

Adverse Childhood Experiences (ACEs) and Resiliency

VIRTUAL PROVIDER
MEETING 2020

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Agenda

- Introduction to Adverse Childhood Experiences Study
 - Findings
 - Follow up Studies
- Introduction to Classic Resiliency Study
 - Findings
- Implications & Takeaways
- Resources

ACEs Study



17,337 members were surveyed between 1995 and 1997
Investigation into childhood experiences and current health status
and behavior

Participant Demographics

Gender

- 54% Female
- 46% Male

Race/Ethnicity

- 74.8% W
- 4.5% AA
- 11.2 H
- 7.2% AP
- 2.3% Other

Age

- 19-29: 5.3%
- 30-39: 9.8%
- 40-49: 18.6%
- 50-59: 19.9%
- 60 plus: 46.6%

Education

- Not HS: 7.2%
- HS grad: 17.6%
- Some college: 35.9%
- College grad: 39.3%

Adverse Childhood Experiences

Physical abuse by a parent

Emotional abuse by a parent

Sexual abuse by anyone

Growing up with an alcohol and/or drug abuser in the household

Domestic violence

Experiencing the incarceration of a household member

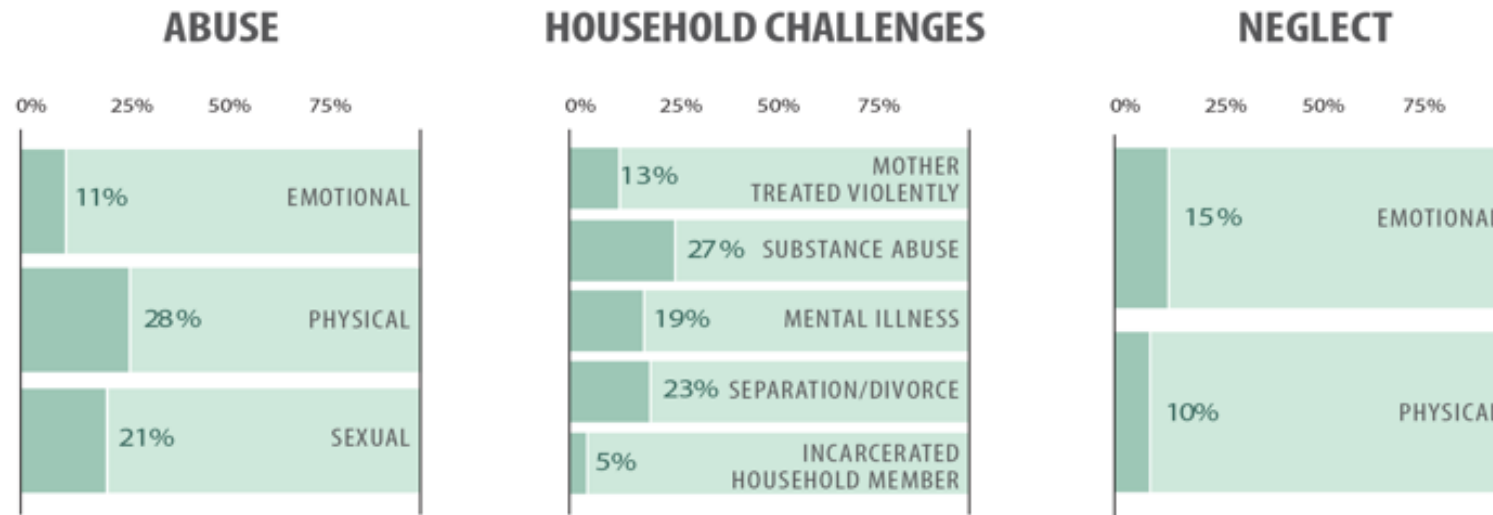
Living with a family member experiencing mental illness

