Adverse Childhood Experiences (ACE)

Stephanie Miller, MSW
agenda

{ introductions
  review of ACEs
  protective factors
  discussion and questions}
part I: introductions
disclaimers

• sharing ACEs research
  - *but trauma does not determine your destiny*

• not an expert of your communities

• the information can be challenging to hear, please do what is needed for self-care (e.g. leave the room, drink water, etc.)
a little bit about you

• where have you heard of ACEs?
• what do you hope to take away from this training?
part II: where did ACEs come from?
finding ACEs...

- 1985: Dr. Vincent Felitti – Chief of Kaiser Permanente’s Department of Preventive Medicine in San Diego, CA
- weight loss clinic designed for people 100-600 lbs. overweight
finding ACEs...

• 50% dropout rate in the clinic’s five years
• Dr. Felitti found that dropouts had been born at a normal weight
• weight was gained abruptly, and if any weight was lost- it was regained quickly
• digging deep into the dropout records and conducting interviews he found the common thread – *childhood trauma*
The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being.

https://www.cdc.gov/violenceprevention/acestudy/about.html
study participants

75% White
11% Hispanic/Latino
7% Asian/Pacific Islander
5% African-American
2% Other
study participants

54% Female
46% Male

46% >60 years
20% 50-59 years
19% 40-49 years
10% 30-39 yrs
5% 19-29 yrs
study participants

39% college graduate or higher
36% some college
18% high school graduate
7% not high school graduate
Participants reflected a cross-section of middle-class American adults.
part III: the ACEs study
what are adverse childhood experiences?
traumatic experiences in childhood, sometimes referred to as toxic stress or childhood trauma
two categories of ACEs

- growing up (prior to age 18) in a household with abuse
- growing up in a household with dysfunction
childhood abuse

- recurrent physical abuse
- recurrent emotional abuse
- sexual abuse
- emotional or physical neglect
• alcohol or drug use
• incarcerated household member
• someone chronically depressed, suicidal, institutionalized or mentally ill
• mother being treated violently
• disappearance of a parent through divorce, death or abandonment
ACE questionnaire

- no need to share score
- consider the experiences of the people we work with who take the assessment
small group discussion

- what do ACEs scores tell us?
- how does this information apply to your role at work?
- how does knowing this information impact the community?
part IV: review of ACEs research
Top 10 risk factors for death in the US

Smoking
Severe obesity
Physical inactivity
Depression
Suicide attempt

Alcoholism
Illicit drug use
Injected drug use
50+ sexual partners
History of STD/STI

https://www.cdc.gov/mmwr/preview/mmwrhtml/su6304a2.htm#tab2
Life long physical, mental & behavioral outcomes of ACEs

Smoking
Obesity
Ischemic heart disease
Chronic obstructive pulmonary disease
Fetal death
Liver disease
Unintended pregnancy

Alcoholism
Illicit drug use
Depression
Intimate partner violence
High risk sexual activity
Suicide attempts
STDs/STIs
Life long physical, mental & behavioral outcomes of ACEs

Smoking
Obesity
Ischemic heart disease
Chronic obstructive pulmonary disease
Fetal death
Liver disease
Unintended pregnancy

Alcoholism
Illicit drug use
Depression
Intimate partner violence
High risk sexual activity*
Suicide attempts
STDs/STIs
many chronic diseases in adults are the result of experiences in childhood
consequences of lifetime exposure to violence and abuse
consequences of lifetime exposure to violence and abuse
out of 100 people...

33% Report No ACEs
- with 0 ACEs
  1 in 16 smokes
  1 in 69 are alcoholic
  1 in 480 use IV drugs
  1 in 14 has heart disease
  1 in 96 attempts suicide

51% 1-3 ACEs
- with 3 ACEs
  1 in 9 smokes
  1 in 9 are alcoholic
  1 in 43 use IV drugs
  1 in 7 has heart disease
  1 in 10 attempts suicide

16% 4-10 ACEs
- with 7+ ACEs
  1 in 6 smokes
  1 in 6 are alcoholic
  1 in 30 use IV drugs
  1 in 6 has heart disease
  1 in 5 attempts suicide
why is this important?
because ACEs are...

