

CHILDHOOD TRAUMA

*Exploring the connections between
adverse childhood experiences and adult health*

OPENING EXERCISE



Confidential Sexual Violence Advocate Training - Childhood Trauma



ADVERSE CHILDHOOD EXPERIENCES



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THE ACE STUDY

Initial Study mid-1990s

Kaiser Permanente and CDC
Health exam and ACE Survey
17,337 participants

Inspired other studies and multiple phases



Confidential Sexual Violence Advocate Training - Childhood Trauma

Learning objectives addressed

Describe how trauma may affect an individual in crisis. Including an individual's physical body, memory, and/or cognitive abilities.

Training notes

- We'll start off with introducing ACE Study efforts:
 - The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization (HMO) members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.
 - The team was interested in exploring connections between mental and physical health outcomes and what they termed "Adverse Childhood Experiences."
 - The study consisted of patients undergoing a physical exam, health history survey, and the ACEs survey.
 - Subsequent studies have focused on exploring elements in more depth – looking at intersections of determinants of health, gender, and community capacity to prevent ACEs.

THE ACE SURVEY

Abuse & Neglect

1. Psychological abuse
2. Physical abuse
3. Contact sexual abuse
4. Physical neglect
5. Emotional neglect

Toxic Stress in Household

1. Substance use
2. Mother (figure) treated violently
3. Diagnosis of mental illness
4. Separation or divorce
5. Incarceration



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Describe how trauma may affect an individual in crisis. Including an individual's physical body, memory, and/or cognitive abilities.

Training notes

- There were seven categories in the original study – additional items related to neglect were subsequently added
- These are the 10 ACEs researchers asked about participants experiences before the age of 18
 - There were two questions on psychological or emotional abuse – they asked about verbal insults and fear of being hurt by someone in the home
 - There were two questions on physical abuse – they asked if the participant have ever been “pushed, grabbed, shoved, or slapped” or hit so hard it left a mark
 - There were four questions asking about **contact** sexual abuse – including attempted and completed sexual assault
 - Questions about neglect centered on emotional and physical needs not being met even though a household member may have been able to provide for them
 - There were two questions on substance use by another member of the household – including alcohol and “street drugs”
 - There were four questions asking if the participant's mother or stepmother had ever been treated violently or threatened
 - There were two questions about whether a household member had experienced depression, mental illness, and/or attempted suicide
 - There was a question if the participant had ever lost contact with a parent due to divorce or separation
 - There was a question if anyone in the household had gone to prison

Discussion Questions:

- Do you consider all of these adverse experiences? Is there anything you would add or change?
- What about **non-contact** sexual abuse? How could exposure to sexuality or pornography or exploitative behaviors have an impact on adult health?

THE ACE SURVEY



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ACTIVITY

- Share the ACE Survey with participants to review:
<http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>
Folks do not have to complete the survey as themselves and/or can just look over the questions to get an impression of the questions and language used. Offer at least 10 minutes for folks to read over, make notes, or jot down questions about the survey.

Discussion Questions:

- What are your impressions of these questions?
- How/Are ACEs defined using privileged understandings of children's welfare?
- Other thoughts or reflections?

THE ACE SURVEY

Abuse & Neglect

1. Emotional abuse
2. Emotional neglect
3. Physical abuse
4. Physical neglect
5. Contact sexual abuse

Family Exposure to Toxic Stress

1. Substance use
2. Mother (figure) treated violently
3. Diagnosis of mental illness
4. Separation or divorce
5. Incarceration of family member