Loss of a parent

Emotional neglect

Physical neglect

Types of ACEs



Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

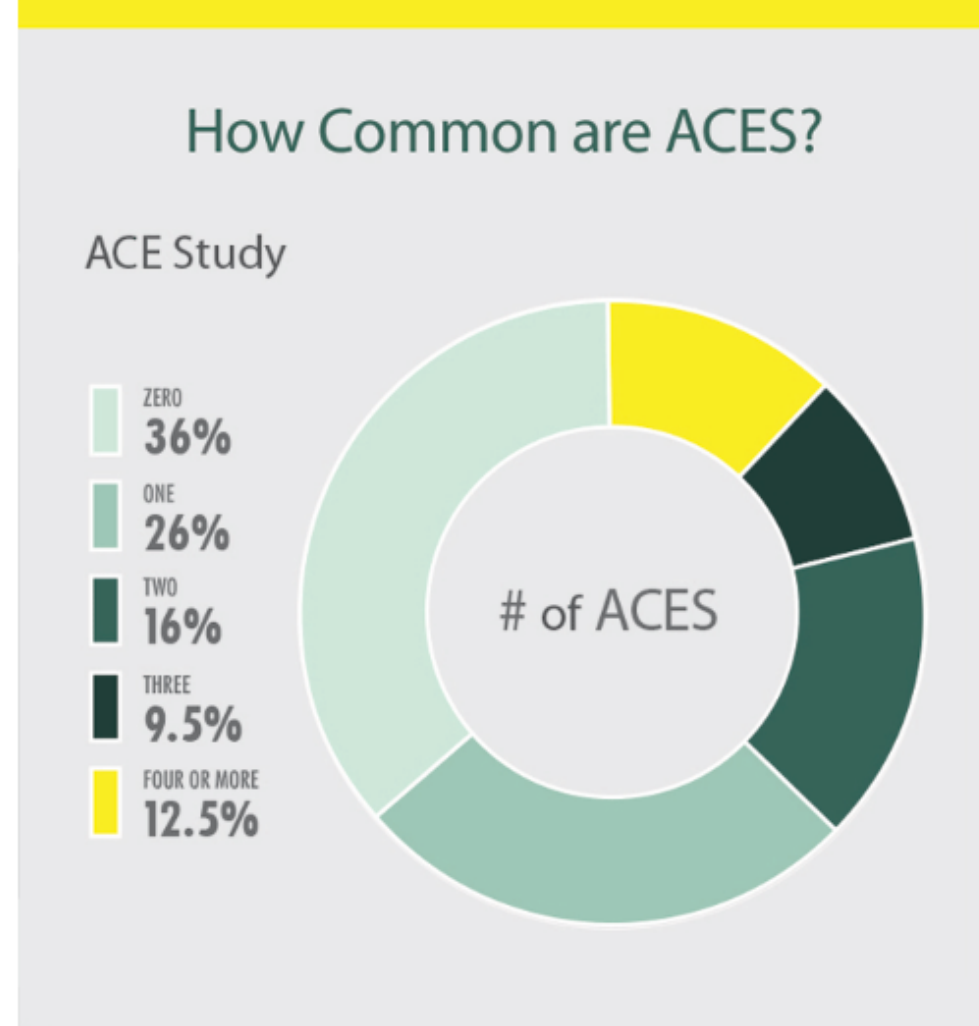
Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data].

Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>

How common are ACEs?

ACE Score Prevalence for CDC-Kaiser ACE Study Participants, Waves 1 and 2.