- surprisingly common
- occur in clusters
- the basis for many common public health problems
- strong predictors of later social functioning, well-being, health risks, disease, and death
ACEs are highly interrelated

Alcohol Abuse in the Home and the Risk of Other Household Exposures During Childhood

- Mother treated violently
- Mental illness
- Drug use
- Suicide attempt
- Member imprisoned

0 alcohol abusers
1 alcohol abuser
2 or more
ACE score of 4 or more may result in multiple risk factors for these diseases or the disease themselves.
ACE score of 6 or more may result in a 20 year decrease in life expectancy.
Dr. Nadine Burke Harris - TEDMED

- internationally known for linking Adverse Childhood Experiences and toxic stress with harmful effects to health later on in life
- founder and chief executive officer of the Center for Youth Wellness
small group discussion

• where have you observed ACEs?

• what outcomes do you see in your place of practice that are related to ACEs?

• how does knowing this information impact your work?

• what impact of historical trauma can be related to ACEs?
how do you see ACEs manifested in your community?
ACEs & Native American communities

78% of the sample reported at least one ACE

40% reported at least two

ACEs & Native American communities

Non-Hispanic Native American adults are at greater risk of experiencing feelings of psychological distress and more likely to have poorer overall physical and mental health and unmet medical and psychological needs.

Barnes, Adams, & Powell-Griner, 2010
ACEs & Native American communities

• suicide rates for Native American adults and youth
  o higher than the national average
  o second leading cause of death for Native Americans from 10–34 years of age

Centers for Disease Control and Prevention [CDC], 2007
ACEs & Native American communities

Native American individuals are overrepresented in the areas of heart disease, tuberculosis, sexually transmitted diseases, and injuries with, diabetes being more prevalent with this population than any other racial or ethnic group in the United States

Barnes et al., 2010
ACEs & Native American communities

• parenting impacted by parental exposure to trauma

• parents may have difficulty with trust and intimacy from their experiences of being victimized
  o it may be a challenge for them to develop a healthy attachment with their children

• adults who have been subjected to abuse and neglect may unintentionally enter into a cycle of violence with their own children
ACES & Native American communities

- forced removal of Native American children from their homes and tribal communities, the familial structure was interrupted and many suffered extreme abuse and neglect
- subsequent generations of Native Americans developed coping strategies

Cole, 2006
each person’s response to traumatic events is their way of coping to survive...
all behavior has meaning - both good and bad

we need to ask what might be going on beneath the surface
in response to trauma, individuals create coping strategies some are helpful and some contribute to risk factors that are damaging to health
Risk factors for these diseases are initiated during childhood or adolescence and continue into adult life.
in adolescence, children seek relief through:

- drinking alcohol
- smoking tobacco
- sexual promiscuity
- using drugs
- overeating/eating disorders
- delinquent behavior
high risk teen behaviors

• may not be the core problem
• they may be the coping devices
• a way to feel safe or just feel better
Adverse Childhood Experiences vs. smoking as an adult
Adverse Childhood Experiences vs. adult alcoholism
ACE Score vs. intravenous drug use
childhood experiences underlie later suicide
reducing costs

research shows that just asking about ACEs – significantly decreases doctor office visits and costs
how do we meet the challenges that ACEs present?
part V: protective factors
building resilience with protective factors
protective factors

- conditions that increase health and well being

- critical for **everyone** regardless of age, sex, ethnicity or racial heritage, economic status, special needs, or the dynamics of the family unit

- buffers that provide support and coping strategies
protective factors

{ community
  family }
resilience questionnaire

• what did completing the questionnaire make you think about?

• what would this experience be like for the people you work with?
small group discussion

• what cultural strengths and protective factors are you witnessing?

• how is success defined by members in the community?

• what can you do about ACEs in your community?
in closing...

thank you

moment of gratitude

Stephanie Miller, MSW
Research Specialist; Field Liaison
520.884.5507x20605
StephanieF.Miller@asu.edu
references


