

Building Resiliency

Preventing Adverse Childhood Experiences [ACEs]





The Centers for Disease Control and Prevention (CDC), in partnership with Kaiser-San Diego, have been studying the effects of Adverse Childhood Experiences (ACEs) in an ongoing longitudinal study of approximately 17,000 patients for the past 15 years. The original study was based on information from health history questionnaires collected from adult patients at Kaiser Permanente clinics in San Diego. This study illuminated how common ACEs are. The study also showed a strong association between the amount of ACEs an individual experienced during childhood and the increased risk for negative health behaviors (smoking, drug and alcohol abuse and risky sexual behaviors), chronic mental health concerns (depression and suicidal thoughts) and chronic diseases (heart disease, stroke, diabetes and cancer) later in life.¹

Due to the importance of the ACEs research, the CDC added an ACEs module to the Behavioral Risk Factor Surveillance System (BRFSS) in 2009. BRFSS is a state-based system of health surveys conducted over the phone. These surveys collect information on general demographics, health status and well being, health behaviors, risks for chronic diseases and injuries, preventative health practices and access to health care and support services. In 2011, the Adverse Childhood Experience Module was added to the Oregon BRFSS. More than 4,000 adults in Oregon responded to these questions about their childhood experiences.

Like the Kaiser study in San Diego, ACEs were found to be common in Oregon. 62% of Oregonians who responded to the ACEs questions in the BRFSS survey experienced at least one ACE. The people who experienced many ACEs (4 or more) were typically younger, graduated from high school less frequently and often made less than \$25,000 annually. Additionally, a higher ACE score was associated with increased tobacco use, increased risk for respiratory diseases, depression and suicide.

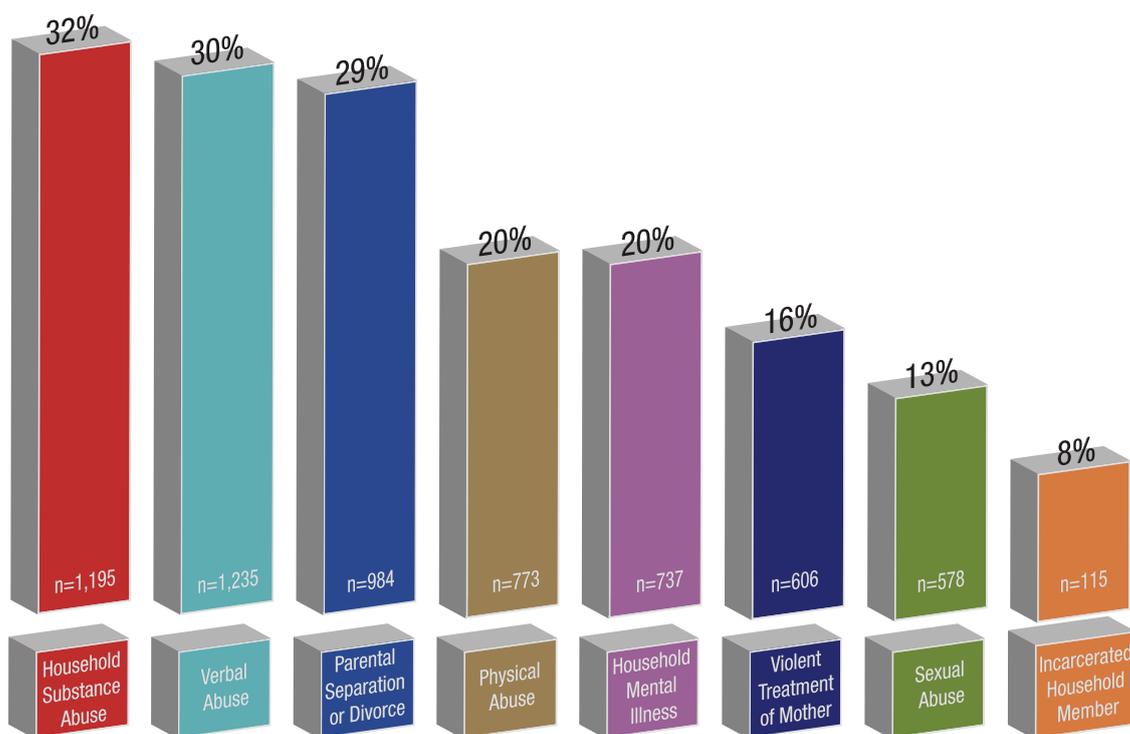
PREVENTING ACEs CAN IMPROVE HEALTH OVER THE LIFE SPAN.

WHAT IS AN ACE?

Adverse Childhood Experiences (ACEs) is a term used to describe neglect, abuse, violence and/or distressed family environments that children under the age of 18 years may experience. The cumulative effect of ACEs can be traumatic, especially if experienced repeatedly beginning at a young age.³ In the Oregon BRFSS survey, respondents were asked 11 questions to establish eight categories of ACEs. These categories include: *household substance abuse, verbal abuse, parental separation or divorce, physical abuse, household mental illness, violent treatment of mother, sexual abuse and incarcerated household member.*



PREVALENCE OF INDIVIDUAL ACES IN OREGON



Due to the sensitive nature of these questions, not all survey respondents answered each question. Therefore, the number of respondents per question varies and are identified on the bottom of each bar. The percentage represents the percent of positive responses from the overall responses in that category.

