

DISRUPTING GENERATIONAL TRAUMA THROUGH ADVOCACY, SUPPORT, AND CONNECTION



AUTHORS

Sarah Campbell (1, 4)
 Sarah Lunney (1)
 Cristian Estrella (1)
 Natalia Fana (1, 4)
 Sarah Gander (1, 2, 3, 4)

AFFILIATIONS

1. Horizon Health Network
2. Memorial University of NFLD
3. Dalhousie University
4. NB Social Pediatrics Inc.



INTRODUCTION

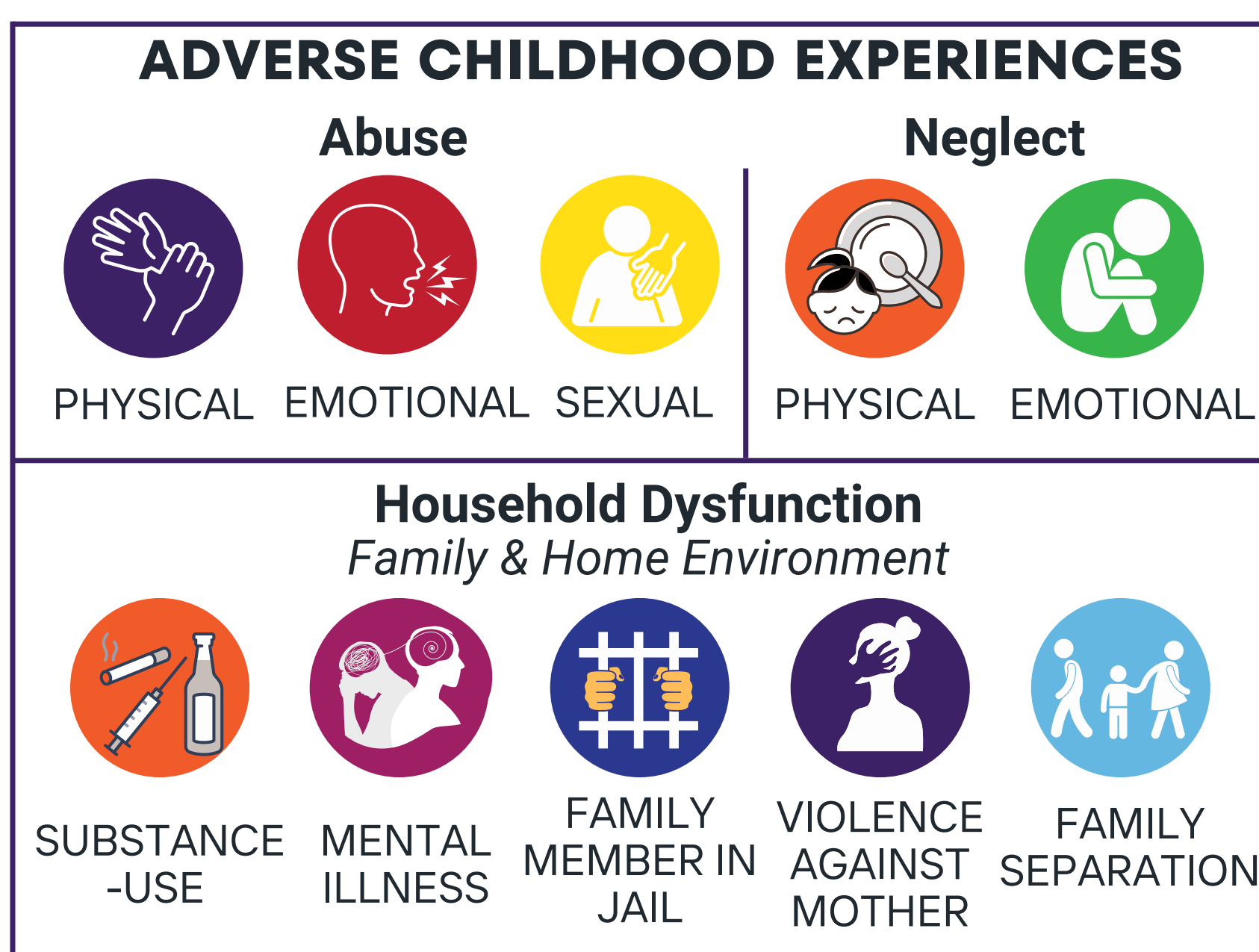
Adverse childhood experiences (ACEs) include several types of abuse, neglect, and household dysfunction. Children that experience four or more ACEs before the age of 18 are at a higher risk for substance-use-disorder. ACEs can lead to long-term impacts on physical and mental health, which persist across generations. The Parent-Child Assistance Program (PCAP) is a three-year, trauma-informed intervention that provides support, advocacy, and service connection to birthing people who use substances (BPWUS). The current study examines trends of trauma and ACEs across three generations of PCAP families.