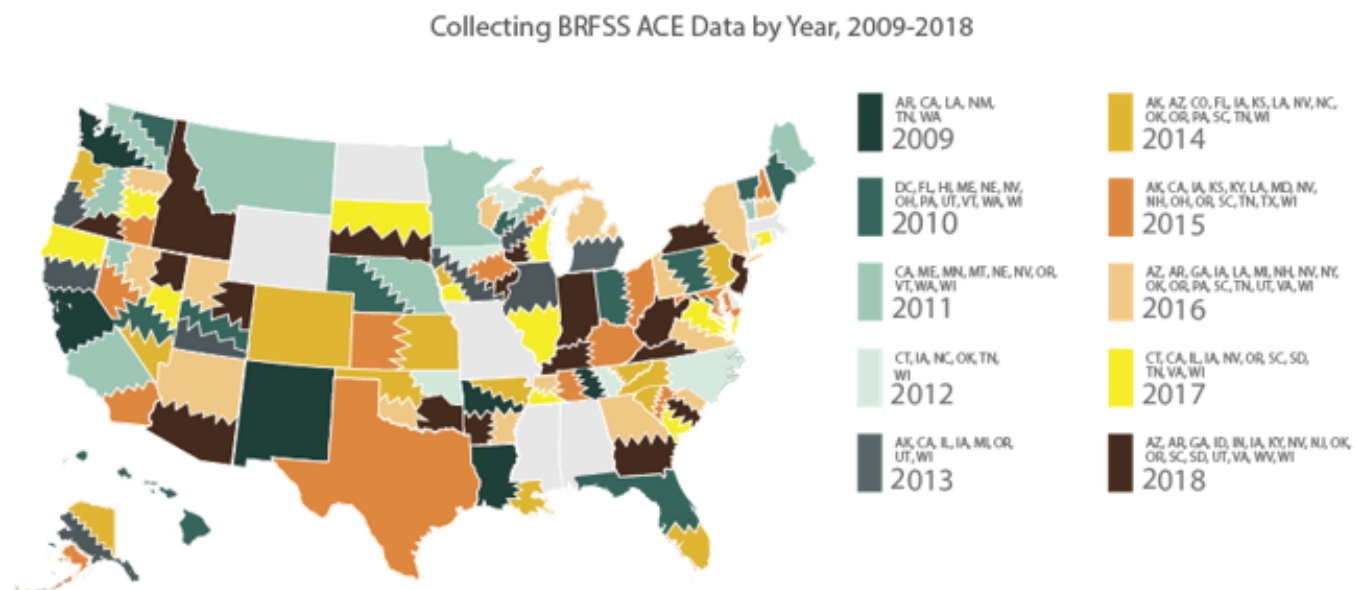


Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

Behavioral Risk Factor Surveillance System ACE Data

Many states are collecting information about Adverse Childhood Experiences (ACEs) through the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#). The BRFSS is an annual, state-based, random-digit-dial telephone survey that collects data from non-institutionalized U.S. adults regarding health conditions and risk factors. Since 2009, 42 states plus the District of Columbia have included ACE questions for at least one year on their survey.

States Collecting BRFSS ACE Data by Year, 2009-2018.



<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-brfss.html>

Participant Demographics (ACEs 2011-14, 23 states)

Gender

- 51.5% Female
- 48.5% Male

Race/Ethnicity

- 61.1% W
- 8.4% AA
- 15.6 H
- 1.6% MR
- 6.3% Other

Age

- 18-24: 12.3%
- 25-34: 17.3%
- 35-44: 16.5%
- 45-54: 18.3%
- 55-64: 16.2%
- 65 plus: 19.4%

Education

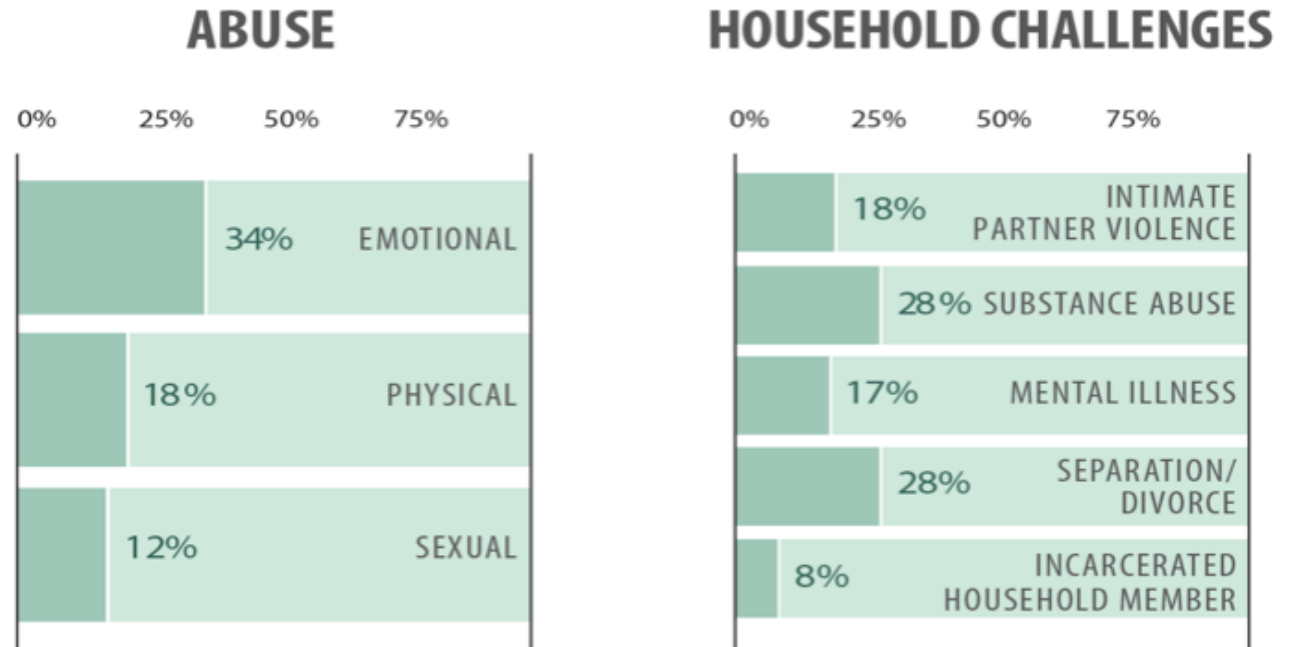
- Not HS: 13.8%
- HS grad: 28.1%
- Some college: 32.6%
- College grad: 25.5%

Behavioral Risk Factor Surveillance System ACE Data

2009-2018

42 states

Prevalence of ACEs by Category for Participants
Completing the ACE Module from the 2011-2014 BRFSS



Note: Reports and articles that use data from other years and/or other states may contain different estimates.