	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4+	15.2	9.2	12.5



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Training notes

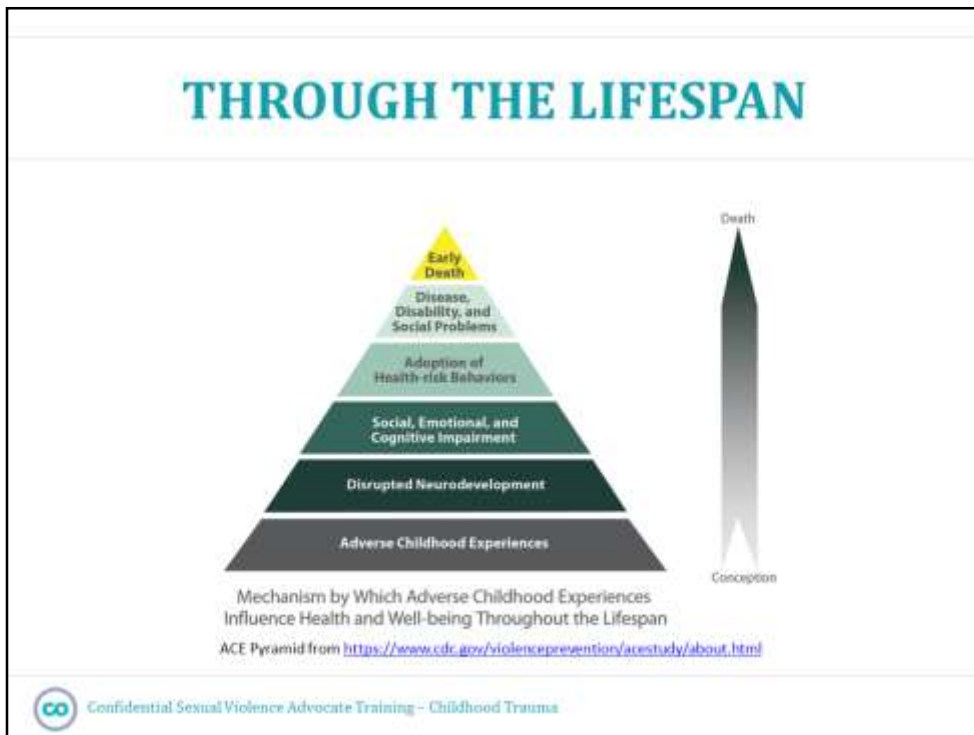
- Findings from the initial phase of the study:
 - Participants were primarily white (75%), over 50 years old (66%), and most had some college education (74%)
 - 64% of study participants reported at least one ACE, and more than one in five reported three or more ACEs.
 - ACEs and health outcomes tended to happen in clusters – increases in exposures had a strong correlation with health risk factors or behaviors - if you have one, there's an 87% chance that you have two or more.
 - Trends in responses:
 - The most prevalent was living with someone who had a substance use issue (25%)
 - Least prominent was someone in the house being incarcerated (3%)
 - 28% of women and 16% of men responded to have experienced contact sexual abuse
 - 11% of respondents experiences prolonged physical – 11% emotional abuse – 11% both types of neglect
 - 13% of respondents reported to live in a household where their mother or stepmother was treated violently
- Important to note that the ACE survey is a **self-reporting** instrument – in other words folks have to feel comfortable answering honestly



ACE SCORE & HEALTH



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Describe how trauma may affect an individual in crisis. Including an individual's physical body, memory, and/or cognitive abilities.

Training notes

- Research on ACEs has found a strong and cumulative connection to childhood trauma and health – in other words, toxic stress early in life can have an intensifying relationship throughout life
- What happens in early life has an effect on adolescent and adult health and behaviors



Learning objectives addressed

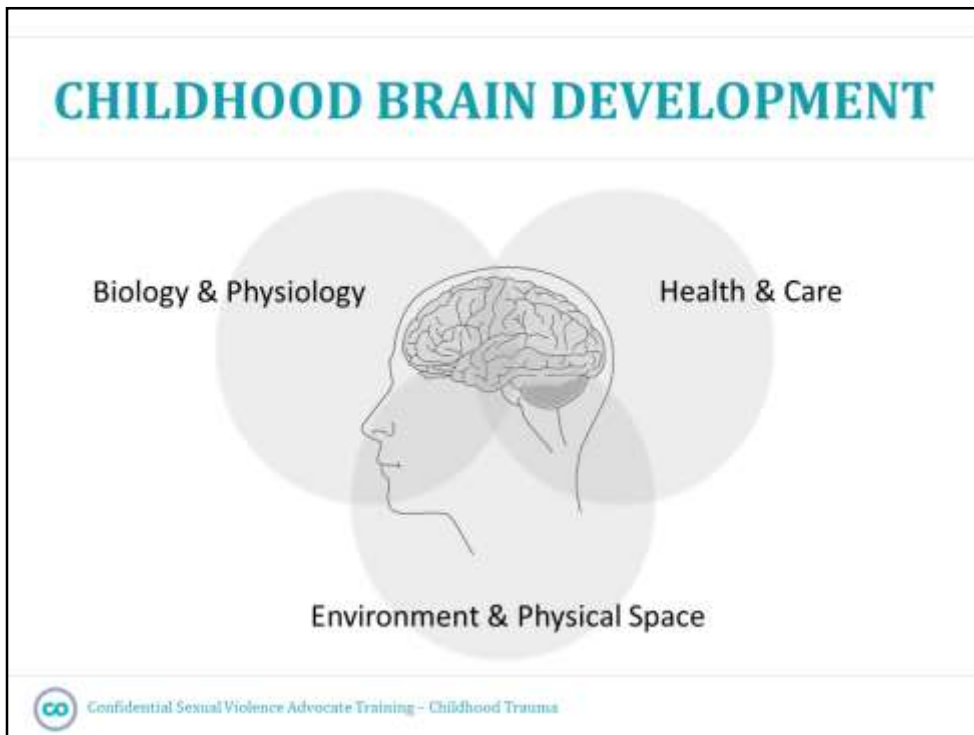
Describe how trauma may affect an individual in crisis. Including an individual's physical body, memory, and/or cognitive abilities.

