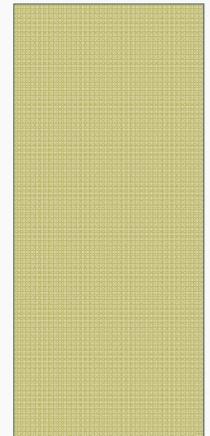


UNDERSTANDING ADVERSE CHILDHOOD EXPERIENCES

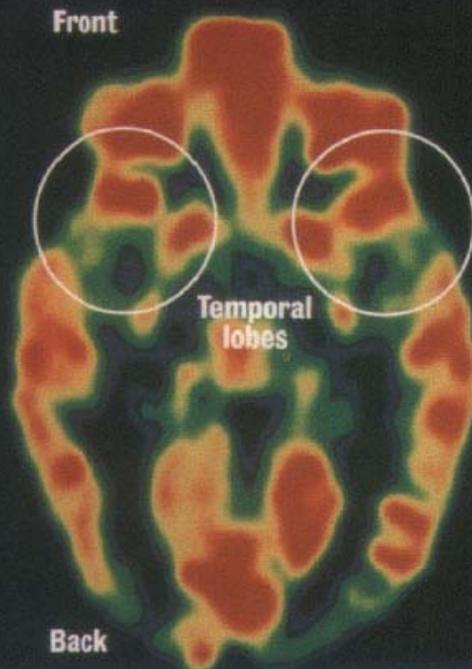
COURT IMPROVEMENT PROGRAM





Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

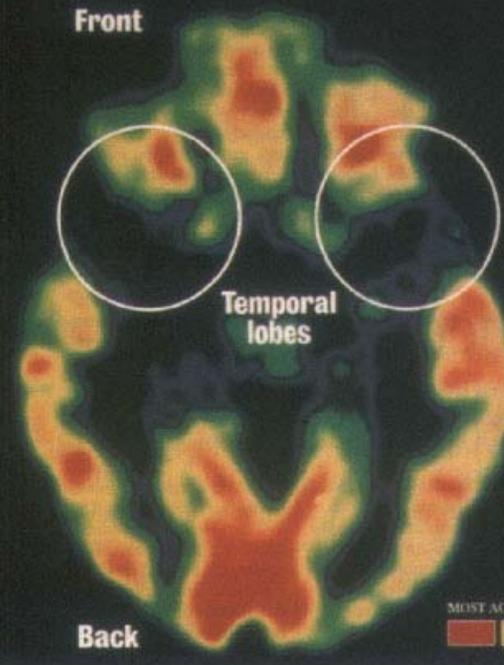


Normal Child

Front

An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

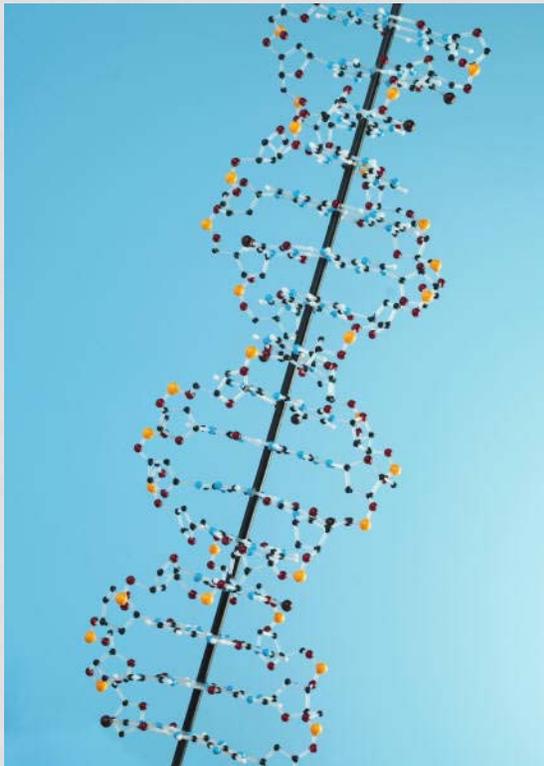


Abused/Neglected Child

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

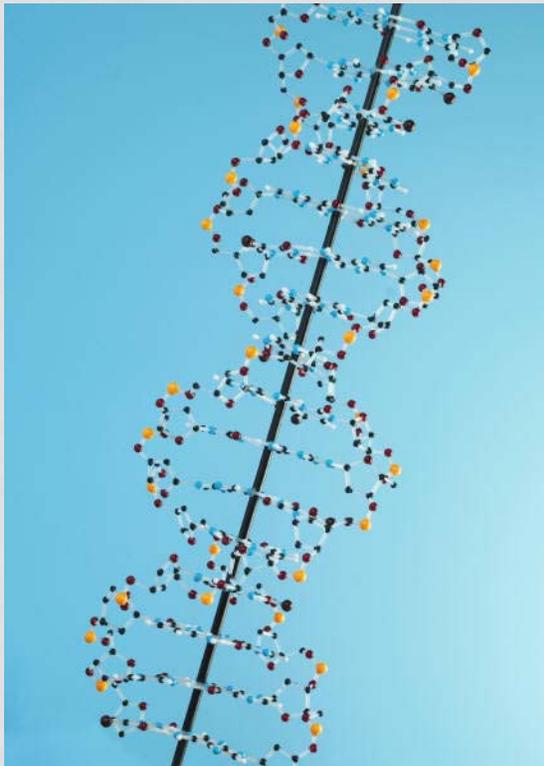
(As cited by Felitti & Anda, 2003; Source CDC)

TELOMERE EROSION



- Telomeres: molecular clock for the cellular replicative aging
- Shorten after each division
- Links childhood stress to cellular aging, disease, and mortality

TELOMERE EROSION



- POTENTIAL for affecting lifelong health
 - Advancing chronological age
 - Increasing disease, mortality
- Impact on infant telomeres

ADVERSE CHILDHOOD
EXPERIENCES STUDY

CATEGORIES OF EXPERIENCES

- Personal
 - Childhood sexual abuse
 - Repeated physical abuse
 - Chronic emotional abuse
 - Verbal abuse
 - Emotional neglect

CATEGORIES OF EXPERIENCES

- Growing up in a household (before age 18) where:
 - Someone abused substances
 - A member was imprisoned
 - Mother was treated violently
 - Someone was mentally ill, chronically depressed or suicidal
 - Parents were separated or divorced during childhood

ADVERSE CHILDHOOD EXPERIENCES SCORE

Number of categories of adverse childhood experiences are often interrelated / clustered.

