



ADVERSE CHILDHOOD EXPERIENCES
ACEs

WHAT ARE ACEs ?
ADVERSE CHILDHOOD EXPERIENCES



- ▶ **TRAUMATIC EXPERIENCES IN CHILDHOOD**
- ▶ **SOMETIMES REFERRED TO AS TOXIC STRESS OR CHILDHOOD TRAUMA**

"THROUGH OUR EYES: CHILDREN, VIOLENCE AND TRAUMA – INTRODUCTION"

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=28VZXDA2KPM](https://www.youtube.com/watch?v=28VZXDA2KPM)



WHAT IS YOUR AWARENESS OF ACEs AND THE ACEs STUDY?

- No Knowledge
- Some Knowledge
- More Than Most
- Expert



HISTORY OF THE ACE STUDY

THE INITIAL PHASE OF THE ACE STUDY WAS FUNDED BY A GRANT FROM THE CDC AND CONDUCTED AT KAISER PERMANENTE FROM 1995 TO 1997.



THE ACE STUDY IS ONE OF THE LARGEST SCIENTIFIC RESEARCH STUDIES OF ITS KIND.



THE RESEARCH TEAM WAS LEAD BY DR. VINCENT FILLETTI.



STUDY PARTICIPANTS

26,000 ADULTS INVITED TO PARTICIPATE

17,337 ACCEPTED

DEMOGRAPHICS:

SOLIDLY MIDDLE CLASS
AVERAGE AGE = 57

FEMALE = 54%
MALE = 46%



RACE:

- WHITE 74.8%**
- HISPANIC/LATINO 11.2%**
- ASIAN/PACIFIC ISLANDER 7.2%**
- AFRICAN AMERICAN 4.6%**
- OTHER 1.9%**



**PARTICIPANT'S
EDUCATIONAL STATUS**

- DID NOT COMPLETE HIGH SCHOOL 7.2%**
- HIGH SCHOOL GRADUATE 17.6%**
- SOME COLLEGE 35.9%**
- COLLEGE GRADUATE OR HIGHER 39.3%**



ACEs ARE COMMON

ACE SCORE	PREVALENCE
0	33%
1	26%
2	16%
3	10%
4 OR MORE	16%



****ALL OF THE INFORMATION COLLECTED ON ACEs SCORES REFLECT EVENTS THAT TOOK PLACE PRIOR TO A PERSON'S 18TH BIRTHDAY**



ACEs QUESTIONNAIRE....



- Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
- 2. Did a parent or other adult in the household often or very often...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
- 3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
- 4. Did you often or very often feel that...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
- 5. Did you often or very often feel that...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
- 6. Were your parents ever separated or divorced? Yes No If yes enter 1 _____
- 7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
- 8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes No If yes enter 1 _____
- 9. Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes No If yes enter 1 _____

**DR. NADINE BURKE HARRIS AND SUZY LOFTUS,
2014 JAMES IRVINE FOUNDATION LEADERSHIP
AWARDS**

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=2CRGPGW5XFE](https://www.youtube.com/watch?v=2CRGPGW5XFE)

TWO CATEGORIES OF ACES
(PRIOR TO AGE 18)

**1) GROWING UP IN A HOUSEHOLD WITH
ABUSE:**

- RECURRENT PHYSICAL ABUSE
- RECURRENT EMOTIONAL ABUSE
- SEXUAL ABUSE
- EMOTIONAL OR PHYSICAL NEGLECT



**2) GROWING UP WITH HOUSEHOLD
DYSFUNCTION:**

- HOUSEHOLD MEMBER WHO IS INCARCERATED
- SOMEONE CHRONICALLY DEPRESSED, SUICIDAL,
INSTITUTIONALIZED OR MENTALLY ILL
- MOTHER BEING TREATED VIOLENTLY
- A CHILD WITH ONE OR NO PARENTS



"NEGLECTED CHILDREN ARE MADE TO FEEL INVISIBLE"