Source: Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044.

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>

Behavioral Risk Factor Surveillance System ACE Data

ACE Score Prevalence for Participants Completing the ACE Module on the 2011-2014 BRFSS.

Number of Adverse Childhood Experiences (ACE Score)	Women Percent	Men Percent	Total Percent
0	37.6%	39.3%	38.5%
1	22.7%	24.5%	23.5%
2	12.9%	13.9%	13.4%
3	9.0%	8.6%	8.8%
4 or more	17.8%	13.7%	15.8%

Note: Reports and articles that use data from other years and/or other states may contain different estimates.

Source: Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044.

Types of adversities

Societal & Community Experiences

Pervasive community violence

Racial and xenophobic hate and bias

Bullying and peer rejection

Terrorism

War

Other Threats to Physical Safety

Natural disasters

Serious accidents

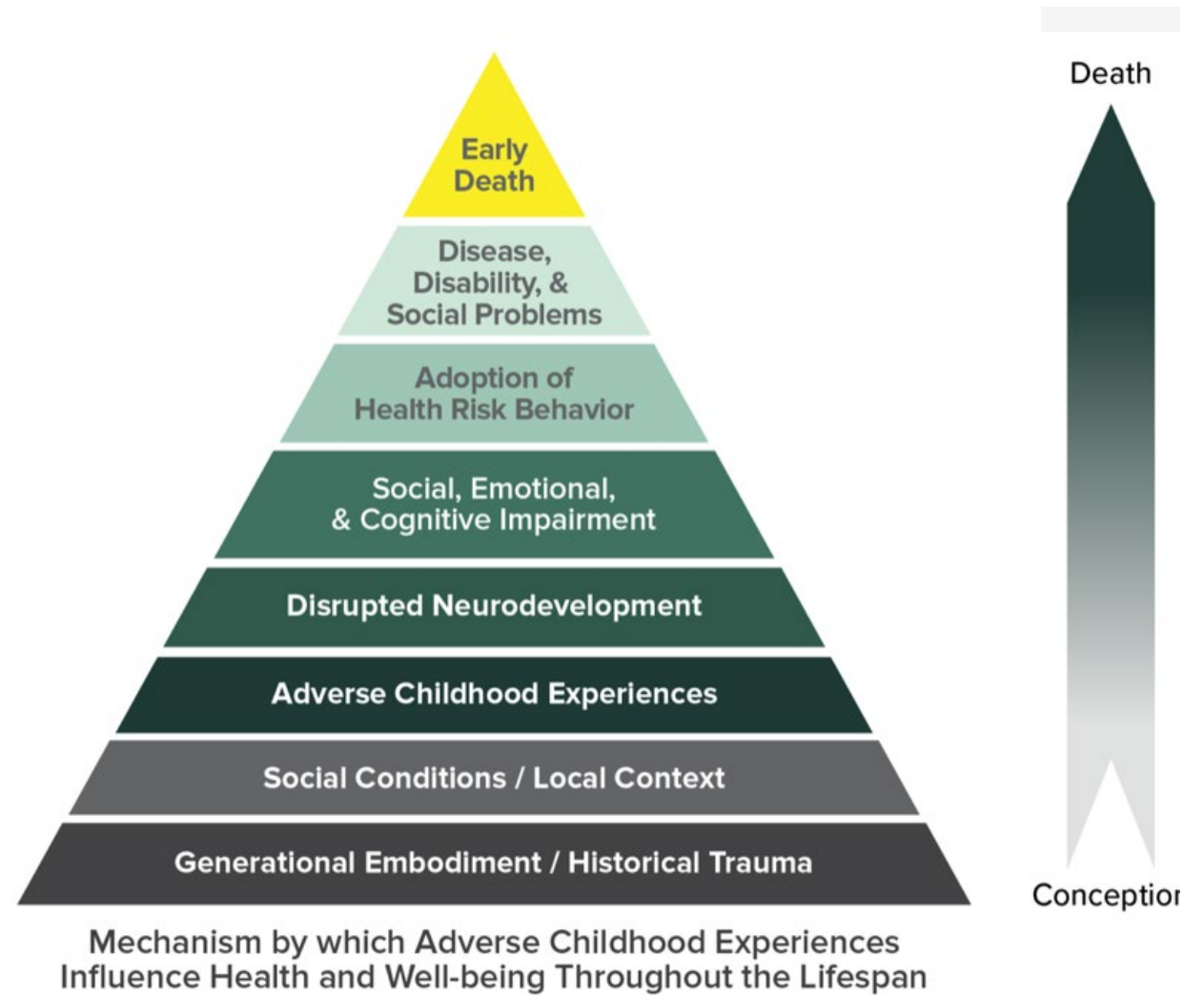
Life-threatening illness

Prevalence

- More than **two-thirds** of children reported experiencing at least 1 traumatic event by age 16
- Among school-aged youth:
 - **8%** experience sexual assault