METHODOLOGY

This retrospective, observational study of PCAP clients describes psychosocial factors of clients, their parents/grandparents, and their children. Data are collected at intake and at 6-month intervals over three years. Key constructs include family history of psychiatric diagnoses, alcohol- and substance-use; client ACE score, relationship history, involvement of child protective services, and an ACE risk score for clients' children, based on known ACE risks (i.e., family separation, incarceration, intimate partner violence, substance-use, housing insecurity). Correlations will identify associations of constructs across generations.

RESULTS/FINDINGS

Among 71 clients, most report a family history of alcohol-use disorder (95%), substance-use (85%), and psychiatric diagnoses (86%). PCAP clients' mean ACE score is 6.44 (SD =3.44) out of 10. The mean ACE risk score of their children is 3.23 (SD=0.944) out of 5. Most clients report child protection service (CPS) involvement with their family during their childhood (72%), and in their adulthood as parents (88%). There was a strong association between child protection being involved with the client as a child, and again when they were a parent (chi-square=13.535, df=1; p<0.01).



PCAP Client ACE Scores

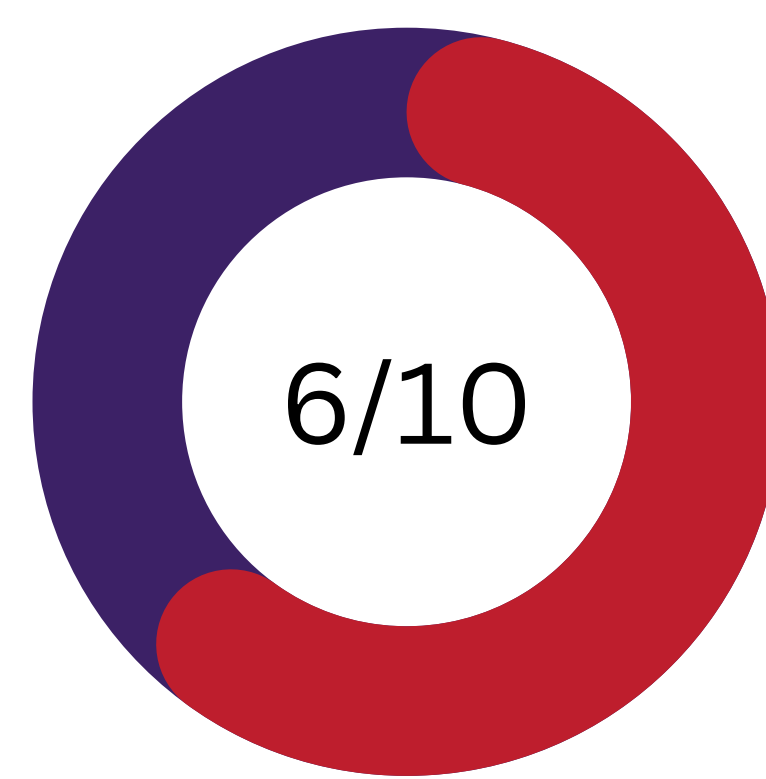


Figure 1. PCAP Client ACE Scores. PCAP clients have an average ACE score of six out of ten (M=6.44, SD=3.44). ACEs are linked with poor health and social outcomes, as well as substance-use disorder, across the lifespan, and across generations