ACEs ARE TRAUMA



- SHAME
- GUILT
- FEAR
- ANGER
- DOUBT
- HURT
- DISCONNECTION
- LOSS
- LONELINESS

A PERSON WITH AN ACE SCORE OF 4 OR MORE INCREASES THEIR RISK FOR DEVELOPING SOME TYPE OF PHYSICAL AND/OR MENTAL HEALTH CONDITION

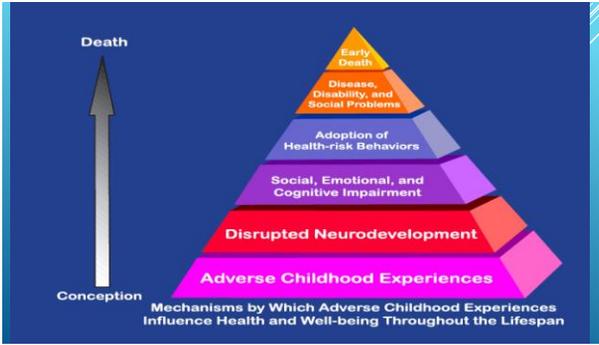
TOP 10 RISK FACTORS FOR DEATH IN USA

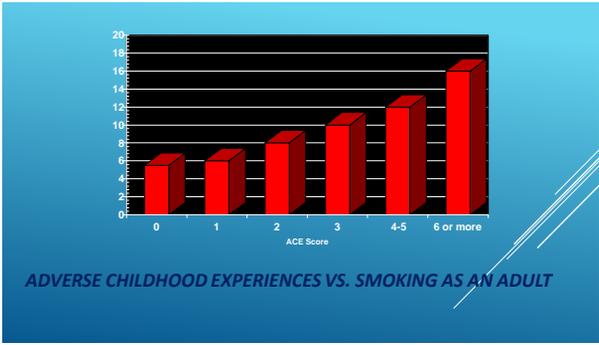
1. SMOKING
2. SEVERE OBESITY
3. PHYSICAL INACTIVITY
4. DEPRESSION
5. SUICIDE ATTEMPT
6. ALCOHOLISM
7. ILLICIT DRUG USE
8. INJECTED DRUG USE
9. 50 + SEXUAL PARTNERS
10. HISTORY OF SEXUALLY TRANSMITTED DISEASES

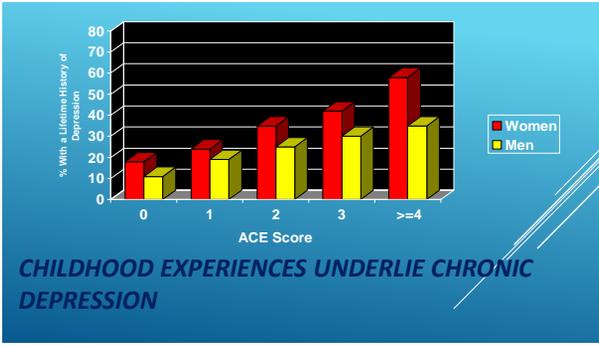


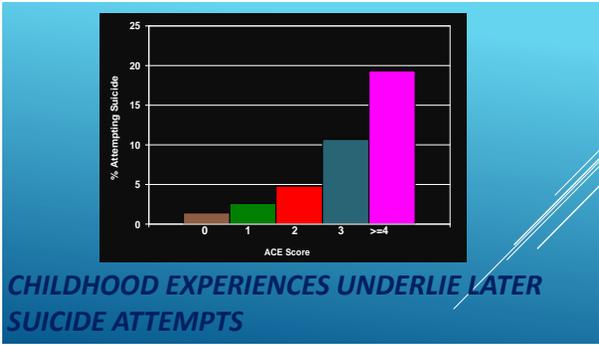
THE EVIDENCE SUGGESTS MANY CHRONIC DISEASES IN ADULTS ARE DETERMINED AND INITIATED BY ADVERSE CHILDHOOD EXPERIENCES

