of known solutions for both ACEs and food insecurity are of the utmost importance and cannot be overlooked. America's children are growing fast. They and their families need our undivided attention and support.

RECOMMENDATIONS

This study unequivocally links ACEs and household food insecurity. Our results suggest urgency in implementing solutions to treat children and families who have already been harmed and prevent families from experiencing this double hardship in the future. What links both ACEs and food insecurity together is the experience of trauma. Trauma is a normal response to overwhelming stress caused by violence or deprivation. It can result in physical and mental illness as well as a variety of behaviors that would be considered problematic. There are many ways to treat and prevent trauma in order to build resilience, promote flourishing, and improve somatic integration.

TREATMENT

When a parent or caregiver reports that a child is experiencing ACEs and they do not have enough money for food, this is an indication the family needs immediate and sustained support. This support should include:



Trauma-informed and Healing-centered Care:

Trauma informed care is a coordination of physical and mental health care, as well as public education, that seeks to prevent activating trauma symptoms and creates an environment of empowerment rather than punitive approach to behavior and actions.² Healing-centered care focuses on opportunities to develop resilience, flourishing,³ and integration through building social connection,⁴ dramatic therapy, and other restorative healing practices.⁵



Financial Support: Economic support can be provided through public assistance, such as Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) program, or by supplementing existing supports.



Social Support: Most families who struggle with household food insecurity and ACEs experience social and economic isolation. Evidence shows that peer support programming, specifically trauma informed, can reduce economic insecurity, food insecurity, and depression associated with trauma.⁶



Immediate Access to Food: Grocery store gift cards or healthy grocery supplements can be provided. This may alleviate family tension and nutritional struggle. However, this is only a temporary fix. It should be used in tandem with longer lasting approaches to help families have more sustained support.

PREVENTION

What's most upsetting about the results of this study is that both ACEs and food insecurity are preventable. Adversity can be prevented in the following ways.



Utilize Two Generation Approaches: Expand access to family support that takes into account two generation approaches. Two generation approaches support parent(s) and children simultaneously. Such approaches address mental health and economic stability of caregivers along with the health and development of children. This includes access to universal child care, preschool, and kindergarten. Investment in early learning and support helps promote child development

and wellbeing, while supporting the careers and workforce engagement of parents so they can earn an income.⁷



Invest in Restorative/Reparative Justice: The U.S. has the highest incarceration rate in the world. This is harming America's children and families. Policymakers should invest in alternatives to prison and utilize more trauma-informed approaches, such as restorative justice, that work with people in community to repair the harm caused and ensure that those most affected by crime can participate in its resolution.⁸ Transformative justice is in active use today to help perpetrators and victims of sexual and gender-based violence focus on changing conditions that perpetuate abuse. Doing this demands that communities focus on "liberation," which ensures safety, connection, and dignity for all and allowing every individual to exercise agency. This demands a shift in power from "power over" to "power together."⁹



Provide Access to Comprehensive Health Care: Provide free comprehensive health care that includes mental and physical health supports for children and parents.



Raise Wages and Ensure Work Supports: Ensure families can make enough wages to meet their basic needs, such as housing, food, shelter, and other necessities. Additionally, families should be able to access family-centered work supports such as paid sick leave, family leave, and health insurance.



Increase Care and Compassion for the Family: Invest in promoting respect, care, and concern for each other—where children and adults can practice respect for all expressions of gender, race, ethnicity, age, and economic backgrounds.



Transform Policy Making: Policies should become more trauma-informed. This type of policy making is rooted in values that promote physical and emotional safety, prevent further trauma from occurring, maintain transparency in policies and procedures in order to build trust among stakeholders, collaborate with recipients of services and care, share power with families that need support so they have a strong voice in decision making, and ensure that they are always supportive of people's intersecting identities by avoiding oppression of any individual or group.¹⁰

The **Center for Hunger-Free Communities** is a community-engaged research, service, advocacy, and policy center of Drexel University's Dornsife School of Public Health. The Center offers multi-faceted research and action with the goal of developing innovative, empirically-tested solutions to the challenges of hunger and economic insecurity through partnership with families, researchers, policymakers, and community leaders to find solutions to hunger and poverty based on science and the human experience.

The **Campaign for Trauma-Informed Policy and Practice (CTIPP)** works to create a resilient, trauma-informed society where all individuals, families, and communities have the opportunity and support needed to thrive. CTIPP informs and advocates for public policies and programs at the federal, state, tribal, and local levels that incorporate scientific findings regarding the relationship between trauma and related social and health challenges across the lifespan.

For more information about this study, please see the following article:

Adverse Childhood Experiences and Household Food Insecurity: Findings From the 2016 National Survey of Children's Health. *American Journal of Preventive Medicine* (2019) by Dylan Jackson, Mariana Chilton, Kecia Johnson, and Michael Vaughn

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