 - **16%** experience cyber bullying
 - **17%** experience physical assault
 - **39%** witness violence
- **20-25%** of youth from low-income backgrounds experience 4 or more ACEs, which significantly increases risk for poor life outcomes (such as adult diseases and health risk behaviors)

NCTSN & SAMHSA (2015)
Copeland et al (2007)

Impact of ACEs



<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>

Insights from the ACEs Study

- Adverse childhood experiences are common but typically unrecognized.
- What presents as the problem may be someone's attempted solution.
- Unwittingly treating 'their' solution may be threatening and causing flight.
- Primary prevention is currently the only feasible population approach.
- Change has been resisted, by us, in spite of enormous benefits.

Dr. Felitti's webinar on ACEs, Jan 2020: https://www.youtube.com/watch?v=q3kis_vnfLE&feature=youtu.be

Questions?

Comments?



Let's turn to Resiliency

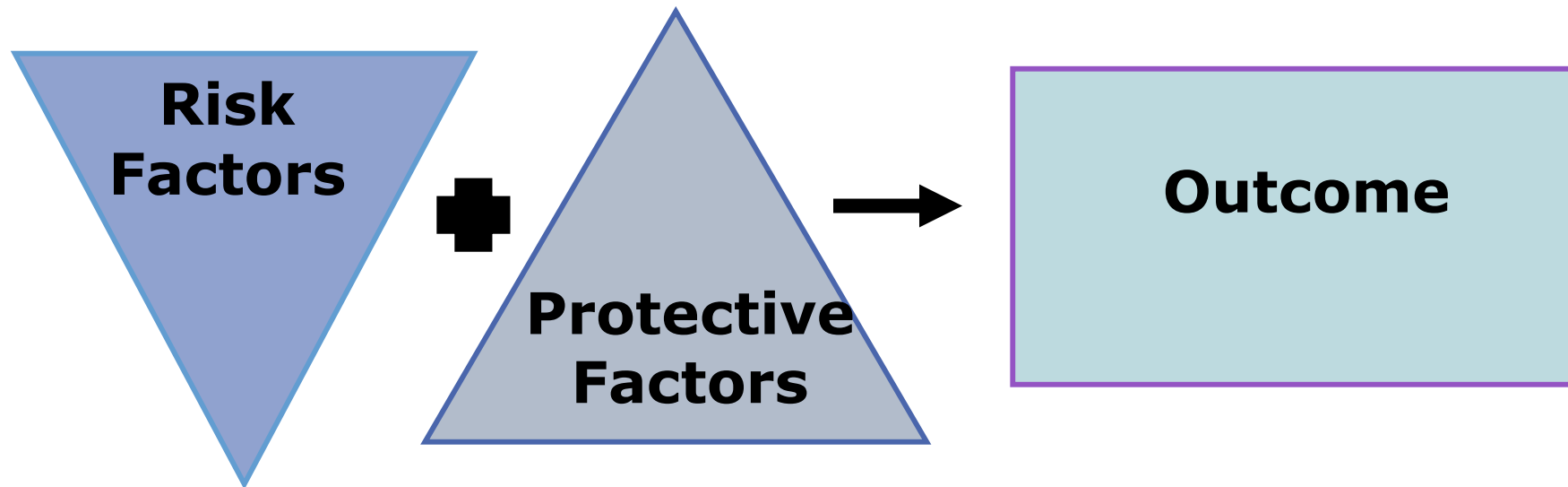
What is Resiliency?



Resiliency has been defined as the capacity to spring back, rebound, successfully adapt in the face of adversity.