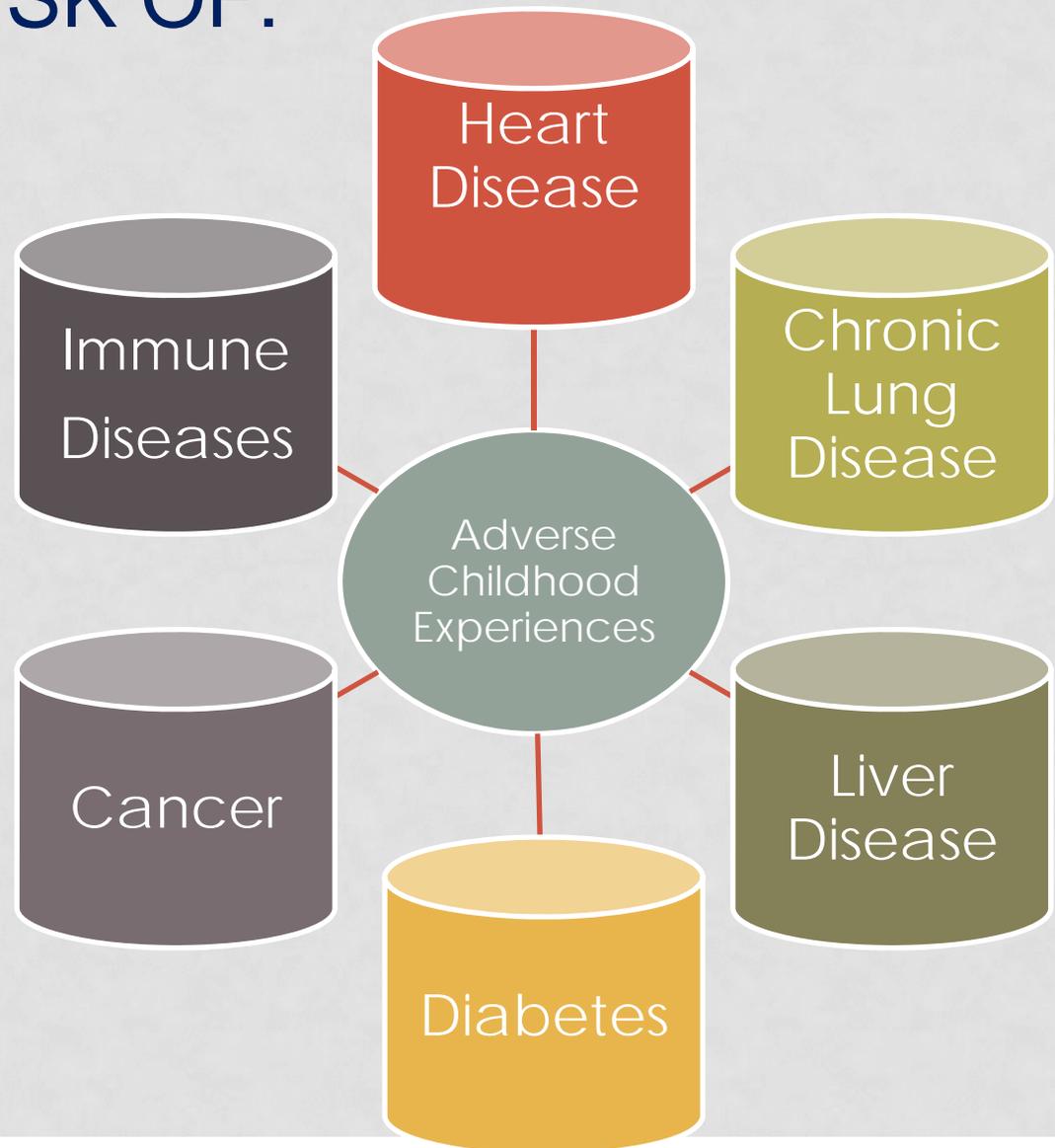
ACE Score	Prevalence
0	48%
1	25%
2	13%
3	7%
4 or more	7%

MAJOR FINDINGS

- Key findings:
 - Childhood trauma is incredibly prevalent in our society
 - Over 50% of the population has at least one ACE
 - **1 in 4** women and **1 in 6 men** had been victims of child sexual abuse
 - There is a dose relationship between the number of ACEs and most major health and mental health issues

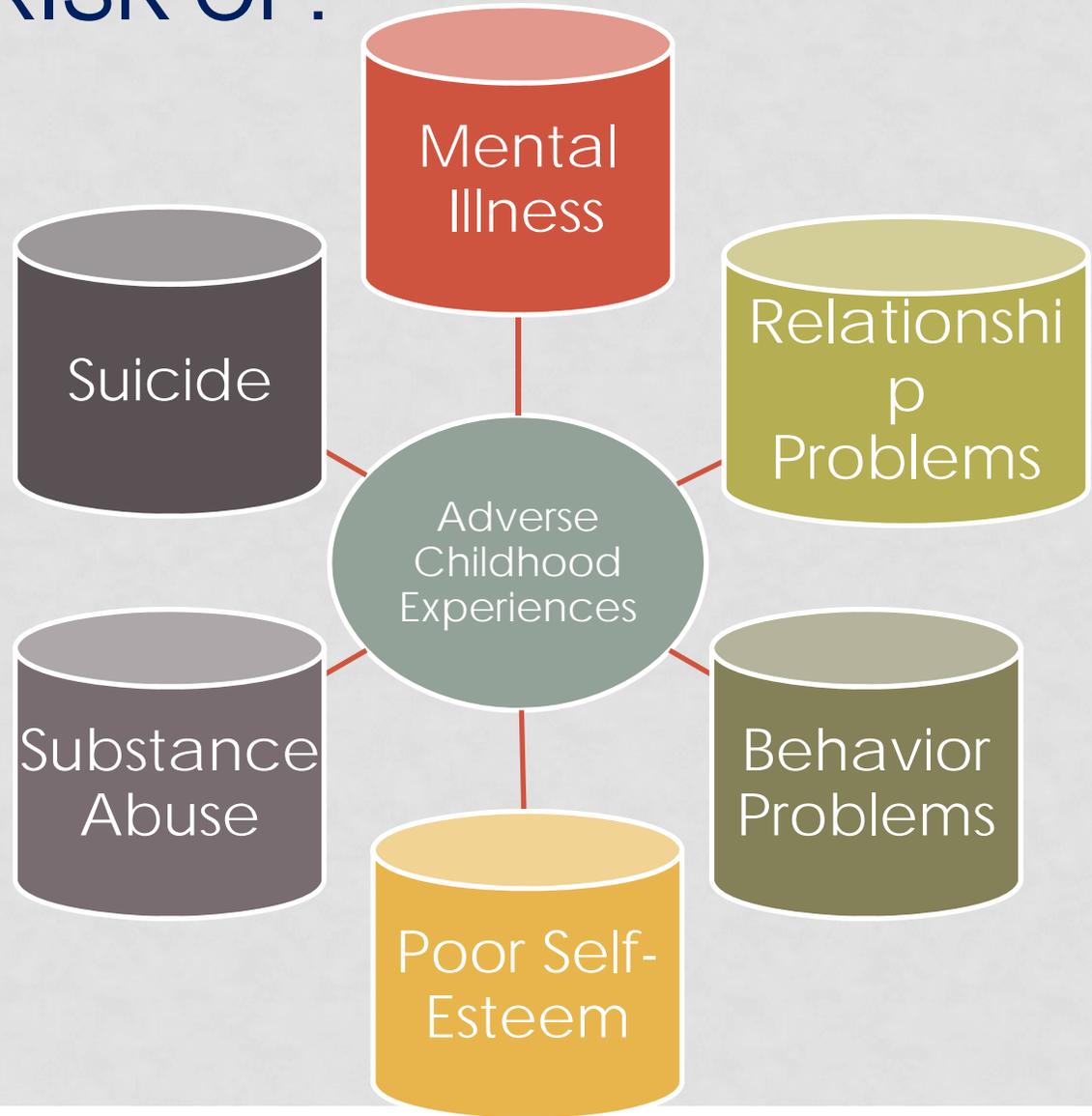
ADVERSE CHILDHOOD EXPERIENCES INCREASE THE RISK OF:

4 or more
traumatic
experiences
shorten life
expectancy by
20 years



ADVERSE CHILDHOOD EXPERIENCES INCREASE THE RISK OF:

4 or more
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experiences
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20 years



THE ACE STUDY

LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



80
YEARS



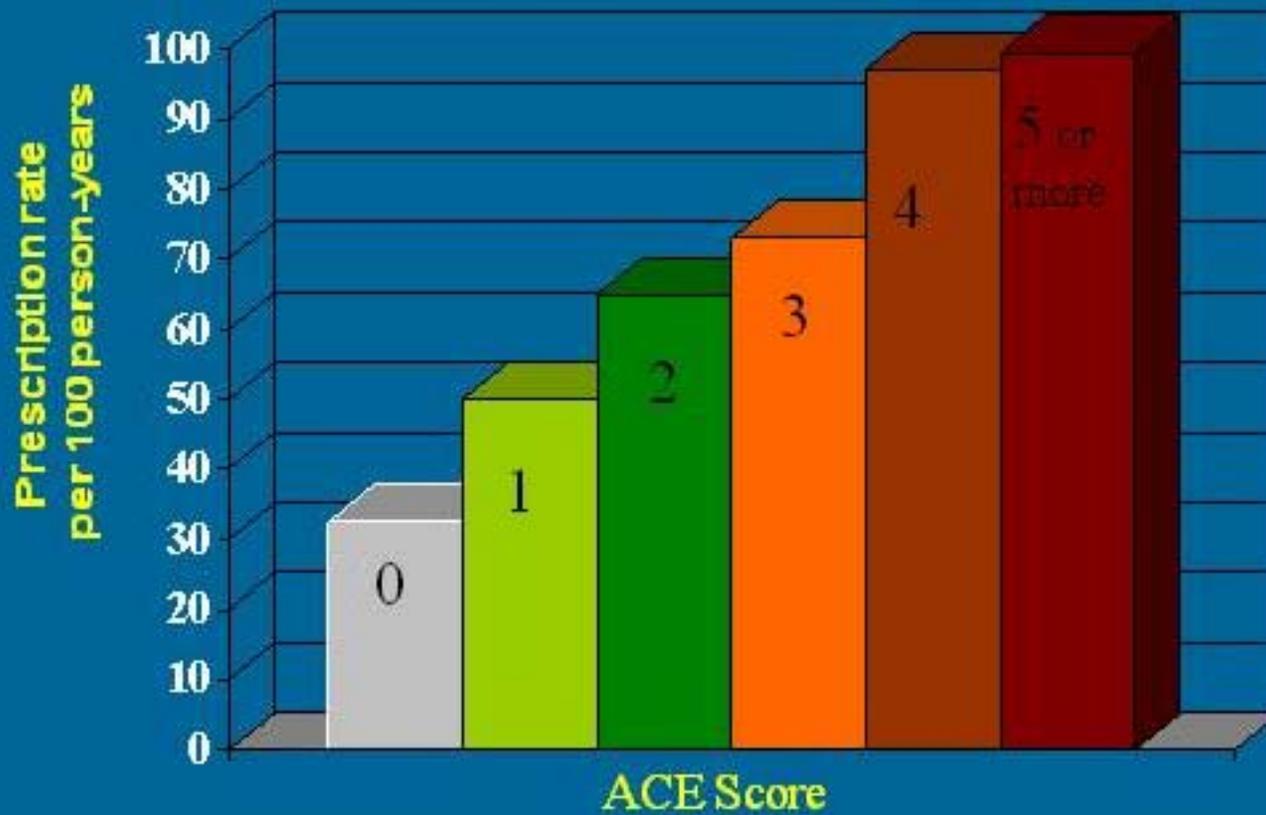
60
YEARS