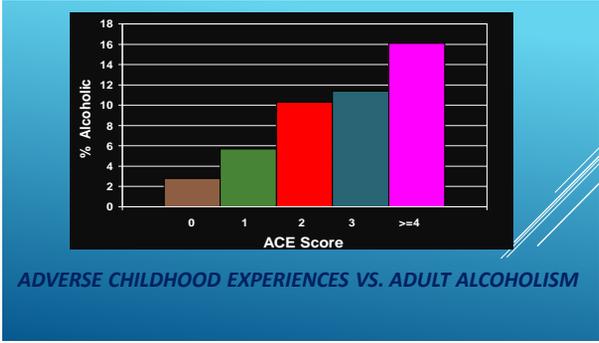


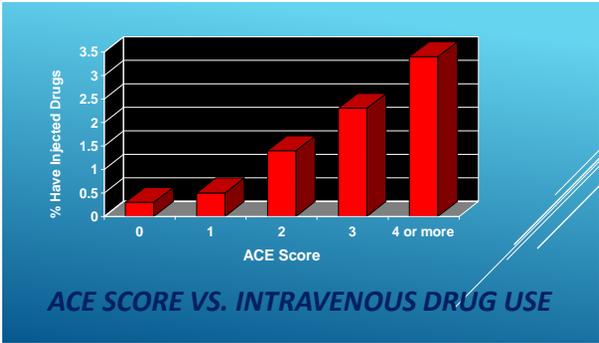


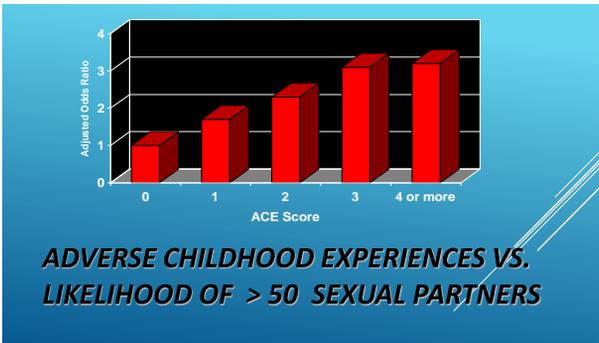


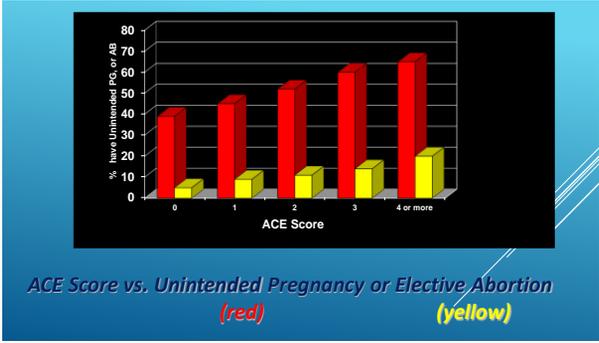














REDUCING COSTS



RESEARCH SHOWS: ASKING ABOUT ACES SIGNIFICANTLY DECREASES VISITS TO THE DOCTOR'S OFFICE AND ULTIMATELY REDUCES COSTS



DEVELOPMENT OF THE BRAIN

THE ARCHITECTURE OF THE BRAIN IS ESTABLISHED IN THE WOMB, AND CONTINUES TO DEVELOP THROUGH THE EARLY ADULT YEARS (up to age 25 or 30). HEALTHY BRAIN ARCHITECTURE IS REQUIRED FOR OPTIMAL FUTURE LEARNING, BEHAVIOR AND HOW WELL WE ADAPT



THE FIGHT OR FLIGHT SYNDROME IN TRAUMATIZED KIDS

<https://www.youtube.com/watch?v=u7VvQu2gNq0> site:youtube.com

IF TRAUMATIC OR TOXIC STRESS OCCURS EARLY IN LIFE THE BRAIN BECOMES "HARD WIRED" TO SURVIVE IT. BEING FEARFUL BECOMES A WAY OF LIFE, OR EVEN CONSIDERED "NORMAL" IF THE TRAUMA IS NOT ADDRESSED

"FIGHT - FLIGHT - FREEZE"



"I HAD ONE WHERE A **KILLER DOLPHIN** ON LEGS WAS CHASING ME AND I COULDN'T RUN **FAST ENOUGH.** THE FEAR I FELT WAS SO REAL."