Training notes

- *Let's explore these results in more detail*
- Toxic stress in childhood and early traumatic experiences can have an impact on brain and physical development

Discussion Questions:

- What have you learned about brain development? (*Maybe connect this to earlier conversations about trauma and the brain*)



[FACILITATOR NOTE: THE NEXT FEW SLIDES CAN BE REMOVED OR BRIEFLY REVIEWED IF THIS CONTENT IS REPETITIVE FROM OTHER TRAUMA AND NEUROSCIENCE/BIOLOGY CONVERSATIONS]

Learning objectives addressed

Describe how trauma may affect an individual in crisis. Including an individual's physical body, memory, and/or cognitive abilities.

Training notes

- When a child is growing, there are three major influencers in brain growth and development:
 - Biology and physiology – The brain continues to grow and develop after birth. There's also research that points to the importance of genetics in how a child's brain grows and adapts to the world around them.
 - Environment – Exposure to toxins or chemicals like lead, mercury, drugs, alcohol, and toxic stress have an impact on the physical conditions of the brain – shaping its growth in very real ways. This is also where proper nutrition comes into play – the brain needs nutrients and consistency to grow at its full potential.
 - Health - Stimulation and engagement with other people is HUGE for brain development. Books, technology, and media cannot replace human interaction – mentors, parents, and caregivers play a vital role on long-term brain function and development.

Discussion Questions:

- Does everyone have access to the best conditions for brain development?
- How do these conditions connect to our work for equity and ending oppression?

TOXIC STRESS & BRAIN DEVELOPMENT



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Training notes

- *Getting into the details of how toxic stress and environmental factors can have a long-term impact, let's explore what these conditions do to brain development in childhood:*
 - Different areas of our brains do different things: our amygdala controls our fear responses (i.e. fight-flight-flee), our prefrontal cortex helps us regulate our moods and emotions, our hippocampus supports learning and memory, and our hypothalamus plays a role in how our body responds to stress. These three systems work together – with other areas of our brain as well – to help us relate to the world around us.
 - Toxic stress and trauma have been shown to have very real consequences for the development of these areas – we see this in children and adults alike. But trauma in childhood can shape the brain in ways we're only beginning to understand.
 - PTSD and stress can inhibit the capacity of the hippocampus to make memories or learn
 - Women who experienced abuse in childhood have alerted brain function and memory recall
- Many times people have diagnosed survivors of trauma with mental illness or substance abuse without looking at underlying causes of risk behaviors

DISCUSSION

How do you feel this interruption or environment for brain development may impact responses to trauma later in life?



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Training notes

- Offer time to discuss how these biological responses to trauma could impact later life functioning

