



Adverse Childhood Experiences

*Presented by
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*Thank You for your participation
and partnership!*



Adverse Childhood Experiences Study (ACES)

ACES began as study in the late 1980's and 1990's at a diet and nutrition center managed by Kaiser-Permanente in San Diego, California. It became the largest study ever to examine social determinants of health.

Over 17,000 people participated in the study, which ultimately a direct connection between traumatic childhood experiences and health.

Most critically, the Centers for Disease Control and Prevention (CDC) now recognize ACES as a *public health crisis*.

ACES Participants were mostly:

- Middle class, average age of 57
- 80% White, 10% Black, 10% Asian
- 74% Some college
- 44% Graduated college
- 49.5% Men



But since the original ACE study, research indicates that ACES are more prevalent for those belonging to non-dominant cultures and living in poverty...



THREE TYPES OF ACEs MEASURED

The original ACE study measured three types of ACEs through a 10 question assessment:

**But, there's
actually more than
just these...**

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

ACEs interact with stressors commonly faced by racial and sexual minorities—such as discrimination, stigma, and rejection—to contribute to behavior, health and opportunity disparities.



ACEs and Intersectionality

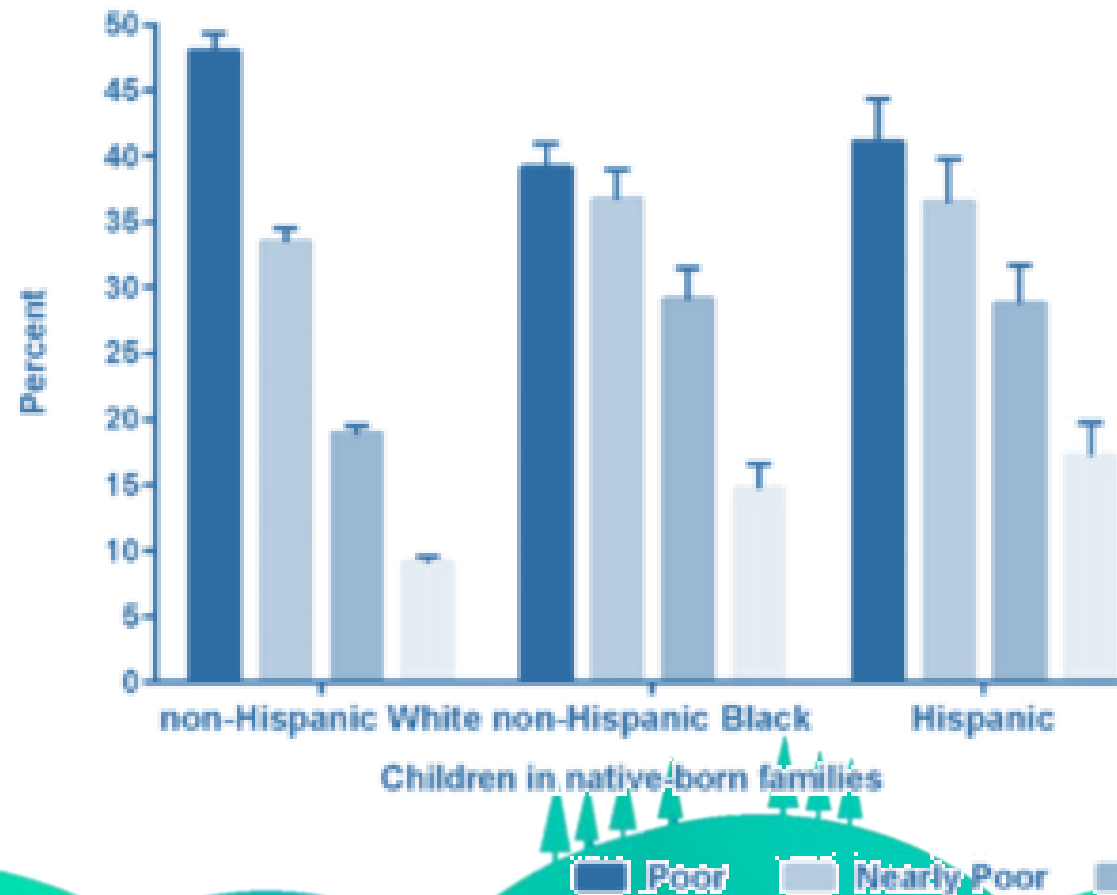
- Ethnic and sexual minority children are significantly underrepresented in the ACEs research.
- When cultural minorities are included in the data, Black, Hispanic and LGBT children are consistently shown to be exposed to more adversities than white children.
- Similarly, those living in economically stressed communities are more likely to experience ACEs.