-JENNA

WHERE DOES FEAR LIVE IN THE BRAIN?



**FEAR LIVES IN THE LIMBIC SYSTEM -
THE AREAS OF THE BRAIN RESPONSIBLE FOR
MEMORY, EMOTION, STRESS, MOTIVATION AND
BEHAVIOR**



**THE LIMBIC SYSTEM SUPPORTS A VARIETY OF FUNCTIONS
INCLUDING:**

ADRENALINE FLOW

EMOTION

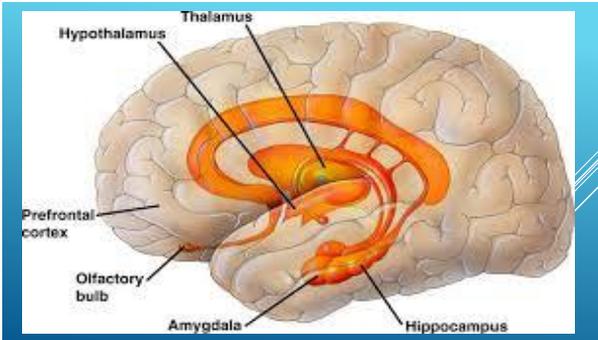
BEHAVIOR

MOTIVATION

LONG-TERM MEMORY,

OLFACTION (SENSE OF SMELL).

**EMOTIONAL LIFE IS LARGELY HOUSED IN THE LIMBIC SYSTEM, AND
IT IS RELATED TO THE FORMATION OF OUR MEMORIES.**



THE HIPPOCAMPUS

LOCATED IN EACH TEMPORAL LOBE
RESPONSIBLE FOR:
PROCESSING LONG TERM MEMORY
AND EMOTIONAL RESPONSES



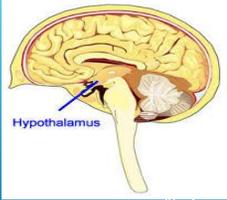
THE AMYGDALA IS LOCATED AT THE
END OF THE HIPPOCAMPUS AND IS
RESPONSIBLE FOR THE MEMORY OF
EMOTIONS – ESPECIALLY FEAR OF
THINGS THAT ARE OUTSIDE OF OUR
CONTROL





THE HYPOTHALAMUS

THE HYPOTHALAMUS CONTROLS THE AUTONOMIC NERVOUS SYSTEM RESPONSIBLE FOR MAINTAINING HOMEOSTASIS - IT IS THE SITE WHERE EMOTIONS ARE PROCESSED



**Damage to the hypothalamus results in severe imbalances in the internal environment.*

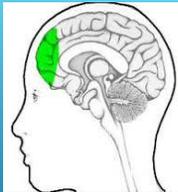
THE THALAMUS

THE THALAMUS IS RESPONSIBLE FOR RELAYING SENSORY AND MOTOR SIGNALS TO THE BRAIN

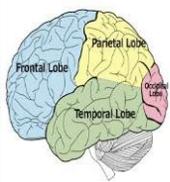


THE PREFRONTAL CORTEX

THE PREFRONTAL CORTEX IS INVOLVED IN DECISION MAKING AND MERGES PAST EVENTS INTO PRESENT EXPERIENCES



THE TEMPORAL LOBE IS LOCATED BEHIND THE EAR AND EXTENDS TO BOTH SIDES OF THE BRAIN. THE TEMPORAL LOBE IS INVOLVED IN VISION, MEMORY, SENSORY INPUT, LANGUAGE, EMOTION AND COMPREHENSION



THE FRONTAL LOBE CONTROLS IMPORTANT COGNITIVE SKILLS IN HUMANS, SUCH AS EMOTIONAL EXPRESSION, PROBLEM SOLVING, MEMORY, LANGUAGE, JUDGMENT, AND SEXUAL BEHAVIOR. IT IS, IN ESSENCE, THE "CONTROL PANEL" OF OUR PERSONALITY AND OUR ABILITY TO COMMUNICATE.