Risk and Protective Factors Framework



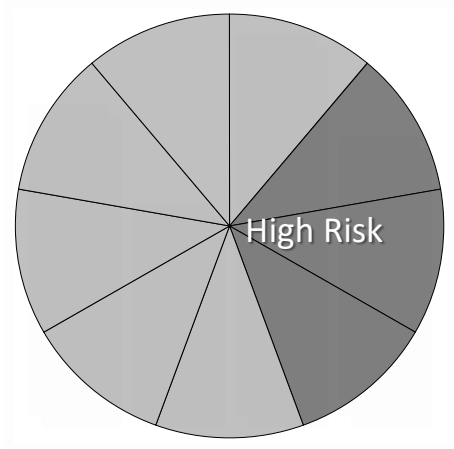
Werner & Smith: *Classic Resiliency Study*

- Longitudinal study
 - 698 infants born in 1955
 - Kauai, Hawaii
 - Children followed up at ages 1, 2, 10, 18, 32, & 40
- One third of sample exposed to at least 4 familial risk factors before age 2.
 - Poverty
 - Perinatal health problems
 - Congenital handicaps
 - Low parent education
 - Familial alcoholism
 - Violence
 - Instability/discord
 - Mental Illness



Findings of the Resiliency Study

A Longitudinal Look at Risk and Resilience: Werner & Smith (1982, 1992, 2001)



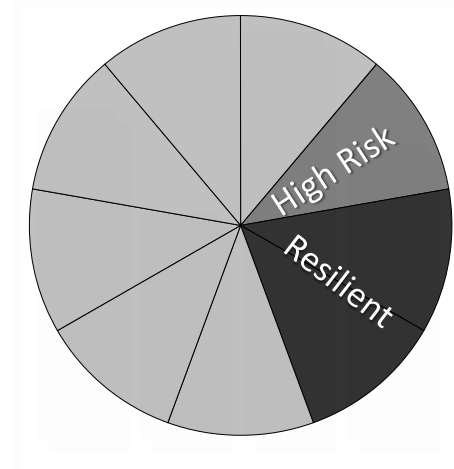
Birth Cohort = 698

1/3 of cohort
multiple risk factors



Age 18

2/3 of high risk group
exhibited problem
behaviors



Ages 32 & 40

5/6 of high risk group
bounced back

Nurturing Resilience

INTERNAL PROTECTIVE FACTORS

- Social Competence
- Problem Solving Skills
- Autonomy
- Sense of purpose, belief in a bright future