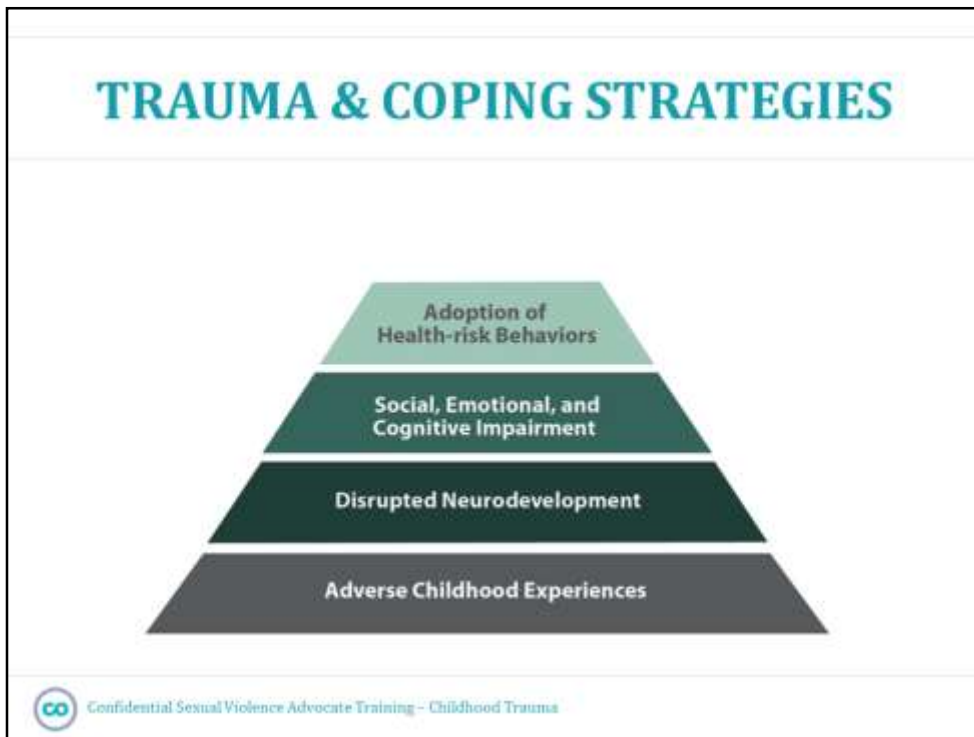


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Training notes

- There are some gaps in research around the solid correlations, but we have a blueprint for how experiences and health are connected
- ACEs have been connected to workplace absenteeism, mental illness or mental health crises, and limited capacity to engage in productive or healthy relationships
- Exposure to ACEs and toxic stress makes people adapt to their surroundings – sometimes these adaptations are not helpful in relationships or in shaping a holistic worldview
 - Hypervigilance
 - Dissociative moments – in the past and present, effecting memories
 - Learning style and cognitive development may be disrupted

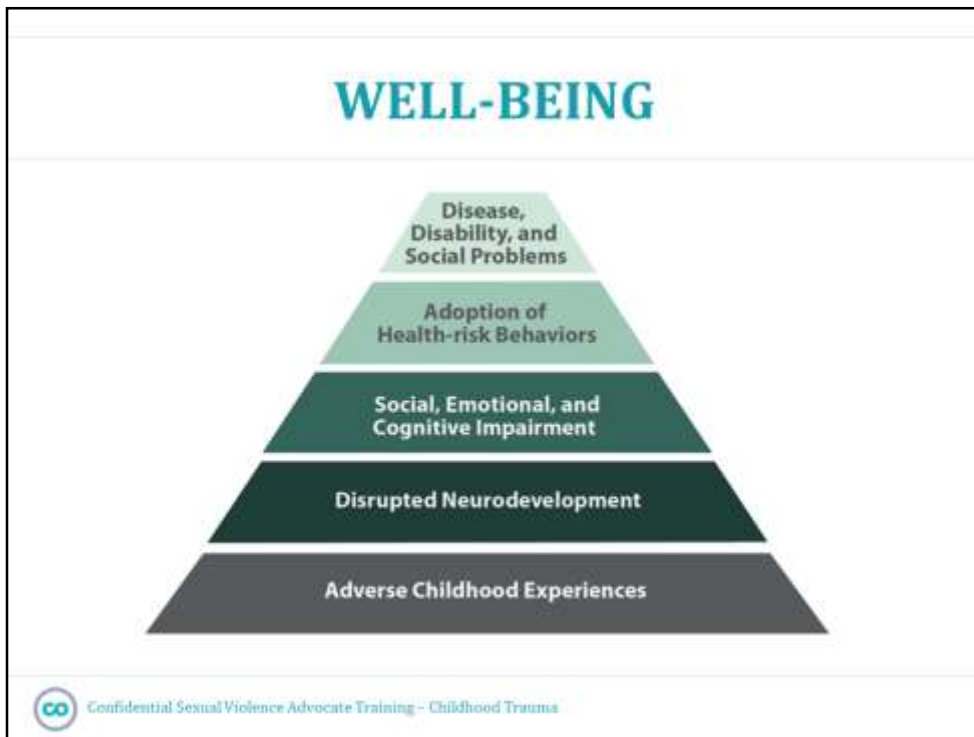


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Training notes

- *We are trying to see how early trauma impacts adulthood – no one is responsible for violence inflicted upon them at any point in their life. Choices are always situated within a larger context.*
- ACEs impact choices we make about health and well-being – stress can overpower us and we begin to assess our surroundings in “survival mode,” prioritizing certain things over others
 - Smoking/tobacco use – increased ACEs is connected to smoking by age 14 or chronic smoking in adulthood
 - Early alcohol consumption/initiation
 - IV drug use
 - Not engaging in safer sex practices
 - Self-harming behaviors
 - Eating disorder behaviors
 - Obesity or chronic weight gain
- We all rely on coping mechanisms of different types to manage our day-to-day lives – risky behaviors may be a response to ACE exposure, as well as larger contextual factors that may have interrupted a person's learning that certain behaviors may be unhealthy or harmful in the long-term



