

Adverse Childhood Experiences (ACEs)

- ▶ Childhood experiences
- ▶ Tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity
- ▶ Early experiences are an important public health issue
- ▶ As foundational researched as ACEs
- ▶ ACEs can be prevented
- ▶ Preventing ACEs

CDC-Kaiser ACE Study

- ▶ Investigation of childhood abuse and neglect
- ▶ 1995-1997
 - ▶ Aug-Nov '95, Jan-Mar '96, Jun-Oct '97
- ▶ 70.5%, 9,508/13,494, responded
- ▶ CDC ongoing surveillance
by '97 17,337

ACE Definitions

- ▶ All ACE questions refer to the respondent's first 18 years of life.
- ▶ Abuse
- ▶ Neglect
- ▶ Household challenges/dysfunction

Abuse

- ▶ **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
- ▶ **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
- ▶ **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

Neglect

- ▶ **Emotional neglect:** Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.²
- ▶ **Physical neglect:** There was someone to take care of you, protect you, and take you to the doctor if you needed it², you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes

Household Challenges

- ▶ **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
- ▶ **Household substance abuse:** A household member was a problem drinker or alcoholic or a household member used street drugs.
- ▶ **Mental illness in household:** A household member was depressed or mentally ill or a household member attempted suicide.
- ▶ **Parental separation or divorce:** Your parents were ever separated or divorced. (lack of support)
- ▶ **Criminal household member:** A household member went to prison. (relative)

Trauma

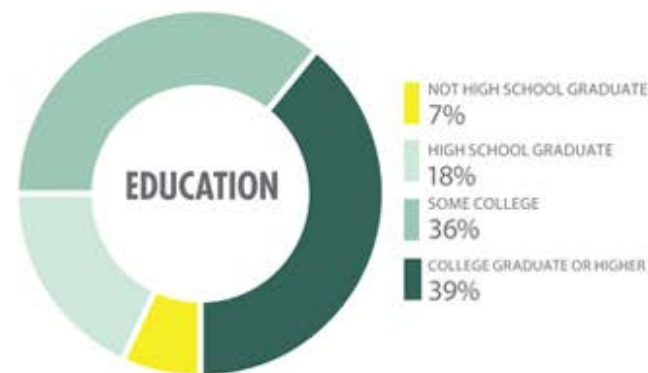
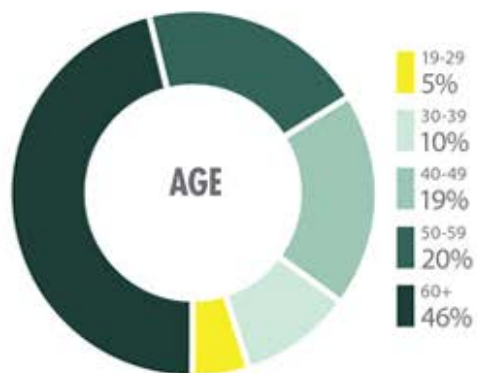
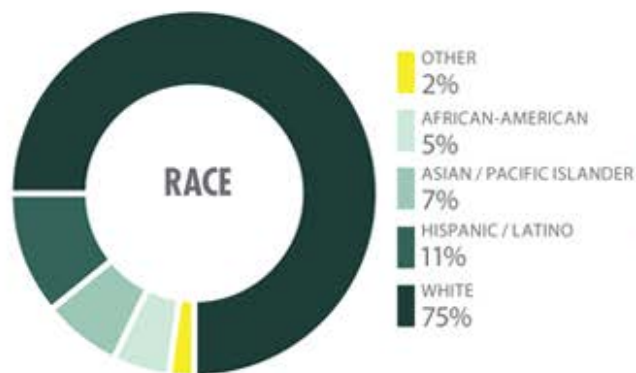
- ▶ High rates of trauma exposure
- ▶ Generations
- ▶ Loss and grief
- ▶ PTSD
- ▶ Re-traumatize
- ▶ Secondary and tertiary trauma
- ▶ Vicarious trauma

What are ACEs?

Adverse Childhood Experiences (ACEs) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. The landmark Kaiser ACE Study examined the relationships between these experiences during childhood and reduced health and well-being later in life.

WHO PARTICIPATED IN THE ACE STUDY?