Childhood Experiences vs. Adult Alcoholism

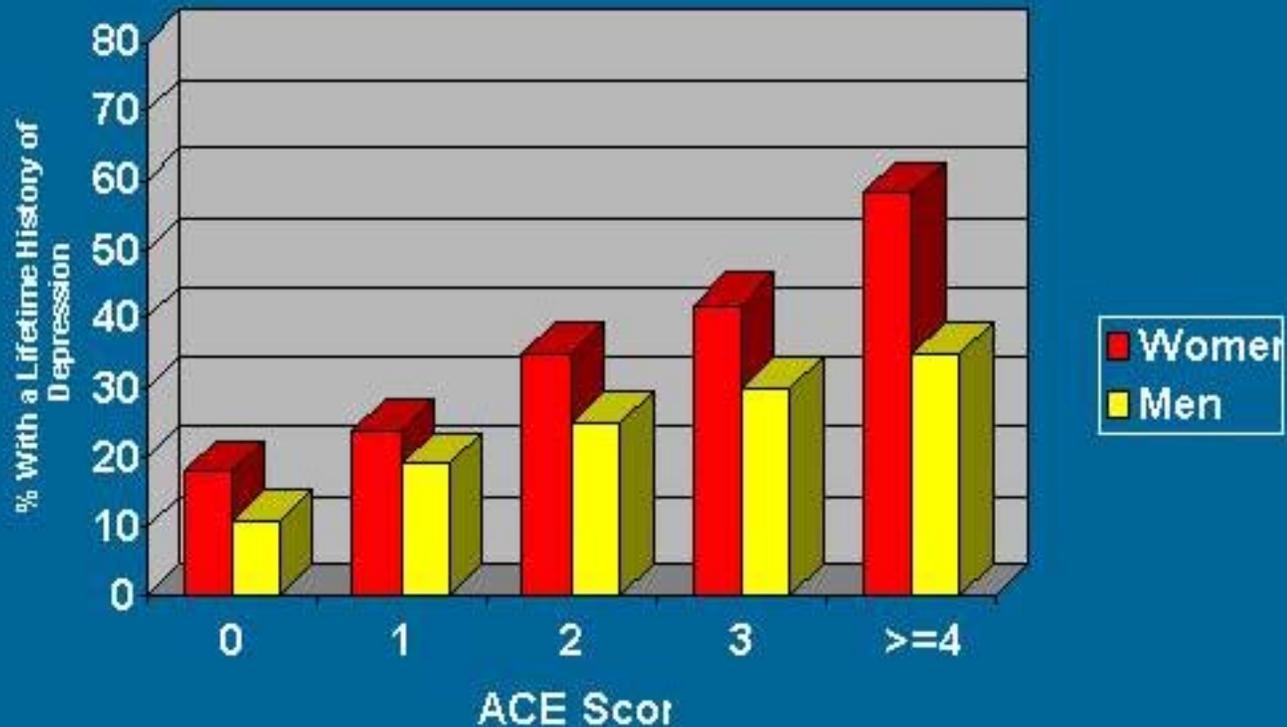


ACE Score and Rates of Antidepressant Prescriptions

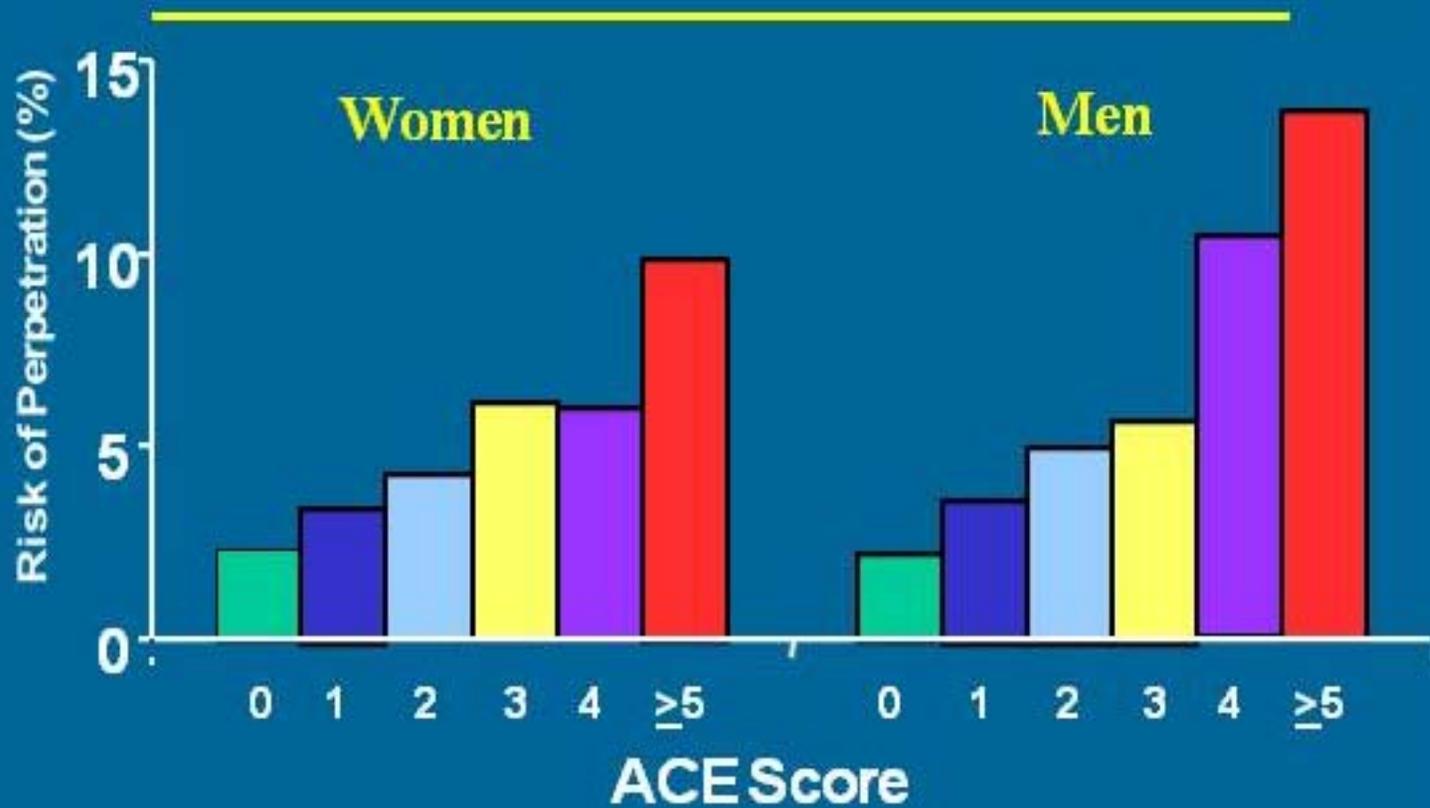
approximately 50 years later



Childhood Experiences Underlie Chronic Depression



ACE Score and the Risk of *Perpetrating* Domestic Violence



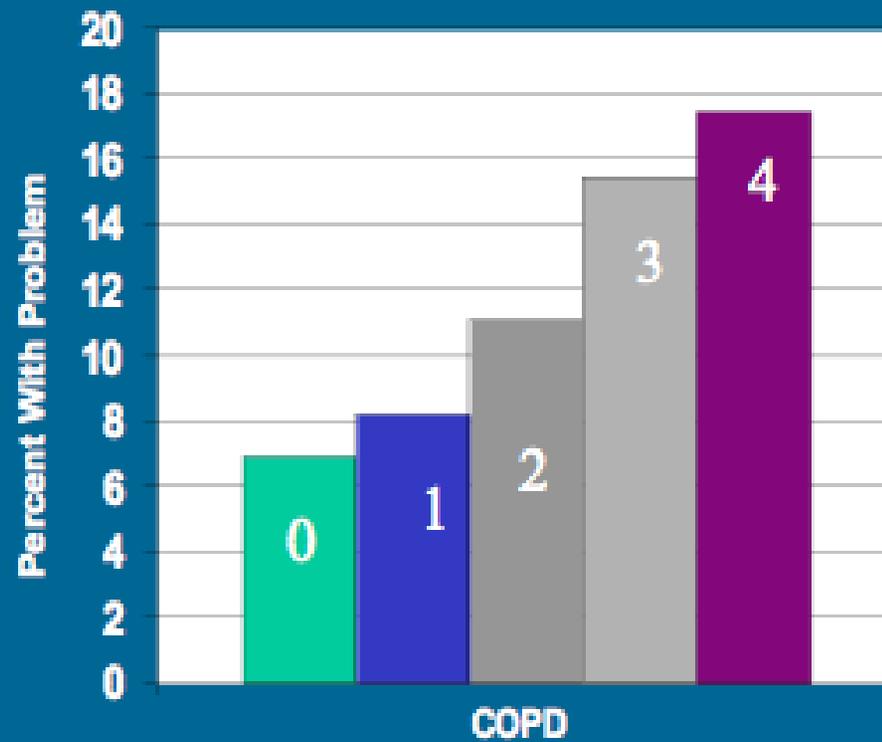
The ACE Score and the Prevalence of Liver Disease (Hepatitis/Jaundice)