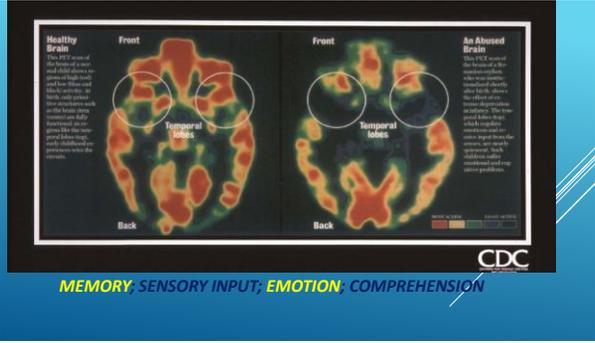
TOXIC STRESS FROM ADVERSE EXPERIENCES

- CAN CAUSE CHILDREN TO ALWAYS BE ON "HIGH ALERT" BECAUSE TO THEM THE WORLD PRESENTS AS A CONSTANT DANGER
- IMPACTS LEARNING AND ATTENTION SPAN
- PROVOKES A SENSE OF FAILURE, DISPAIR, HOPELESSNESS, SHAME AND FRUSTRATION
- IMPACTS THE DEVELOPMENT OF HEALTHY PEER RELATIONSHIPS



THE IMPACT OF INTENSE TRAUMA ON CHILDREN'S BRAINS

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=WT2SQVRL5_I](https://www.youtube.com/watch?v=WT2SQVRL5_I)



WHEN YOU WATCH THIS VIDEO THINK ABOUT THE TWO CATEGORIES OF ACES:

- GROWING UP IN A HOUSEHOLD WITH ABUSE
- GROWING UP IN A HOUSEHOLD WITH DYSFUNCTION

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=AB51V3FAAVS](https://www.youtube.com/watch?v=AB51V3FAAVS)

THE "SERVE AND RETURN" INTERACTION PLAYS A VITAL ROLE IN HOW A CHILD'S NEEDS ARE VALIDATED OR DISMISSED



[HTTPS://WWW.YOUTUBE.COM/WATCH?V=APZXGEBZHT0](https://www.youtube.com/watch?v=APZXGEBZHT0)

THE CHILD WHO HAS LIVED WITH TRAUMA WILL SEEK RELIEF THROUGH BEHAVIORS CALLED "COPING MECHANISMS".
SOME COPING MECHANISMS MAY INCLUDE:

- DRINKING
- SMOKING
- USING DRUGS
- INAPPROPRIATE PEER RELATIONSHIPS (GANGS)
- INAPPROPRIATE SEXUAL RELATIONSHIPS
- DELINQUENT BEHAVIOR/VIOLENCE

RISK FACTORS – ARE THEY A PROBLEM OR SOLUTION?

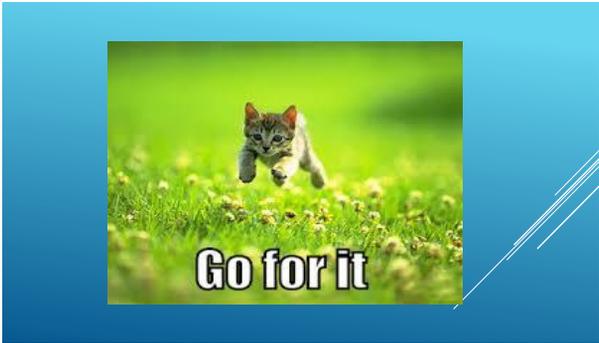
RISK FACTORS ARE EFFECTIVE COPING MECHANISMS. WHAT IS PERCEIVED AS THE PROBLEM (THE RISK TAKEN) MAY, IN FACT, BE THE SOLUTION FOR THAT CHILD.
COPING DEVICES PROVIDE COMFORT AND SECURITY IN WORLD THAT IS OFTEN PAINFUL, UNCERTAIN AND CHAOTIC





HOW DO WE MEET THE CHALLENGE?