ENVIRONMENTAL PROTECTIVE FACTORS

- Caring Relationships
- High Expectations
- Opportunities for participation

Lessons Learned from Resiliency

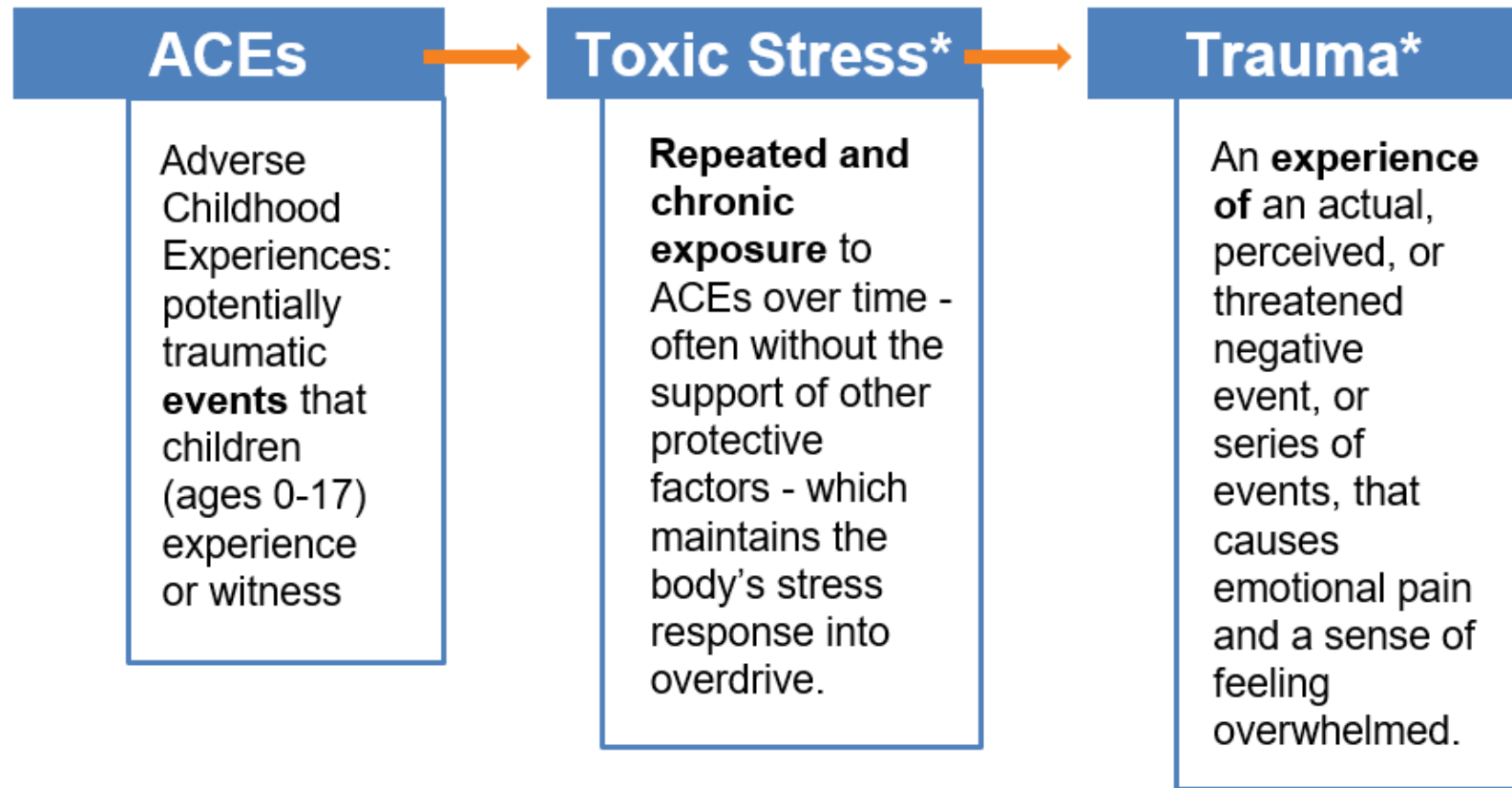
- ✓ *Protective factors have a more profound impact on the life course than specific risk factors.*
- ✓ *Protective factors appear to transcend ethnic, social, geographical, and historical boundaries.*

Questions?

Comments?



Implications & Takeaways



Source: Transforming Education: Trauma-Informed SEL Toolkit

<https://www.transformingeducation.org/trauma-informed-sel-toolkit/>

Trauma-Informed Approach

SAMHSA 2014



Building on Resiliency Research Findings

Using a strength-based approach:

- People are active participants in the process (empowerment)
- All people have strengths, often untapped or unrecognized
- Strengths foster motivation for growth
- Strengths are internal and environmental

Source: Saleebey, Dennis. 1992. *The Strengths Perspective in Social Work Practice*.
Longman: White Plains, NY



Identify Internal Strengths

Social Competence	Problem Solving	Autonomy	Sense of Purpose & Belief in the Future
<ul style="list-style-type: none">-Responsiveness-Communication skills-Could recruit support-Empathy and caring-Compassion and forgiveness-Pro-social behavior	<ul style="list-style-type: none">-Ability to plan-Flexibility-Insight-Critical thinking-Resourcefulness	<ul style="list-style-type: none">-Positive Identity-Internal locus of control-Mastery and self efficacy-Adaptive distancing and resistance-Self-awareness and mindfulness-Humor	<ul style="list-style-type: none">-Goal direction, achievement motivation and educational aspirations-Special interest, creativity, imagination-Optimism and hope-Faith, spirituality and sense of meaning

Bonnie Benard. 2004

Build a Supportive Environment

1. Increase bonding or connectedness
2. Set clear and consistent boundaries
3. Teach life skills
4. Provide caring and support
5. Set and communicate high and realistic expectations
6. Provide opportunities for meaningful participation