Childhood Experiences Underlie Later Being Raped

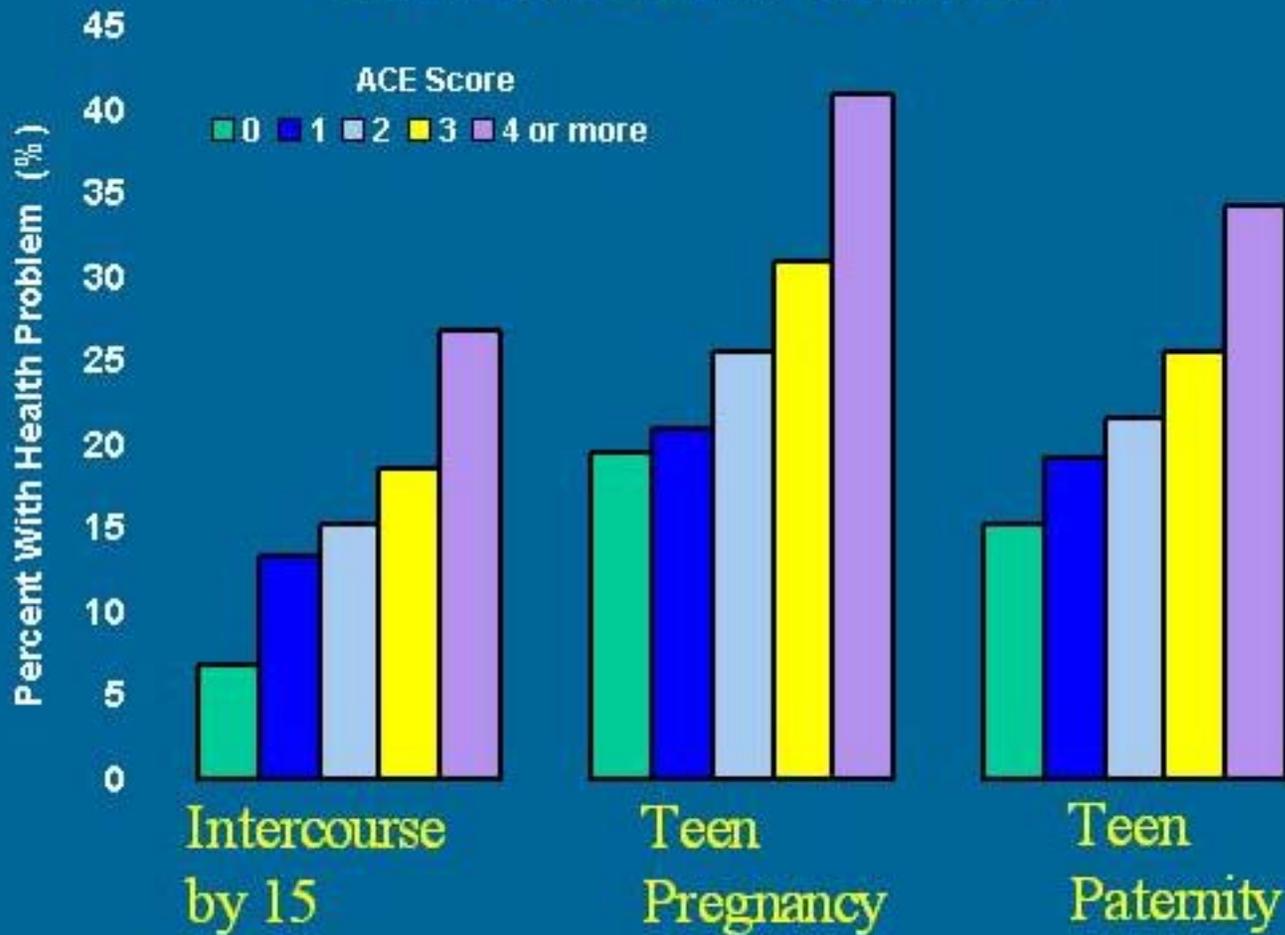


ACE Score vs. COPD

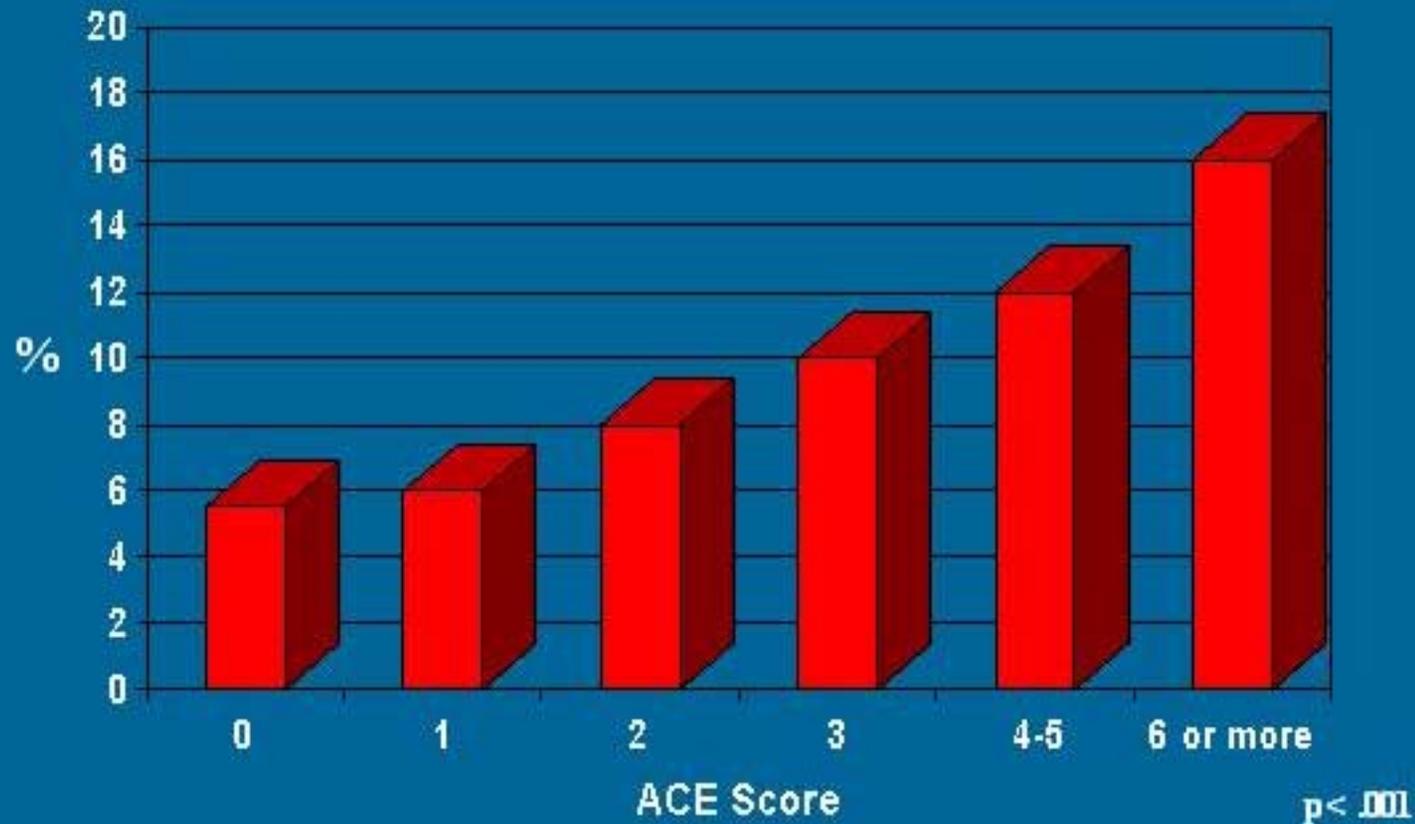


Social function

