

“Like a Footprint in Wet Cement” Understanding and applying Adverse Childhood Experience (ACE) Research

Victor I. Vieth
Senior Director & Founder
National Child Protection Training System
Gundersen Health System



The agenda

- ACE: The most important research in the history of medical science
- Recognizing ACE characteristics in ourselves and others
- Additional research: exposure to violence
- Additional research: emotional abuse
- Additional research: neglect
- Addressing ACEs now and in the future
- Resiliency factors



Most children are abused in the home

- Percentage of children abused by biological parents or non-biological parent or partner
 - 100% of neglected children
 - 93% of emotionally abused children
 - 91% of physically abused children
 - 60% of sexually abused children
- NIS 4 (2010)



Abuse in the home often leads to other abuse such as trafficking

- History of sexual abuse, physical abuse or neglect in the home can play a significant role in leading to sexual exploitation/trafficking (Kortla 2010; Williamson & Prior 2009).
- One study finds 91% of exploited/trafficked children in the U.S. were abused in their home, 77% had prior involvement with CPS (Williamson & Prior 2009).



Physical and emotional impact



The beginning of ACE: Weight Loss Program

- While operating a major weight loss program, medical professionals noticed the program “had a high dropout rate limited almost exclusively to patients successfully losing weight.” (Felitti 2010) (emphasis added)
- “...led us to recognize that weight loss is often sexually or physically threatening and that certain of the more intractable public health problems such as obesity were *also* unconscious, or occasionally conscious, compensatory behaviors that were put in place as solutions to problems dating back to the earliest years, but hidden by time, shame, by secrecy...” (Felitti, 2010)
- A phone call from a friend



The ACE researchers' epiphany

"In the context of everyday medical practice, we came to recognize that the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement are often lifelong."

--Felitti 2010



The ACE research

- CDC/Kaiser Permanente's Department of Preventative Medicine in San Diego
- Kaiser health plan: 17,000 adult patients
- 80% White or Hispanic
- 10% Black
- 10% Asian
- Average age was 57
- Half men, half women
- 74% had attended college



The significance of the population studied

"This is a solidly middle class group...it is not a group that can be dismissed as atypical, aberrant or 'not in my practice.' Disturbingly, it is us—a point not to be overlooked when considering the problems of translating the ACE Study's findings into action."

--Felitti 2010



Ten Adverse Childhood Experiences

- Emotional abuse (humiliation, threats) (11%)
- Physical abuse (hit hard enough to receive injuries) (28%)
- Contact sexual abuse (28% women, 16% men)
- Mother treated violently (13%)
- Household member alcoholic or drug user (27%)
- Household member imprisoned (6%)
- Household member chronically depressed, suicidal, mentally ill, psychiatric hospitalization (17%)
- Not raised by both biological parents (23%)
- Neglect—physical (10%)
- Neglect—emotional (15%)



1 or more ACE increases risk of:

- Cancer
- Heart disease
- STDs
- Liver disease
- Smoking
- Alcohol abuse
- Obesity
- Drug dependence
- IV Drug Use
- Early intercourse, pregnancy
- Depression
- Anxiety disorders
- Hallucinations
- Sleep disturbances
- Memory disturbances
- Anger problems
- Domestic violence risk
- Job problems
- Relationship problems



ACE and psychiatric disorders

- 10% of men and 18% of women with depression have 0 ACE score, but 54% of women and 36% of men with depression have ACE score of 4 or higher
- Everyone with memory impairment had at least one ACE score and 35% of those suffering from memory impairment had an ACE score of 5 or more



ACE and health risks

- About 5% of smokers have an ACE score of 0, but 95% have one or more ACE and approximately 16% have an ACE score of 6 or more
- About 2% of alcoholics have ACE score of 0, 98% have ACE of at least 1 and 16% have ACE score of at least 4
- About 93% of those having intercourse before 15 have an ACE score of at least 1 and about 27% of those have an ACE score of at least 4



ACE and medical disease

- “Biomedical disease in adults had a significant relationship to adverse life experiences in childhood in the ACE study.” (Felitti 2010)
- For example, the likelihood of heart disease was increased in *all* ten ACE categories
- This is because of coping behaviors (i.e. smoking) that are “self-help” mechanisms but, even after correcting for “conventional risk factors” there was a strong relationship because of the impact “on the developing brain and body systems...” (Felitti 2010)



ACE and health care costs

- ACE score correlation with antidepressant and other prescriptions
- The higher the ACE score, the more frequent medical visits and other medical expenses caused, in part, because ACE “patients with multiple visits to the doctor commonly do not have a unifying diagnosis underlying all the medical attention. Rather, they have a multiplicity of symptoms: illness but not disease.” (Felitti 2010)



ACE and life expectancy

“...individuals with ACE Score 6 and higher had a lifespan almost two decades shorter than seen in those with an ACE Score 0 but otherwise similar characteristics.” (Felitti 2010)



What happens if doctors simply ask?