PCAP Child ACE Risk Score

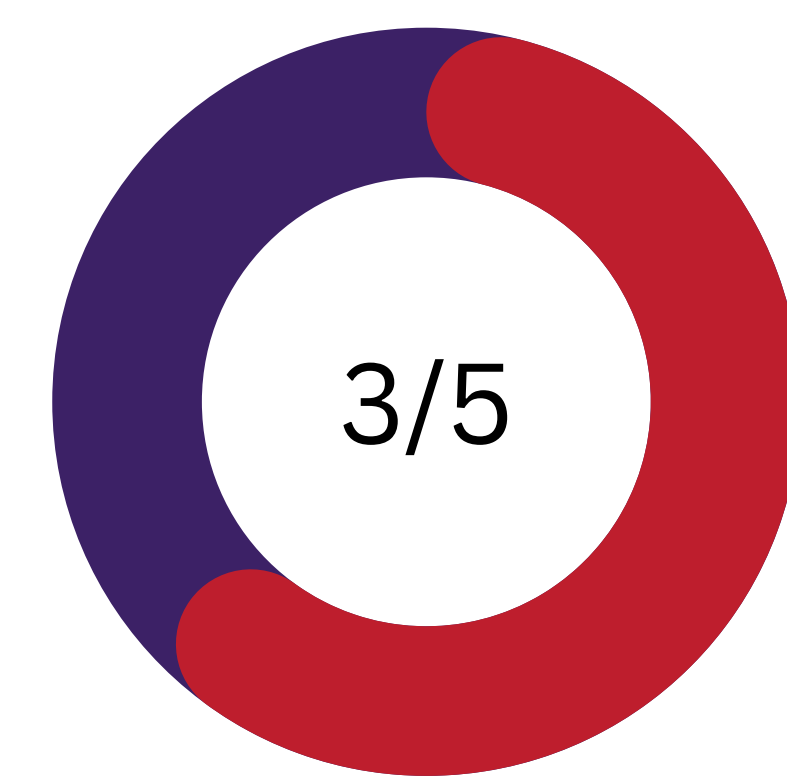


Figure 2. PCAP Child ACE Risk Scores. Children of PCAP clients had an average ACE risk score of three (m=3.44, SD=0.944) out of five, demonstrating a recurrence of ACEs and trauma across the generations of PCAP clients' families.

Family History of PCAP Clients

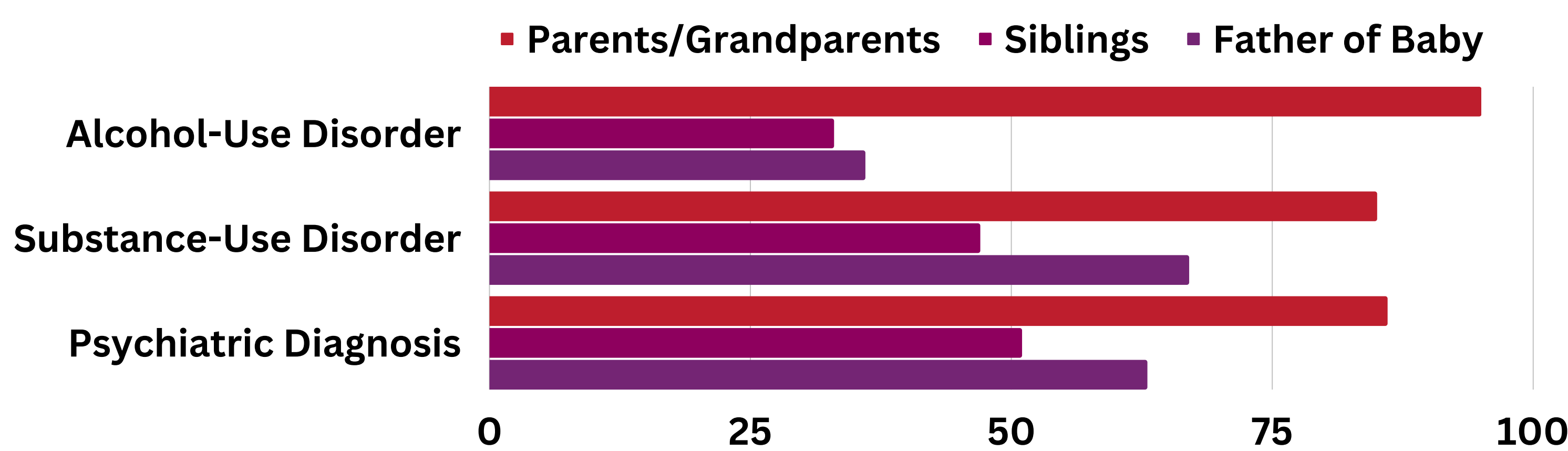


Figure 3. Family History of PCAP Clients. When asked about their parent's and grandparent's generation 85-96% of clients reported histories alcohol, substance, and/or psychiatric issues. When asked about their siblings, 33-51% of clients have a sibling with at least one of these issues. Similarly, when asked about the father of their child(ren), 36%, 67%, and 63% of clients reported he had issues with alcohol, substances, or psychiatric problems, respectively.