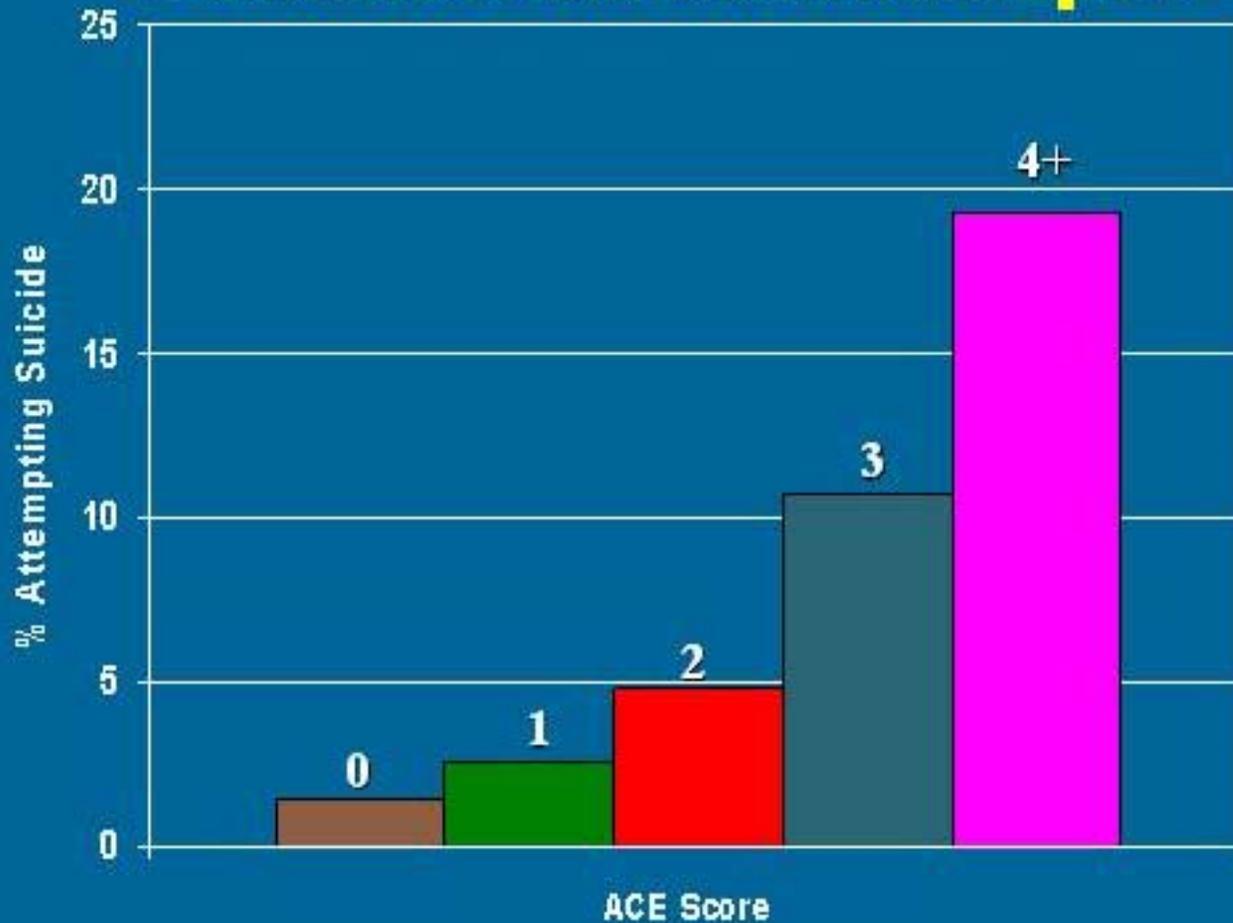
ACE Score and Teen Sexual Behaviors



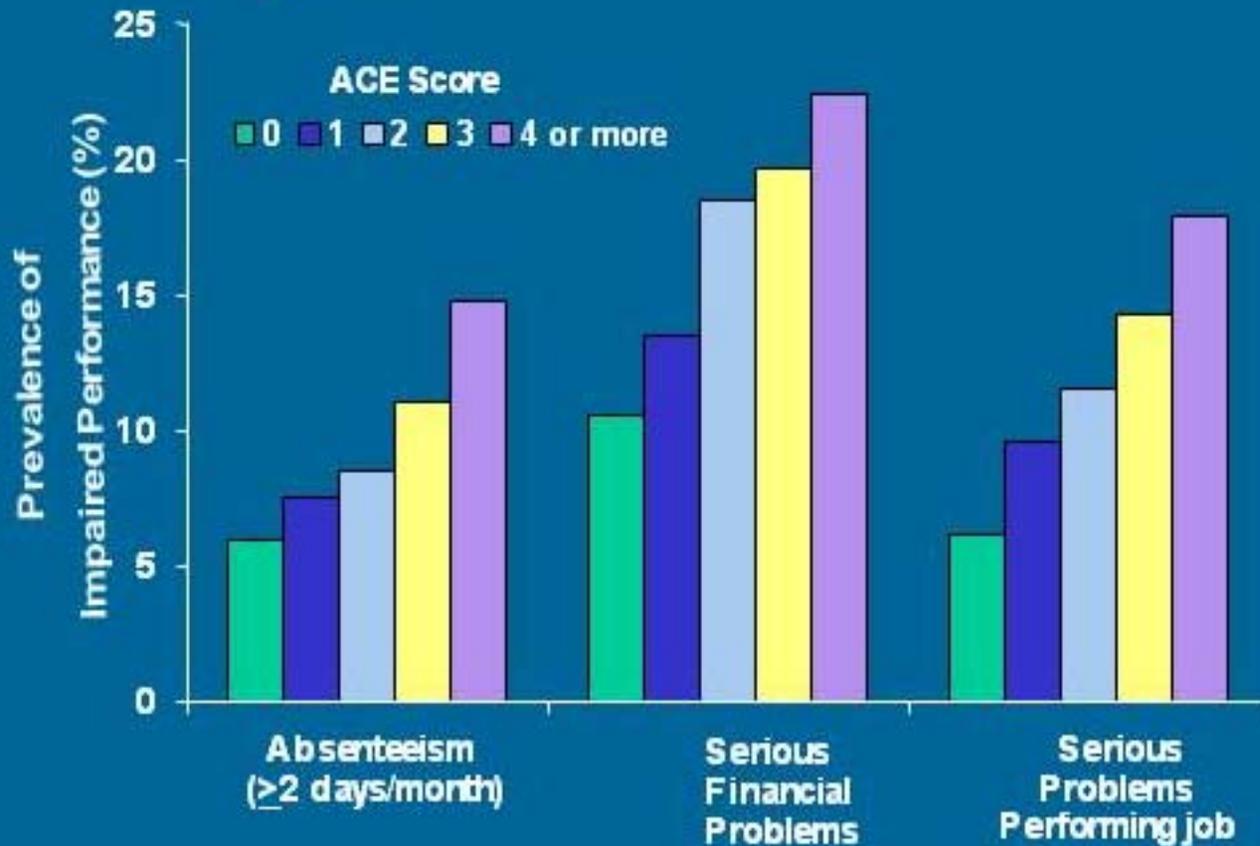
Adverse Childhood Experiences vs. Smoking as an Adult