“When medical professionals asked 440,000 adults undergoing comprehensive medical evaluation about ACEs, there was a 35% reduction in hospital visits in the subsequent year (as opposed to the year before), an 11% reduction in emergency room visits, and 3% reduction in hospitalizations.” (Felitti 2010)



Why would simply asking help?

- “...the impression of the clinicians evaluating these patients is that the reduction represents the benefit of having, through a comprehensive medical history, the worst secrets of one’s life understood by another, and still being accepted as a human being.” (Felitti 2010)



Applying ACE research in a faith community



© 2012 NCPTC

GUNDERSEN
NATIONAL CHILD
PROTECTION TRAINING CENTER

Effects of Exposure to IPV

(Summers, 2006)

	Infants	Preschool Age	School Age	Adolescents
Behavioral	<ul style="list-style-type: none"> Fussy Decreased responsiveness Trouble sleeping Trouble eating 	<ul style="list-style-type: none"> Aggression Behavior problems Regressive behavior Yelling, irritability Trouble sleeping 	<ul style="list-style-type: none"> Aggression Conduct problems Disobedience Regressive behavior 	<ul style="list-style-type: none"> Dating violence Delinquency Running away Truancy Early sexual activity
Social		<ul style="list-style-type: none"> Trouble interacting with peers Stranger anxiety 	<ul style="list-style-type: none"> Few and low quality peer relations 	<ul style="list-style-type: none"> Dating violence (victim or perpetrator) Increased risk for teen pregnancy

© 2012 NCPTC

GUNDERSEN
NATIONAL CHILD
PROTECTION TRAINING CENTER

Effects of Exposure to IPV

(Summers, 2006)

	Infants	Preschool Age	School Age	Adolescents
Emotional/ Psychological	<ul style="list-style-type: none"> Attachment needs not met 	<ul style="list-style-type: none"> Fear/anxiety, sadness, worry PTSD Negative affect Feeling unsafe Separation anxiety 	<ul style="list-style-type: none"> Somatic complaints Fear & anxiety, depression, low self-esteem, shame PTSD Limited emotional response 	<ul style="list-style-type: none"> Substance abuse Depression Suicidal ideation PTSD Feeling rage, shame Unresponsiveness
Cognitive	<ul style="list-style-type: none"> Inability to understand 	<ul style="list-style-type: none"> Self-blame 	<ul style="list-style-type: none"> Self-blame Distracted, inattentive Pro-violent attitude 	<ul style="list-style-type: none"> Short attention span Pro-violent attitude Defensive

© 2012 NCPTC

GUNDERSEN
NATIONAL CHILD
PROTECTION TRAINING CENTER

Understand effects of DV on children through drawings

An eight-year-old was asked to draw a picture of his father. He wrote in Spanish:

"This is how I see my father because he often gets angry and drunk and his eyes turn red."

© CONNECT – Family Violence Prevention Fund



What is resilience?

- Resilience has been used to describe behavior, intellect, emotional well-being, social functioning or all of the above (Houshyar, 2005)
- Between a third to half of all individuals who have experienced sexual abuse do not (or at least no longer) exhibit adult psychiatric or psychological problems and can therefore be referred to as 'resilient' (Fergusson & Mullen, 1999; McGloin & Widom, 2001)

GUNDERSEN
NATIONAL CHILD ABUSE TRAINING CENTER

What makes a child resilient?

- Perceived social support and social reactions to abuse can influence mental health outcomes and recovery from trauma (Futa et al, 2003; Krause, Kaltman, Goodman, & Dutton, 2008; Ullman, Filipas, Townsend, & Starzynski, 2007)
- Accordingly, if faith community is supportive of a child making an outcry, this may build resiliency

GUNDERSEN
NATIONAL CHILD ABUSE TRAINING CENTER

Strong family dynamics

- A study with hundreds of university students who had experienced childhood abuse found that family characteristics (family conflict or cohesion) affected resilience in adult life far more than the length or type of abuse people had suffered (McClure, Chavez, Agars, Peacock, & Matosian, 2007)
- To the extent the faith community assists in building stronger family dynamics, we are also building resiliency



Sources of resiliency for abused children

(Summers, 2006)

- Educational characteristics
 - Engagement in academics
 - Engagement in extra-curricular activities
 - Positive relationship with instructors



Other resiliency factors

(Herrenkohl et al, 2008)

- Community characteristics
 - Positive relationship with caring, nonabusive adult
 - Adults or peers who disapprove of antisocial behavior
 - Involvement with religious community
 - Peer support
 - Safety of community
 - Access to health care

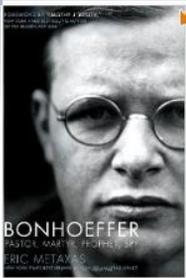


How much your words may mean



GUNDERSEN
NATIONAL CHILD
PROTECTION TRAINING CENTER

“Till the night be passed”



**“Silence in the
face of evil is
itself evil. Not to
act is to act.”**

– Dietrich Bonhoeffer

GUNDERSEN
NATIONAL CHILD
PROTECTION TRAINING CENTER