Child Protective Services (CPS) Involvement with PCAP Clients as Children and as Parents.

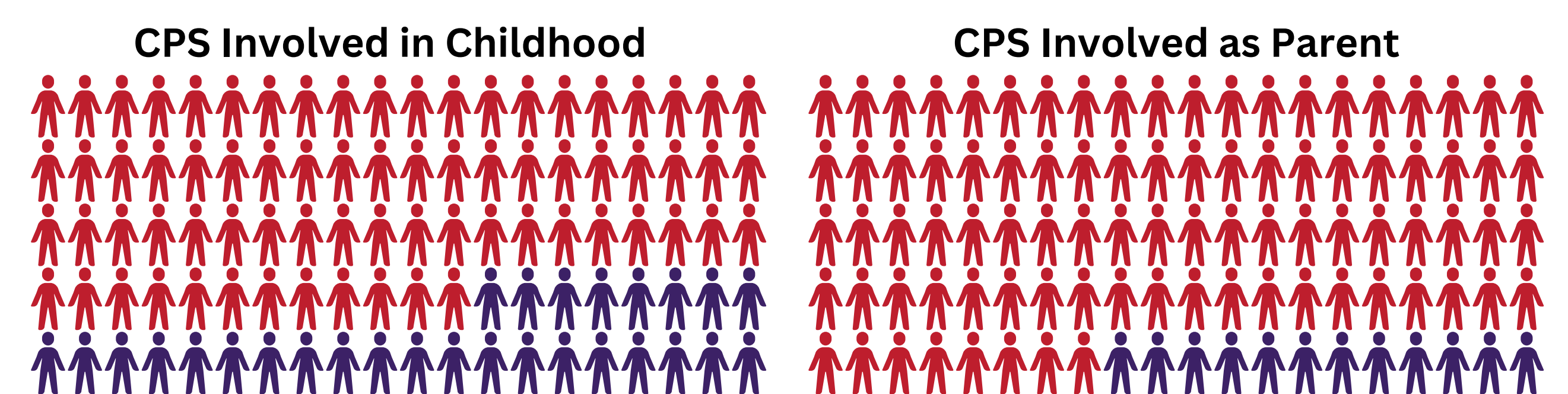


Figure 4. Child Protection Involvement with PCAP Clients as Children and as Parents. Almost three-quarters (72%) of PCAP clients reported that Child Protective Services (CPS) were involved with their families when they were growing up, that they spent time in foster care, or were adopted as child. As parents, 88% of clients have had CPS involvement with their families. There was a strong association between child protection being involved with the client as a child, and again when they were a parent (chi-square=13.535, df=1; p<0.01).

CONCLUSION

Generational adversity occurs when trauma, toxic stress, and adverse childhood experiences (ACEs), impact the biology and behaviour of an individual who then goes on to be a parent. Study findings demonstrate the pervasive generational cycle of trauma and adversity of BPWUS in PCAP. There are no simple solutions to quickly reverse this cycle, but PCAP Advocates attempt to disrupt it. This is achieved through the role modelling of positive and supportive relationships, building community connections to mitigate isolation and stigma, and through the promotion of positive childhood experiences (PCEs) in their children, the best antidote to ACEs. Accumulating evidence suggests that PCEs may be equally as important as ACEs in predicting long-term health and well-being across generations. One study found that children whose mothers reported high PCEs were less likely to have psychosocial challenges. Further research is needed to understand the effectiveness of promoting PCEs, and of the PCAP approach.

REFERENCES



PCAP is a unique program that provides personalized support for women/birthing people who use substances by pairing them with an Advocate for three years. Advocates work with clients to identify, set, and achieve their goals. Together, Advocates and clients connect with community resources, and navigate complex systems to build the client's personal assets and autonomy.

Parents who use substances are more likely to experience adversity and feel isolated from their communities. The impact of this directly impacts their children, and the cycle continues. PCAP is only one part of the puzzle needed to disrupt this cycle. Our families need support from every aspect of their community. In the last year, we have watched our first clients graduate from the program. We are so excited for what the future holds for them.



PCAP Team: Holly Seale, Lead PCAP Advocate; Kelly Carline, PCAP Advocate; Hallie Merry, PCAP Advocate; Also Pictured: Joanna Beckett.