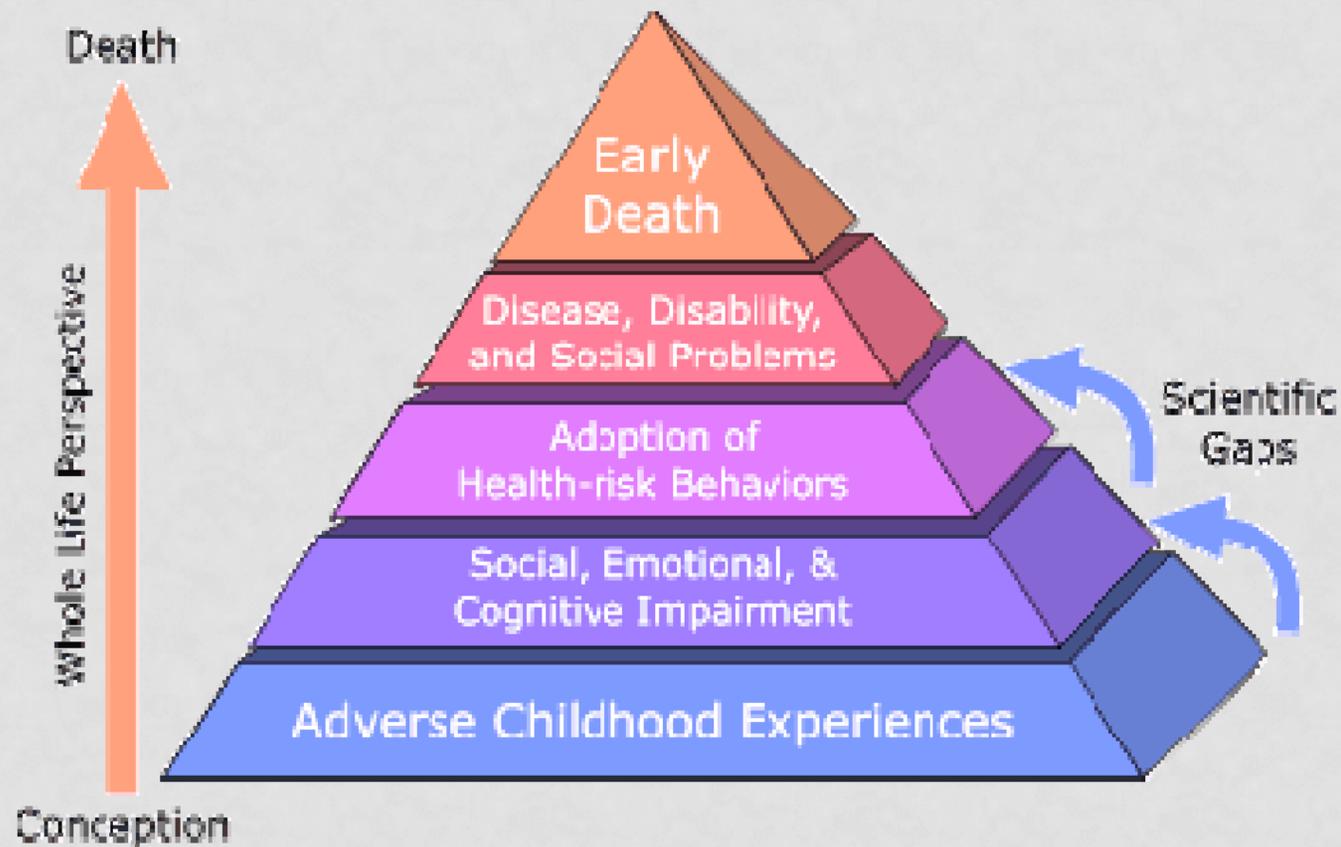
Childhood Experiences Underlie Suicide Attempts



ACE Score and Indicators of Impaired Worker Performance



ACES PYRAMID



POLYVICTIMIZATION: *THE NATIONAL SURVEY OF CHILDREN'S EXPOSURE TO VIOLENCE*

- Definition:
- "...having experienced multiple victimizations of different kinds, such as sexual abuse, physical abuse, physical abuse, bullying, and exposure to family violence. This definition emphasizes the different kinds of victimization rather than just multiple episodes of the same kind of victimization, because this appears to signal a more generalized vulnerability."

• *David Finkelhor*

• *OJJDP Juvenile Justice Bulletin*

POLYVICTIMIZATION

- 38.7 % of children reported more than one type of direct victimization.
- 10.9% reported 5 or more different types of direct victimization.
- 8% had 7 or more different kinds of violence or exposures to violence, crime, and abuse during the past year.
- 1.4% reported 10 or more direct victimizations.

POLYVICTIMIZATION

- Children who were exposed to even one type of violence were at far greater risk of experiencing other types of violence.
- EX: a child physically assaulted in the past year would be five times as likely to have been sexually victimized and more than four times likely to be maltreated during that year

IMPACT OF TRAUMA ON BEHAVIOR

EFFECTS OF TRAUMA

- Variability
 - The impact of a potentially traumatic event is determined by both:
 - The objective nature of the event
 - The child's subjective response to it
 - Something that is traumatic for one child may not be traumatic for another.

EFFECTS OF TRAUMA

- Variability:
 - Age/developmental stage
 - Perception of the danger faced
 - Victim vs. witness
 - Relationship to the victim or perpetrator
 - Past experience with trauma
 - Presence/availability of adults who can offer help and protection
- Resilience



TRAUMA AT HANDS OF CAREGIVER





INTENTIONAL VIOLENCE

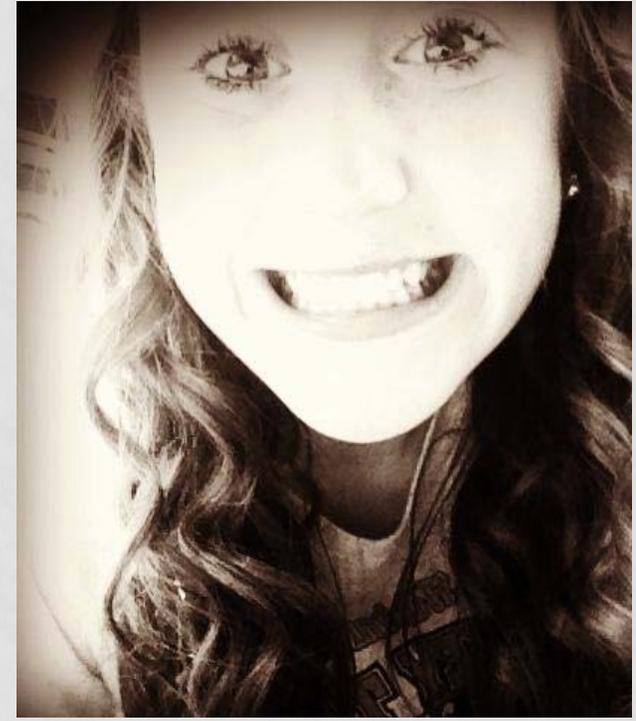
Birth to 5



6 to 11



12 to 18



AGES & STAGES

TRAUMA RESPONSE BEHAVIORS



Birth to 5

- Sleep and/or eating disruptions
- Withdrawal/lack of responsiveness
- Intense separation anxiety
- Inconsolable crying
- Developmental regression, loss of acquired skills
- Intense anxiety, worries, and/or new fears
- Increased aggression and/or impulsive behavior



Age 6 to 11

- Nightmares, sleep disruptions
- Aggression and difficulty with peer relationships in school
- Difficulty with concentration and task completion in school
- Withdrawal and/or emotional numbing
- School avoidance and/or truancy



Age 12 to 18

- Antisocial behavior
- School failure
- Impulsive and/or reckless behavior, e.g.,
 - School truancy
 - Substance abuse
 - Running away
 - Involvement in violent or abusive dating relationships
 - Promiscuity
- Depression
- Anxiety
- Withdrawal



TRAUMA TRIGGERS





It's not what's wrong
with you, it's what
happened to you.

UTILIZING THE NCTSN CHILD WELFARE REFERRAL TOOL

James' Story



- James is a 13 year old Caucasian male.
- He entered mental health treatment 4 months ago when he and his mother were in the battered woman's shelter.
- Mom was with her boyfriend Don for 6 years. Don nearly killed mom on 4 occasions through strangulation. He threatened to kill James and his mom with a gun from his extensive gun collection. Don physically abused James.
- James visits his dad who is living with an angry women who abuses alcohol. They have been living together for 3 years. She emotionally abused James and his father.
- James has been suspended from school for stabbing a kid with a pen, cussing out his teacher, refusing to follow rules, and fighting with his peers. He had a few brief stays in juvenile court detention.
- He has nightmares, is afraid to sleep alone, constantly calls his parents when he is away from them, he worries someone will kill mom or dad.
- Between the ages of 2-4 years old, James' mom was actively drug addicted and dropped James off at his dad's house and disappeared for two years.
- Mom has a very out of control Bipolar disorder and gets easily angered and yells and cusses at James.