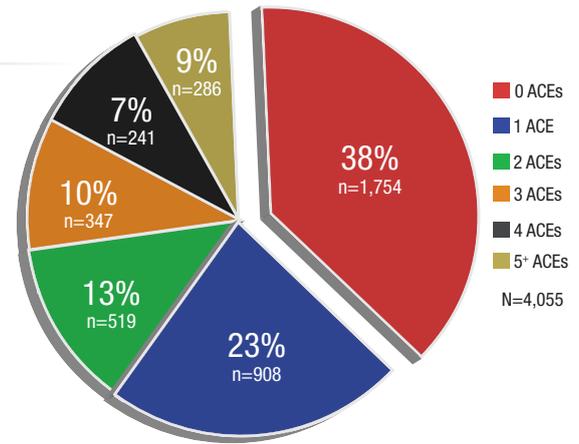
According to 2011 BRFSS survey respondents, the most common ACEs experienced in Oregon during childhood were:

- Living with someone who “was a problem drinker or alcoholic” or “used illegal street drugs” or “abused prescription medications” -Household Substance Abuse
- Having a parent or adult “swear at, insult or put them down” more than once -Verbal Abuse
- Having “parents that were separated or divorced”
- Experiencing physical abuse
- Living with a family member with a mental illness

HOW MANY ACEs DO OREGONIANS EXPERIENCE?

ACEs are common in Oregon. Individuals who responded to the 2011 BRFSS who experienced four or more ACEs generally had higher rates of negative health behaviors, mental health concerns and chronic diseases.

As individuals, communities and a state, our primary goal is to try to prevent ACEs from occurring initially. However, we must also continue to promote wellness and resiliency even in the presence of adversity. ⁴



PROMOTING HEALTHY AND RESILIENT INDIVIDUALS, FAMILIES AND COMMUNITIES REDUCES THE RISK FOR ADVERSE CHILDHOOD EXPERIENCES

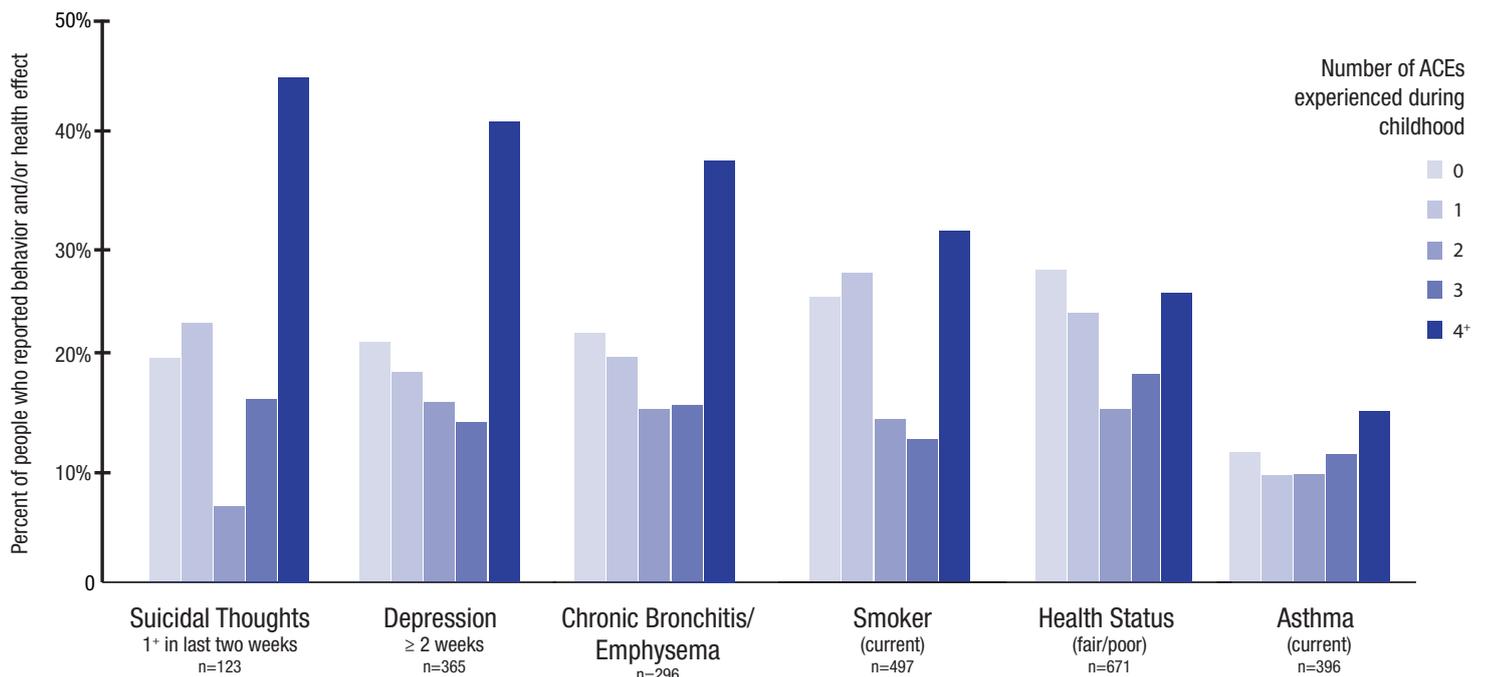
ACEs represent a wide range of abuse and family dysfunction. More research is needed to evaluate the impacts of various programs on ACEs. However, there are practices that build protective factors for individuals, communities and families and may reduce the risk of ACEs.