Key Trauma-informed SEL Practices



Create
predictable
routines



Build strong
& supportive
relationships



Empower
students'
agency



Support the
development of
self-regulation
skills

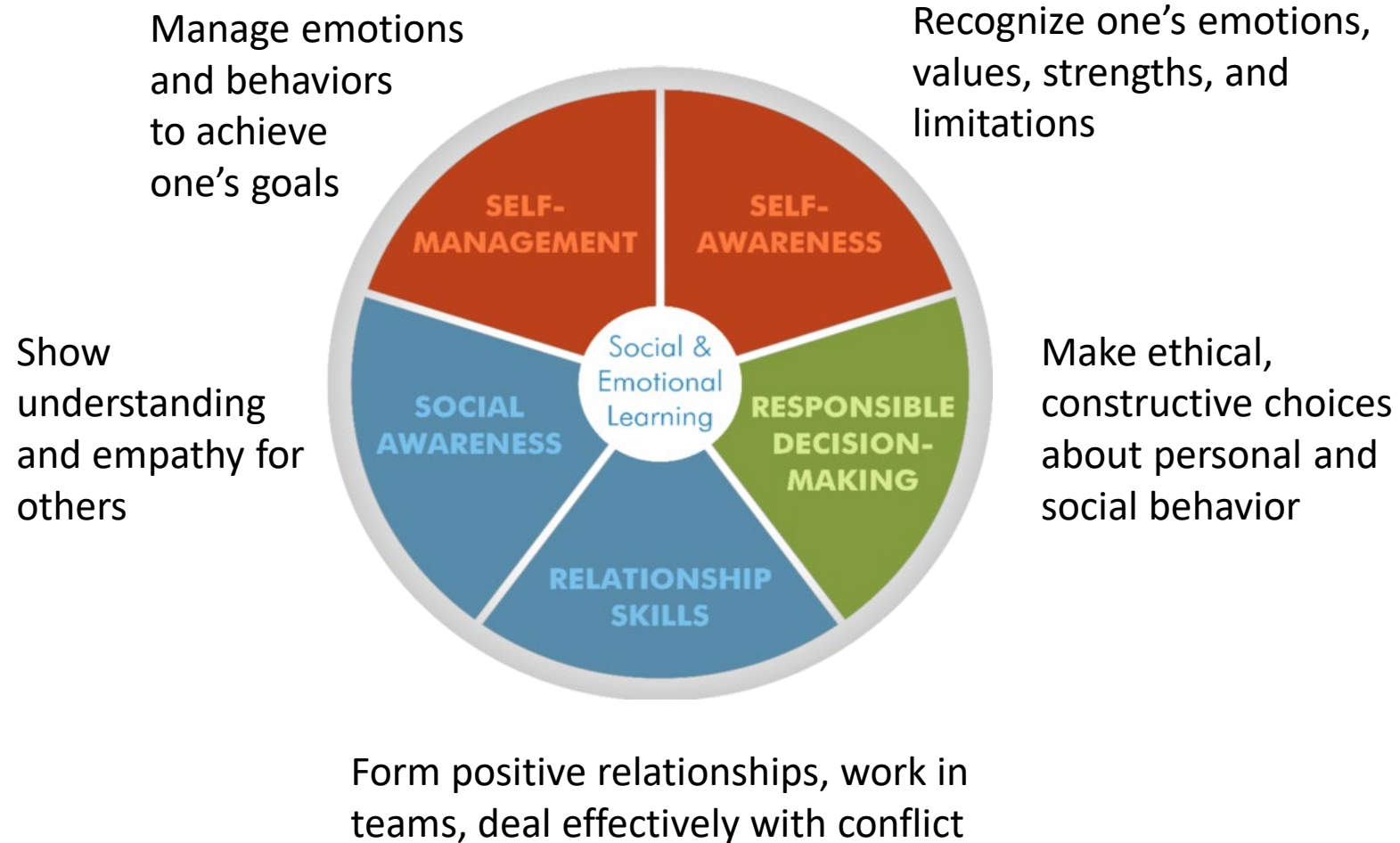


Provide
opportunities
to explore
individual and
community
identities

Source: Transforming Education: Trauma-Informed SEL Toolkit

<https://www.transformingeducation.org/trauma-informed-sel-toolkit/>

Build SEL Competencies



References

CDC: Adverse Childhood Experiences Study <http://www.cdc.gov/violenceprevention/acestudy/>

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Werner, Emmy & Smith, Ruth. 1992. *Overcoming the Odds: High Risk Children from Birth to Adulthood*. Cornell University Press. New York

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Henderson, Nan et al. 2007. *Resiliency in Action*. Resiliency in Action, Inc. San Diego

Transforming Education: Trauma-Informed SEL Toolkit <https://www.transformingeducation.org/trauma-informed-sel-toolkit/>

ACT Resources

Act for Youth: Trauma Informed Approach

http://www.actforyouth.net/sexual_health/community/capp/trauma.cfm

ACT for Youth: Social and Emotional Learning Toolkit

http://www.actforyouth.net/youth_development/professionals/sel/

ACT for Youth: Creating Inclusive Program Environments for Youth with Different Abilities

http://www.actforyouth.net/youth_development/professionals/inclusive-environments.cfm