This has led to a reexamination of the ACEs that predict long-term negative health and opportunity outcomes.



RACE, ETHNICITY AND INCOME INFLUENCE EXPOSURE

ACE Exposure by Race/Ethnicity and Income Level
N=84,837



Since the original ACE study, exposure to additional early life stressors are being studied.

Acute Trauma: is caused by a *single* traumatic event that triggers extreme emotional or physical stress.

Complex Trauma: is caused by exposure to *multiple* traumatic events. The long-term impact of this exposure is severe and pervasive.

Historical Trauma: is a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance.



3 Realms of ACEs

ACEs Connection accelerates the global movement to prevent and heal adverse childhood experiences (ACEs), and supports communities to work collaboratively to solve our most intractable problems. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. The ACEs in these three realms intertwine throughout people's lives, and affect the viability of organizations, systems and communities.



The Brain Science

A person's environment and experience shapes their behavior and health.

Our brain is designed to prioritize survival.

Hormones like Cortisol are released when our “Fight, Flight, or Freeze” response is triggered.



Toxic Stress

Prolonged exposure to Cortisol and other stress hormones is toxic, and makes permanent changes to the brain.

This means you may encounter clients who are **perfectly adapted to survive** in their home environment, but who **cannot turn-off** their behavioral and stress response adaptations in your organization, community or other “normal” situations.



ACES LEAD TO THE 10 MOST COMMON CAUSES OF EARLY DEATH

alcoholism

violence

physical inactivity

illicit drug use

severe obesity

injected drug use

suicide attempts

smoking

depression

more than 30 sexual partners



REFRAMING OUR POINT OF VIEW

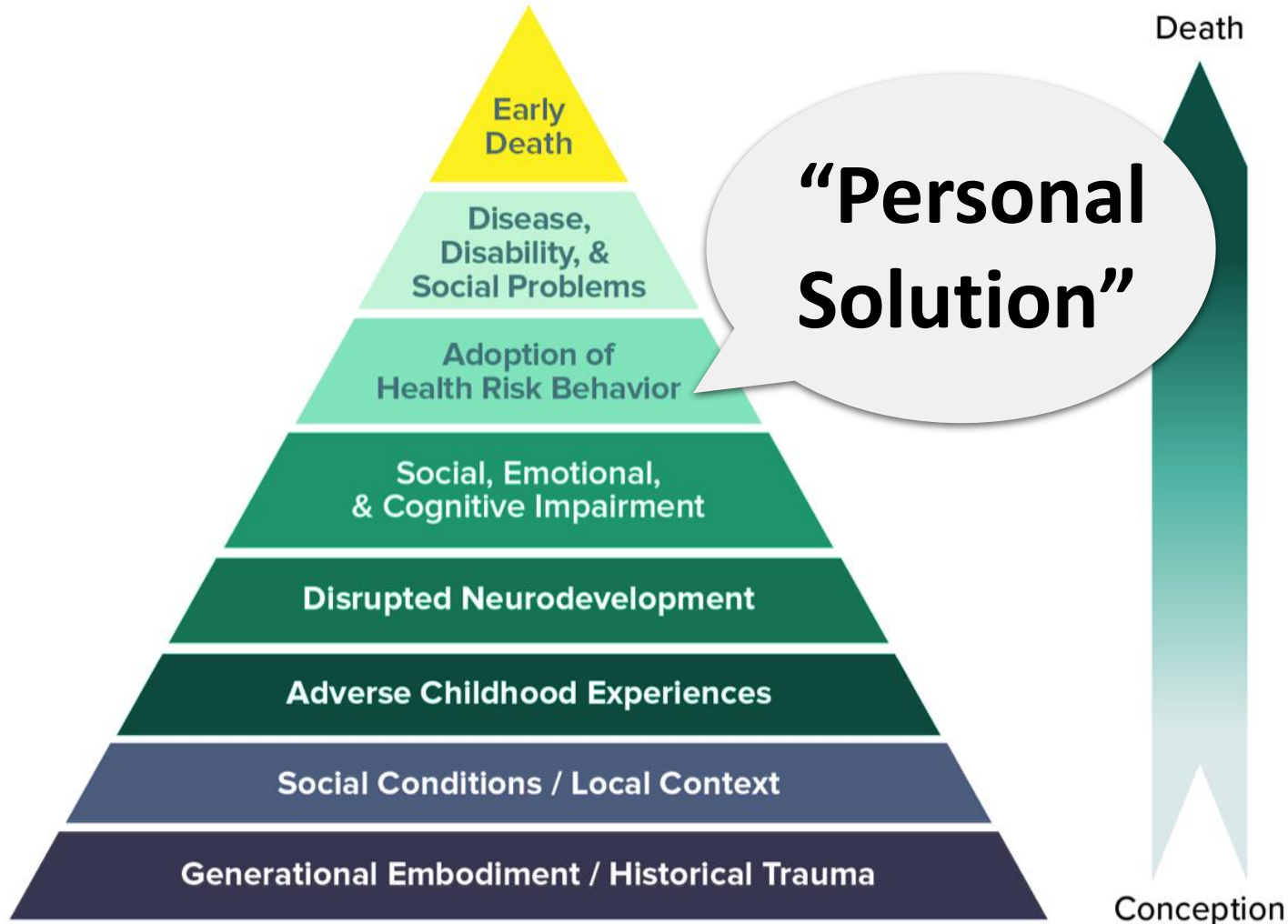
With an ACE score of 0, the majority of adults have few, if any, risk factors for the most common diseases leading to early death.