A collage of traffic signs and a busy highway. The signs include: a yellow diamond sign with a circular arrow, a white rectangular sign with a right turn arrow, a yellow diamond sign with a left turn arrow, a white rectangular sign with a right turn arrow, a white rectangular sign with a left turn arrow, a white rectangular sign with 'NO LEFT TURN', a white rectangular sign with 'NO RIGHT TURN', a white rectangular sign with 'LEFT TURN YIELD ON GREEN', a red octagonal stop sign, and a white rectangular sign with a red circle and a slash over a right turn arrow. The highway image shows a multi-lane road with many cars.



IN ORDER TO MEET THE CHALLENGE WE MUST CONSIDER THREE IMPORTANT CONCEPTS:

PROTECTIVE FACTORS
RESILIENCE
TRAUMA INFORMED CARE

PROTECTIVE FACTORS
INCREASE THE HEALTH AND WELL BEING OF CHILDREN AND FAMILIES
CRITICAL FOR SUCCESS AT HOME, SCHOOL, WORK AND WITHIN THE COMMUNITY



IDENTIFY AND UNDERSTAND THE IMPORTANCE OF PROTECTIVE FACTORS WHICH ARE THE BUFFERS THAT PROVIDE SUPPORT AND COPING STRATEGIES

UTILIZE PROTECTIVE FACTORS IN YOUR OWN LIFE

EMPOWER OTHERS BY EDUCATING AND ENCOURAGING THEM TO USE PROTECTIVE FACTORS



WHAT IS RESILIENCE?

IT IS THE ABILITY TO DEAL WITH LIFE'S UPS AND DOWNS





<https://www.youtube.com/watch?v=xSF7pRpOgu8>



BUILDING RESILIENCE IN CHILDREN

THERE CAN BE GOOD OUTCOMES
IN SPITE OF TOXIC STRESS

RESILIENCY IS CRITICAL BECAUSE RESILIENT PEOPLE:

- *CAN ADAPT TO CHALLENGES
- *ARE MENTALLY HEALTHY
- *FEAR IS NOT THE FOCUS OF THEIR ACTIONS AND BEHAVIOR

WE MUST EFFECTIVELY HELP CHILDREN UNDERSTAND RESILIENCE



<https://www.youtube.com/watch?v=s31HdBeBqg4>

IT IS EXTREMELY IMPORTANT TO RECOGNIZE ATTRIBUTES
AND STRENGTHS A CHILD HAS AND ACKNOWLEDGE THEM
BECAUSE

PAST EXPERIENCES DO NOT HAVE TO BE CARRIED WITH
THEM INTO THE FUTURE!

"...AND IN THE END – ONLY KINDNESS MATTERS..."
JEWEL



WAYS TO HELP SOMEONE BUILD RESILIENCE
RECOGNIZE EARLY SIGNS OF STRESS
CONNECT TO PEOPLE AND RESOURCES
UNDERSTAND RELATIONSHIPS ARE SAFE
CARE AND BUILD TRUST
POINT OUT INNER STRENGTHS



UNDERSTAND WHAT TRAUMA INFORMED CARE IS

NOT, "WHAT'S WRONG WITH YOU?"
INSTEAD, "**WHAT HAPPENED TO YOU?**"

SYMPTOMS (SUBSTANCE ABUSE, RISKY BEHAVIOR ETC.)
ARE ADAPTATIONS TO THE TRAUMA THAT WAS
EXPERIENCED IN CHILDHOOD

USING A "TRAUMA INFORMED" APPROACH HELPS A CHILD AND ADULT DEVELOP A RELATIONSHIP THAT FOSTERS HOPE AND SAFETY

**BUILDING RESILIENCE ALSO INCLUDES
ACTIVELY PARTICIPATING IN COMMUNITY**

- *MODEL PROBLEM SOLVING SKILLS**
- *PLAN ACTIVITIES FOCUSING ON HEALTHY LIFESTYLE**
- *MODEL HEALTHY RELATIONSHIPS**
- *VOLUNTEER**