According to the Center for the Study of Social Policy Strategies, communities can do the following to promote these family protective factors:

- Facilitate friendships and mutual support among parents
- Strengthen parenting skills, resources and education.
- Value and support all parents through culturally competent practices
- Promote children's social and emotional development
- Provide resources for family crisis
- Identify and respond to early warning signs of child abuse and neglect

For more information about the strengthening families approach: <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>

THE RELATIONSHIP BETWEEN ACEs and WELLNESS IN OREGON



This figure highlights the correlation between mental health concerns, smoking and chronic respiratory disease, perceived health status and the number of ACEs identified by respondents in the 2011 Oregon BRFSS. This table illustrated the impact that a threshold of 4 or more ACEs had on some areas of health.

[Caution: The 2011 BRFSS represents one period in time. With repeated years of implementation, the data may reflect stronger correlations with negative health outcomes.]

WHAT CAN I DO TO SUPPORT HEALTH AND RESILIENCY IN INDIVIDUALS, FAMILIES AND COMMUNITIES?

How do we promote safe and nurturing relationships and environments for all families and children?

How can we promote protective factors in all individuals and families so they can cope and adapt even during challenging times?

1. Learn more about ACEs and health effects of trauma

ACEs 360- Iowa: www.iowaaces360.org/resources-and-web-links.html

ACEs Too High: www.acestoohigh.com

The Adverse Childhood Experiences Study: www.cestudy.org

Center on the Developing Child: www.developingchild.harvard.edu/resources

Centers for Disease Control and Prevention: www.cdc.gov/ace

Family Policy Council: www.fpc.wa.gov

National Center for Infants, Toddlers, and Families: www.zerotothree.org

Resilience Trumps ACEs: www.resiliencetrumpsaces.org

2. Support programs that encourage attachment and healthy relationships

Home Visiting:

- Babies First!
- Early Head Start
- Healthy Families Oregon
- Nurse Family Partnership
- Relief Nurseries

Parenting:

Classes and Workshops

- Incredible Years
- Make Parenting a Pleasure
- Parents as Teachers
- Nurturing Parenting Programs

Parenting Supports

- Parents Anonymous
- Relief Nurseries

Parenting Cafes

Therapeutic Interventions

- Child-Parent Psychotherapy
- Parent-Child Interaction Therapy
- Relief Nurseries
- Trauma Informed Cognitive Behavioral Therapy



3. Promote trauma-informed workforce, schools, and communities

Offer Workforce, Schools and Community Trainings:

Attachment, Self-Regulation and Competence Framework

Motivational Interviewing

Positive Youth Development

Trauma informed workforces and system reform in healthcare and education

Violence Prevention Programs

REFERENCES:

- ¹ Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study . American Journal of Preventive Medicine 1998;14:245–258.
- ² Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs) Study. <http://cdc.gov/ace>
- ³ Shonkoff, Jack, The Foundations of Lifelong Health Are Built in Early Childhood, Center for the Developing Child, Harvard University http://developingchild.harvard.edu/resources/reports_and_working_papers/foundations-of-lifelong-health/
- ⁴ Christopher Blodgett, PhD; Quen Zorrah, PHN, MSN Adverse Childhood Experiences and Public Health Practice. January 20, 2012. <http://www.nwcphp.org/training/courses/maternal-child-health-mch-training-for-professionals>

ADDITIONAL SOURCES:

Anda , Robert F, MD, MS Co-Principal Investigator and Co-Founder Adverse Childhood Experiences (ACE) Study and David W. Brown, DSc, MScPH, MSc Adverse Childhood Experiences and Population Health in Washington: The Face of a Chronic Public Health Disaster Results from the 2009 Behavioral Risk Factor Surveillance System (BRFSS), July 2, 2010.

Felitti VJ, and Anda RF. The Relationship of Adverse Childhood Experience to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare. Book Chapter for “the Hidden Epidemic: the Impact of Early Life Trauma on Health and Disease” R. Lanius & E.Vermetten editors. Cambridge University Press, 2009.

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study . American Journal of Preventive Medicine 1998;14:245–258.



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