Between 1995 and 1997, over 17,000 people receiving physical exams completed confidential surveys containing information about their childhood experiences and current health status and behaviors. The information from these surveys was combined with results from their physical exams to form the study's findings.



*Participants in this study reflected a cross-section of middle-class American adults.

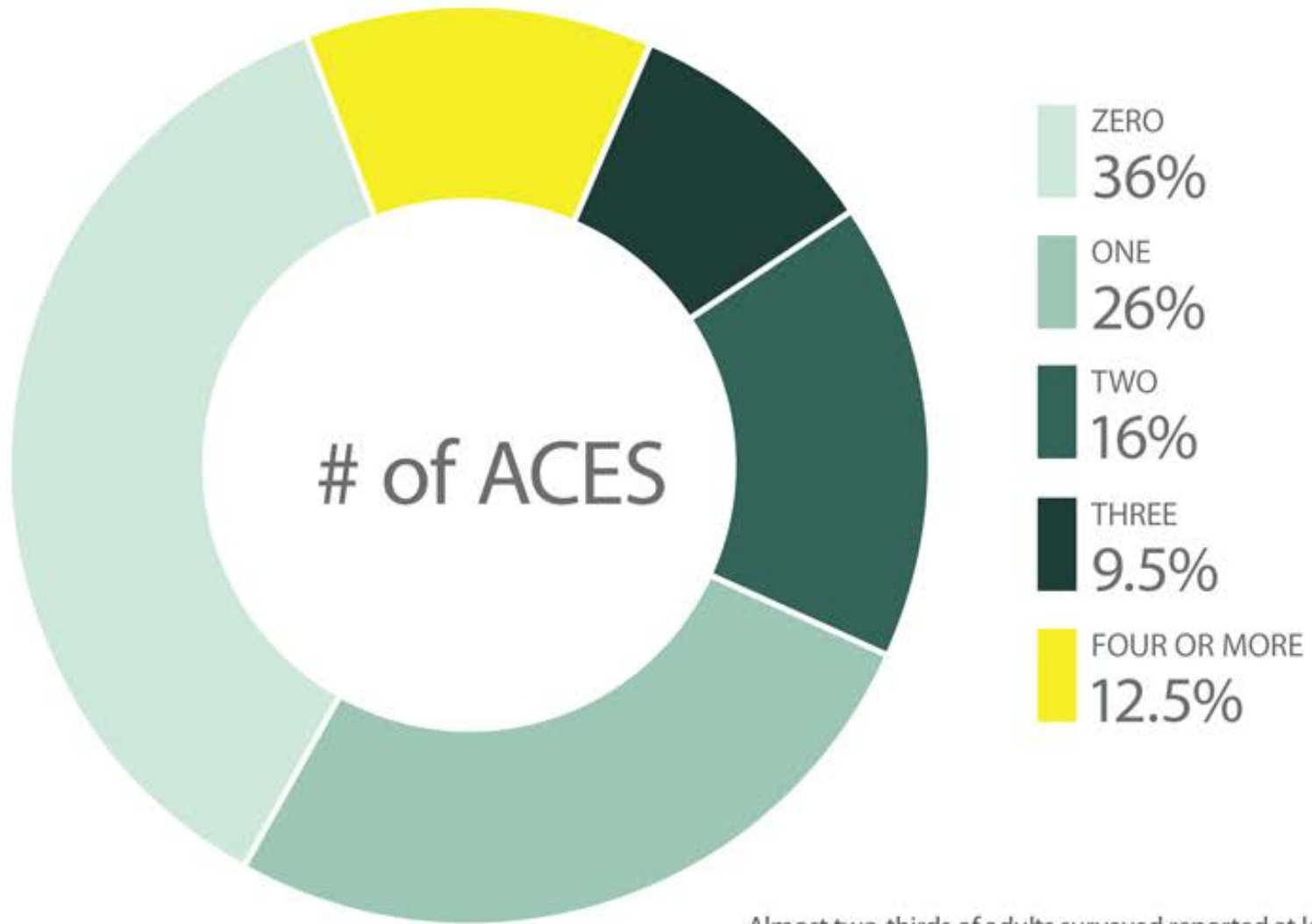
Prevalence, N=17,337

TYPE	CATEGORY	Total (%)
Abuse	Physical	28
	Sexual	21
	Emotional	11
Household challenges	Substance abuse	27
	Single parent	23
	Mental illness	19
	Mother hurt	13
	Family member jailed	5
Neglect	Emotional	15
	Physical	10

ACE Score Sex, percent by sex

Number of ACE Score	Female N=9,367	Male N=7,970	Total N=17,337
0	35	38	36
1	25	28	26
2	16	16	16
3	10	9	10
4 or more	15	9	13

HOW COMMON ARE ACES?