QUESTIONS FOR REFLECTION

- How did it feel to you filling this out?
- From your perspective, without this tool being filled out what services would James receive in your community?

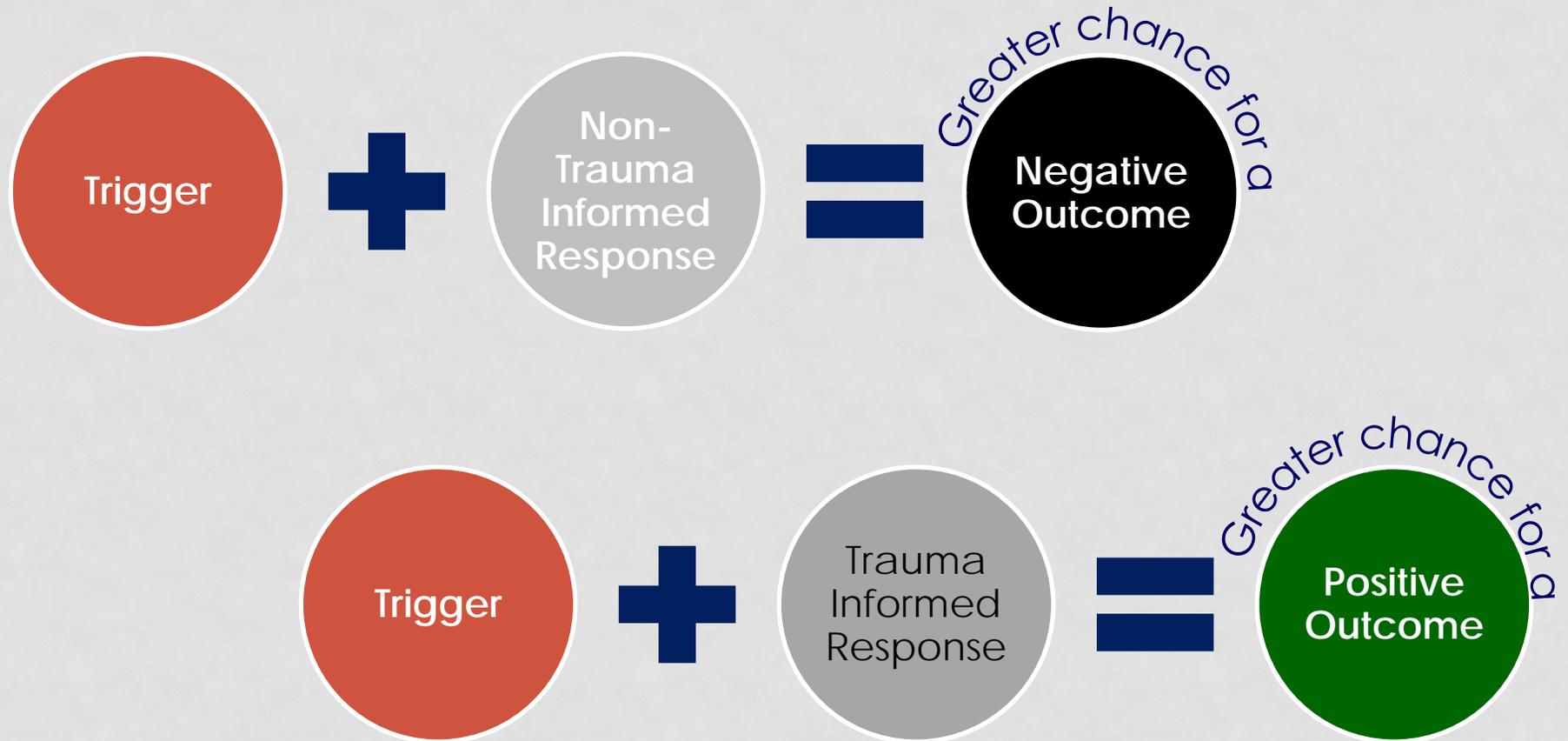
WHAT IF YOU ONLY KNEW...

James stabbed a kid with a pencil, cusses out his teachers, refuses to do his school work, and keeps getting into fights with fellow students?

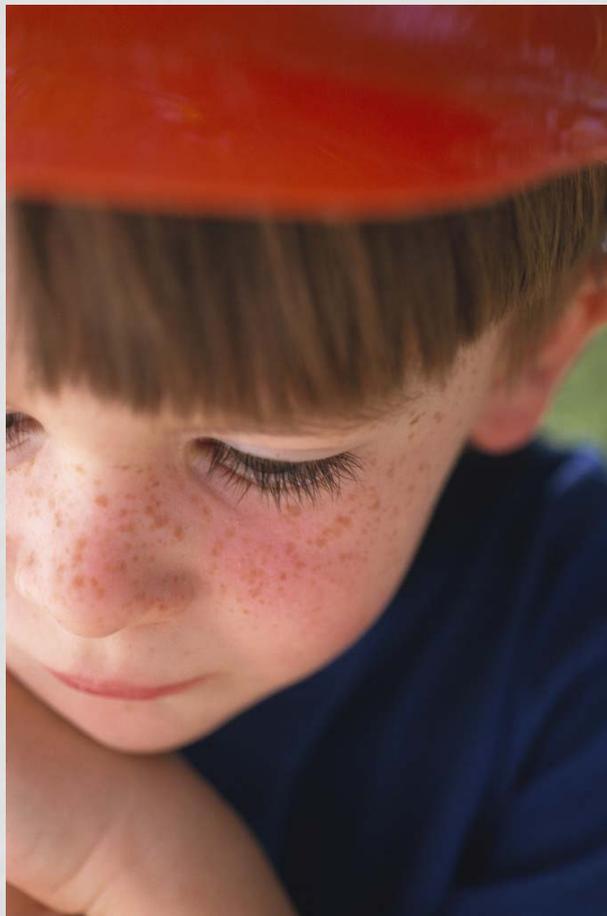
TRAUMA-INFORMED RESPONSES



Your response is key-



THE IMPORTANCE OF TRAUMA-SPECIFIC TREATMENT



BEING TRAUMA-INFORMED

- Recognize the impact of secondary trauma on professionals working with victims of trauma (adults and children).
- Recognize that exposure to trauma is a risk of the job of serving traumatized children and families.
- Understand that trauma can shape the culture of agencies and organizations in the same way that trauma shapes the world view of individuals.

BEING TRAUMA-INFORMED

- Understand that a traumatized professionals are less likely to identify clients' past trauma or mitigate or prevent future trauma
- Develop the capacity to translate trauma-related knowledge into meaningful action, protocols, policy, and procedures, training and development, and other activities.

When you STOP HERE
you are REAL!!!

When you STOP HERE you
ARE LOVED

When you STOP HERE you
Are NOT Afraid.

When you STOP HERE you
Have HOPE

When you STOP HERE you
Have FAITH!!!