MODEL POSITIVE RELATIONSHIPS

- WHAT ARE "POSITIVE RELATIONSHIPS"?**
- SAFE = FREE FROM HARM**
 - STABLE = A HIGH DEGREE OF CONSISTENCY**
 - NURTURING = COMPASSIONATE AND RESPONSIVE**



BUILD SUPPORT WITHIN THE COMMUNITY



HELP BUILD SOCIAL CONNECTIONS
 EMOTIONALLY SUPPORTIVE FAMILY, FRIENDS AND NEIGHBORS
 AND
 FIND WAYS TO OFFER CHILDREN BROADER ACCESS
 TO SUPPORTIVE ADULTS AND POSITIVE ROLE
 MODELS (BIG BROTHERS/SISTERS; FAITH BASED
 PROGRAMS; BOY SCOUTS; GIRL SCOUTS)



**HELP PARENTS RECOGNIZE AND IDENTIFY THE POSITIVE
 THINGS THEY ALREADY HAVE IN PLACE**

PROVIDE AFFORDABLE OPPORTUNITIES FOR PARENTS TO GET
 TOGETHER

PROVIDE ENCOURAGEMENT AND SUPPORT



**OFFER WORKSHOPS/ACTIVITIES DESIGNED TO
 INCREASE SOCIAL SKILLS FOR BOTH PARENTS
 AND CHILDREN**

* TRAINING *CLASSES *CONSULTATION
 *COUNSELING *TEAM SPORTS *SCOUTING
 *4H *POSITIVE PARENTING




ENHANCE ACCESS AND REDUCE BARRIERS

PROVIDE INFORMATION THAT WILL CONNECT INDIVIDUALS TO APPROPRIATE FAITH BASED ACTIVITIES, RECREATION, PARENTING CLASSES, DOMESTIC VIOLENCE SHELTERS/EDUCATION, FOOD, DAY CARE

PROVIDE INFORMATION ON HOW TO SEEK PROFESSIONAL HELP

COLLABORATE WITH COMMUNITY RESOURCES



IF YOU HAVE ANY CONCERN ABOUT THE WELL BEING AND SAFETY OF A CHILD OR ADULT IN THEIR HOME/SCHOOL/COMMUNITY ENVIORNMENT

TAKE IMMEDIATE ACTION AND NOTIFY THE APPROPRIATE RESPONSE SYSTEM

- *DEPARTMENT OF CHILD SAFETY (1-888-767-2445)
- *ADULT PROTECTIVE SERVICES (1-520-872-9000)
- *LOCAL MENTAL HEALTH CRISIS LINE
- *HOSPITAL EMERGENCY ROOM
- *THE LOCAL POLICE STATION

THE BIG PICTURE



EXAMINE "THE BIG PICTURE" AND ACT ON IT



IF IT IS THERE – USE IT
IF IT IS NOT THERE – CREATE IT
ORGANIZE A COMMUNITY ACTIVITY
VOLUNTEER
PROVIDE INFORMATION

BEGIN WITH YOURSELF!



~ TAKE CARE OF YOUR OWN MENTAL HEALTH
 ~ DEVELOP HEALTHY COPING DEVICES
 ~ SEEK OUT FAMILY AND FRIENDS FOR SUPPORT
 ~ USE COMMUNITY SUPPORTS

**SMALL STEPS HELP CREATE
 HUGE OUTCOMES!**



ACES CAN LAST A LIFETIME...