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Training notes

- The adoption of health risk behaviors – as we've come to know and understand – has an impact on our physical health
 - Smoking has been found to be a factor in heart disease and high blood pressure
 - Chronic alcohol use has also been linked to heart disease, as well as exacerbating depression, anxiety, and suicidal ideation
 - IV drug use can result in a wide variety of health concerns – also early death due to overdose
 - Sexually-transmitted infections
- ACEs are also connected to mental health outcomes – folks with multiple ACEs had an increased risk of depression, anxiety, sleep issues, and symptoms of PTSD

THROUGHOUT THE LIFESPAN



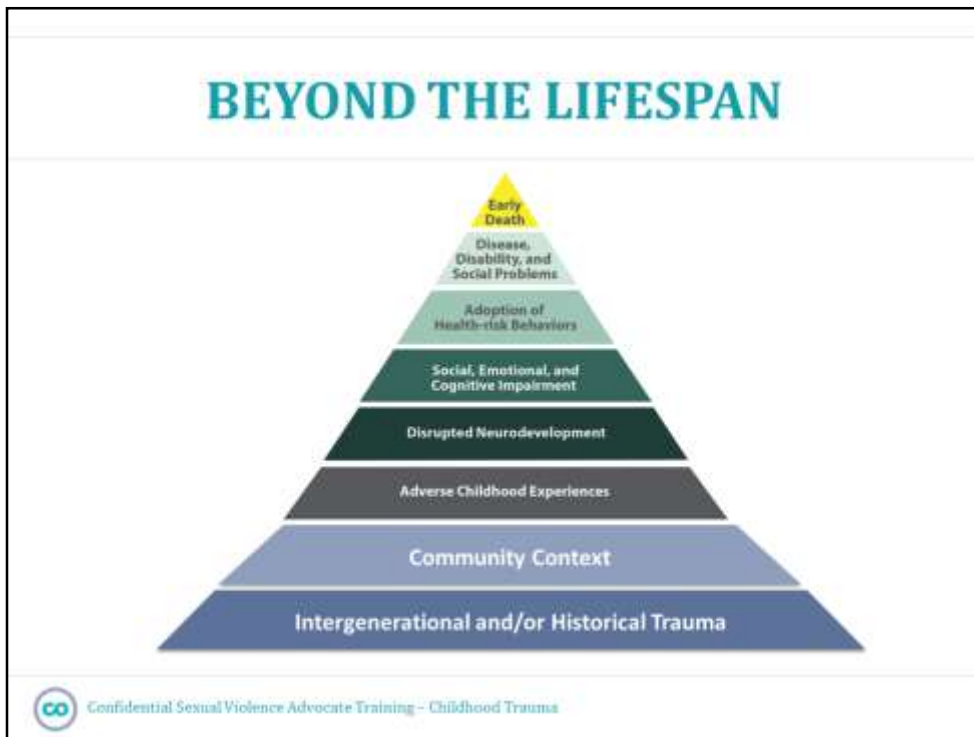
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Training notes

- The ACE Study found that ACEs were connected to the leading causes of early deaths in adults in the US
- Research around ACEs has discovered that people with six ACEs have a 20-year **decreased** life expectancy than folks without ACEs



Learning objectives addressed

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Training notes

- *We've explored how Adverse Childhood Experiences are part of the foundation of adulthood and later life. This foundation can be a major factor in how we react to stressful situations and trauma later*
- *Recently, some researchers and practitioners have informally added to the ACE pyramid to demonstrate the role of intergenerational trauma and societal factors*

Discussion Questions

- Now that we've discussed all of the research on ACEs, what are some possible ways early trauma could manifest in adulthood crises or trauma?
- How can we keep this in our mind as we work with survivors?

RESILIENCE & OPTIMISM



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Training notes

- While childhood trauma can have an impact, so can caring adults, mentors, and caregivers
 - One person was shown to have a “mitigating effect” on adulthood outcomes
 - The presence of a calm, caring, engaging adults offers an alternative worldview or perspective – offers hope, healing, and strength
 - Caring adults can support healthy behaviors or coping responses and/or intervene on behalf of children being harmed

QUESTIONS? COMMENTS?



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