

Adverse Childhood Experiences in Minnesota: Family Relationships, Abuse, and Violence at Home

Experiencing emotional, physical, or sexual abuse is traumatic for youth, and research has found that these experiences can cause a wide range of negative outcomes. These include poorer mental health, substance use, suicide attempts, risky behavior, and other types of behavior concerns (Noble-Carr et al., 2020). Additionally, witnessing family violence can negatively impact youth in several ways, including relationship disruption and loss and feelings of isolation, fear, worry, sadness, and powerlessness.

Alternatively, positive family relationships, including those between caregivers and youth, between caregivers themselves, and between siblings or other youth relationships, can promote well-being and positive mental and physical health with benefits to self-esteem, healthy behaviors, coping with stress, and substance use behaviors (Thomas et al., 2017). For the most current local data on the percentage of youth reporting physical, verbal, or sexual abuse and violence at home, please visit MDH's interactive [Adverse Childhood Experiences Data \(www.web.health.state.mn.us/communities/ace/data/index.html\)](http://www.web.health.state.mn.us/communities/ace/data/index.html).

There are several effective strategies that communities can use to prevent or mitigate the harms from family violence, support youth and families who have experienced family violence, and promote positive family relationships and cohesion.

Effective strategies

Strategies for promoting positive family relationships and parenting practices and addressing family abuse and violence concerns include:

- **Home visiting programs** in which nurses, mental health providers, or other professionals visit caregivers who are going through pregnancy or have young children. Professionals may assess the family's needs and assets; develop a tailored support plan; provide education on parenting skills, child development, and behavior concerns; and promote positive health behaviors, communication, and relationships. It may also involve connecting families with other resources and services (Fortson et al., 2016; Healthy Families America, n.d.; Social Programs that Work, 2017a; Social Programs that Work, 2017b).

Relevant indicator(s):

- Physical abuse
- Emotional abuse
- Sexual abuse by relative
- Witnessed violence at home
- Sense of safety at home
- Family connectedness

Strategies for strengthening connections to basic needs can also contribute to positive and healthy parenting practices and family relationships.

- **Parenting skills education and programming** for caregivers to learn how to provide a safe and positive home environment, promote learning and cognitive development, effectively discipline youth, set expectations, and how to care for their own needs (Fortson et al., 2016; Social Programs that Work, 2017c). Programming can be provided by a wide range of professionals in a wide range of settings. Examples of Minnesota initiatives
- **Family-friendly work policies** to ensure caregivers can provide economic stability for their family while also providing and caring for their youth (Fortson et al., 2016). This can include policies such as livable wages, paid parental and sick leave, and flexible schedules.
- **High quality early childhood education that engages caretakers** to promote healthy cognitive, social, and emotional development while encouraging them to take an active role in their child’s education (Fortson et al., 2016). Caretaker engagement can also help develop the relationship between the caretaker and early childhood educator to improve communication and collaboration and align strategies for supporting the youth and addressing concerning behavior.
- **Clinical services and other intensive interventions** to help reduce the impact of abuse and violent experiences and prevent future incidents (Fortson et al., 2016; National Child Traumatic Stress Network, n.d.). This can include services for individual youth and individual caregivers, as well as family-based services and services aimed at improving the relationship between multiple caregivers.

Examples of Minnesota initiatives

Family Home Visiting Program

The Minnesota Department of Health supports family home visiting programs across the state through grants, technical assistance, and an advisory group. Programs may implement a variety of different evidence-based models, and some programs focus on specific communities, such as the Family Spirit program at the Northwest Indian Community Development Center in Bemidji.

More information about [Minnesota’s Family Home Visiting Program \(www.health.state.mn.us/communities/fhv/index.html\)](http://www.health.state.mn.us/communities/fhv/index.html)

FamilyWise Services

FamilyWise Services aims to promote family resiliency by providing parent education for families at risk of experiencing neglect or abuse, supervised parenting visits, peer parent support groups, programming for teen parents with histories of out-of-home placement or justice system involvement, early childhood education, and wraparound supports. They also provide ACEs trainings to raise awareness of trauma and its impacts and building resiliency.

For more information about [FamilyWise Services \(familywiseservices.org/\)](http://familywiseservices.org/)

Examples of national initiatives

Trauma-focused cognitive behavioral therapy

Trauma-focused cognitive behavioral therapy is an evidence-based clinical treatment for youth who have experienced trauma and their caregivers. It can help address concerns related to mental health, behavior, relationships and attachment, and academics and promote emotion regulation, positive relationships, family communication, and parenting skills. Providers can obtain certification in TF-CBT, and there are several adaptations available that are tailored to specific cultural groups and/or youth with certain identities.

More information about [Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program \(tfcbt.org/\)](https://tfcbt.org/)

Family-Friendly Initiative at the United Way of Greater Stark County

The Family-Friendly Initiative at the United Way of Greater Stark County advocates for family-friendly workplace policies and provides resources for organizations to learn about these types of policies and how they can be implemented. They also offer annual awards for local workplaces to recognize organizations that implement family-friendly workplace policies.

More information about the [Family-Friendly Initiative \(www.uwstark.org/get-involved/donor-networks/women-united/family-friendly-initiative/\)](https://www.uwstark.org/get-involved/donor-networks/women-united/family-friendly-initiative/)

References

- Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Centers for Disease Control and Prevention. [Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities \(www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf\)](http://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf)
- Healthy Families America. (n.d.). *Our approach*. [Our approach \(www.healthyfamiliesamerica.org/our-approach/\)](http://www.healthyfamiliesamerica.org/our-approach/)
- National Child Traumatic Stress Network. (n.d.). *Interventions*. [Interventions \(www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/interventions\)](http://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/interventions)
- Noble-Carr, D., Moore, T., & McArthur, M. (2020). Children's experiences and needs in relation to domestic and family violence: Findings from a meta-synthesis. *Child & Family Social Work, 25*, 182-191. [Children's experiences and needs in relation to domestic and family violence: Findings from a meta-synthesis \(doi.org/10.1111/cfs.12645\)](https://doi.org/10.1111/cfs.12645)
- Social Programs that Work. (2017a). *Evidence summary for Child FIRST*. [Evidence summary for Child FIRST \(evidencebasedprograms.org/document/child-first-evidence-summary/\)](http://evidencebasedprograms.org/document/child-first-evidence-summary/)
- Social Programs that Work. (2017b). *Evidence summary for the Nurse Family Partnership*. [Evidence summary for the Nurse Family Partnership \(evidencebasedprograms.org/document/nurse-family-partnership-nfp-evidence-summary/\)](http://evidencebasedprograms.org/document/nurse-family-partnership-nfp-evidence-summary/)
- Social Programs that Work. (2017c). *Evidence summary for the Triple P System*. [Evidence summary for the Triple P System \(evidencebasedprograms.org/document/the-triple-p-system-evidence-summary/\)](http://evidencebasedprograms.org/document/the-triple-p-system-evidence-summary/)
- Thomas, P. A., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation in Aging, 1*(3). [Family relationships and well-being \(doi.org/10.1093/geroni/igx025\)](https://doi.org/10.1093/geroni/igx025)

Minnesota Department of Health
Injury and Violence Prevention Section
PO Box 64975
St. Paul, MN 55164
651-201-4035
MDH_HPCD_5.6-IVPS-Economics_Evaluation_Unit@state.mn.us
www.health.state.mn.us

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