With an ACE score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves.

*Much of what we see as problem behaviors should actually be viewed as a **personal solution** to an unrecognized prior adversity.*



The ACE Pyramid



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Without accounting for individual levels of resiliency, this pyramid depicts how impacts to health and well-being can occur over a lifetime as a result of exposure to Adverse Childhood Experiences.

The ACE study found links between ACEs and adult health risks, often leading to chronic health conditions.

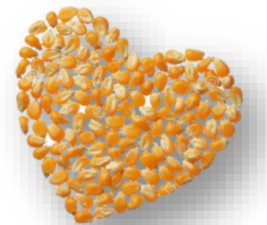
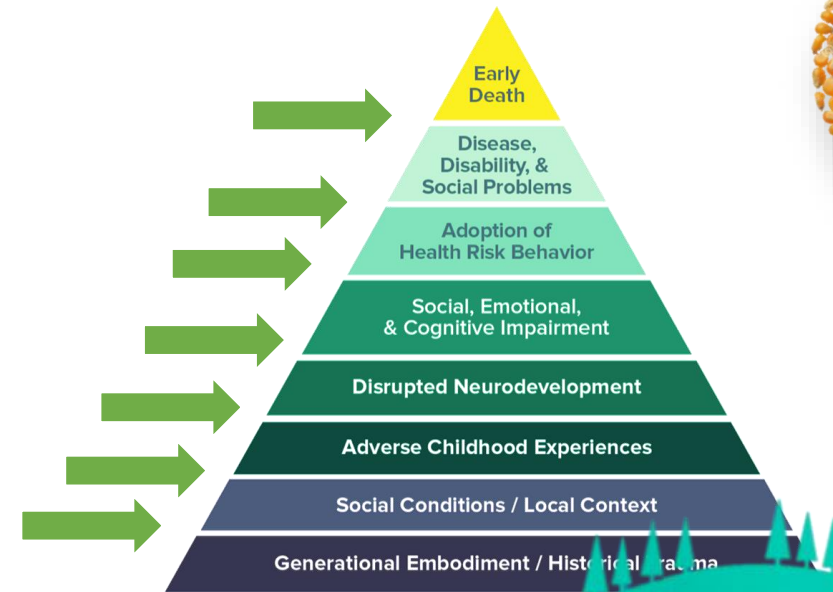
Those with **4 or more ACEs** were found to be:

- **12.2x** as likely to have attempted suicide
- **7.4x** as likely to consider themselves to be an alcoholic
- **4.7x** as likely to have ever used illicit drugs
- **4.6x** as likely to have had 2 or more weeks of depressed mood in the past year
- **3.2x** as likely to have had 50 or more intercourse partners, and
- **2.3x** as likely to smoke



Let's Talk about Kernels

- Kernels are low or no-cost to evidence-based strategies recognized as fundamental units of behavioral influence.
- This means we can *unleash access* to strategies that support safety, relationship and skill building essential to our client's readiness to grow and learn.
- Kernels give us a way to implement simple but effective practices that interrupt the ACES trajectory, **move us from intuition to intention**, and improve outcomes.



What else can we do?

- Be clear, consistent, predictable, and follow through
- Maintain high expectations and assume positive intent, build on success rather than establishing limits
- Provide guided opportunities to participate through voice and choice
- Focus on the feeling of safety, building trust, and reliability of relationships