...BUT THEY DON'T HAVE TO



HOPE

HELP **O**THERS AND **P**ROVIDE **E**NCOURAGEMENT



RESOURCES



FOR MORE INFORMATION OR TO GET INVOLVED IN ACES EDUCATION AND TRAINING CONTACT:

MARCIA STANTON, CHILD ABUSE PREVENTION COORDINATOR – PHOENIX CHILDREN’S HOSPITAL
MSTANTO@PHOENIXCHILDRENS.COM

JOAN SHAFFER, PROGRAM MANAGER, SOUTHWEST HUMAN DEVELOPMENT
JSHAFFER@SWHD.ORG



PARENTING RESOURCES

- ▶ **1-877-705-KIDS (5437) - Birth to Five Parenting Questions Helpline**
- ▶ **1-800-4-A-CHILD (422-4453) - Crisis Line for emotional needs, info on child abuse/neglect Also go to: www.childhelp.org**



WWW.AZPBS.ORG/STRONGKIDS

WWW.APA.ORG/BOOKS

WWW.PBS.ORG/PARENTS/CHILDDEVELOPMENT

WWW.CDC.GOV/PARENTS



ACE STUDY FINDINGS AND INFORMATION

WWW.ACESTUDY.ORG OR WWW.CDC.GOV



ACES TOO HIGH WWW.ACESTOOHIGH.COM



SAMHSA – EARLY CHILDHOOD TRAUMA RESOURCES

[HTTP://WWW.SAMHSA.GOV/CHILDREN/EARLYCHILDHOODMAT.ASP](http://WWW.SAMHSA.GOV/CHILDREN/EARLYCHILDHOODMAT.ASP)



NATIONAL CENTER FOR TRAUMA-INFORMED CARE

WWW.MENTALHEALTH.SAMHSA.GOV/NCTIC

NATIONAL CHILD TRAUMATIC STRESS NETWORK WWW.NCTSNET.ORG



CENTER FOR INJURY PREVENTION AND CONTROL
[WWW.CDC.GOV/VIOLENCEPREVENTION](http://www.cdc.gov/violenceprevention)

AMERICAN PSYCHOLOGICAL ASSN
RESILIENCE GUIDE
[HTTP://WWW.APA.ORG/HELPCENTER/ROAD-RESILIENCE.ASPX](http://www.apa.org/helpcenter/road-resilience.aspx)



WORKS CITED:

ACE STUDY – THE CDC ACE STUDY HOMEPAGE
[HTTP://WWW.CDC.GOV/ACE/INDEX.HTML](http://www.cdc.gov/ace/index.html)

[HTTP://CDC.GOV/VIOLENCEPREVENTION/PDF/CM5STRATEGIC_DIRECTION--LONG-A.PDF](http://cdc.gov/violenceprevention/pdf/cm5strategicdirection-long-a.pdf)



SAFE, STABLE AND NURTURING RELATIONSHIPS
CDC NATIONAL CENTER FOR INJURY PREVENTION
CONTROL, VIOLENCE PREVENTION

[HTTP://WWW.CDC.GOV/VIOLENCEPREVENTION/](http://www.cdc.gov/violenceprevention/)



CDC INJURY PREVENTION CENTER
**[HTTP://WWW.CDC.GOV/VIOLENCEPREVENTION/CHILD
MALTREATMENT/ECONOMICCOST.HTML](http://www.cdc.gov/violenceprevention/childmaltreatment/economiccost.html)**

PROTECTIVE FACTORS
[HTTP://WWW.CHILDWELFARE.GOV/CAN/FACTORS/PROTECTIVE.CFM](http://www.childwelfare.gov/can/factors/protective.cfm)



PROTECTIVE FACTORS

**[HTTP://WWW.CHILDWELFARE.GOV
/CAN/FACTORS/PROTECTIVE.CFM](http://www.childwelfare.gov/can/factors/protective.cfm)**



ENVIRONMENTAL PREVENTION STRATEGIES

**[HTTP://WWW.CADCA.ORG/FILES/BEYOND THE BASICS
ENVIRONMENTALSTRATEGIES.PDF](http://www.cadca.org/files/beyond_the_basics_environmentalstrategies.pdf)**



**THANK YOU FOR SHARING YOUR TIME WITH ME TODAY
TOGETHER WE CAN MAKE A DIFFERENCE!**

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