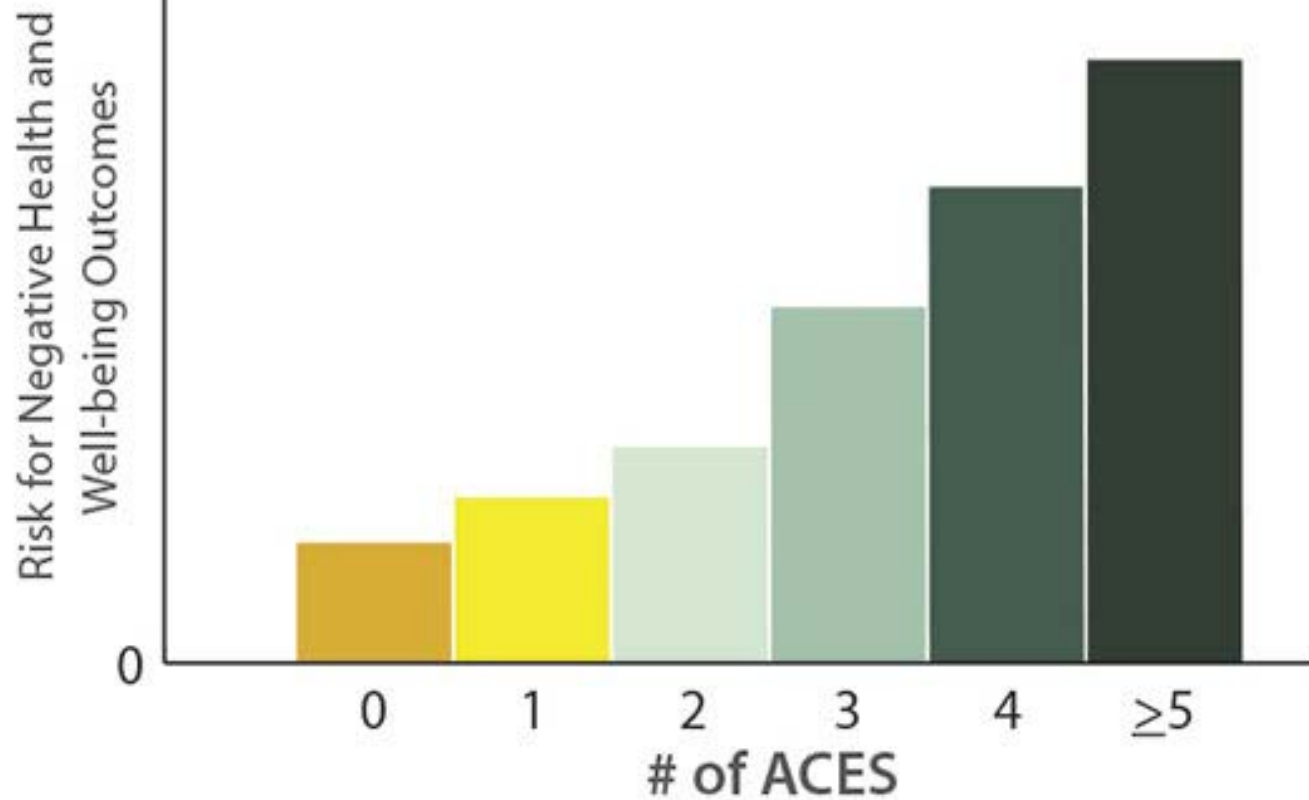
Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.

Major Findings

- ▶ Common
 - ▶ 2/3 had at least 1 ACE
 - ▶ >1/5 had 3 or more ACEs
- ▶ Cumulative childhood stress
 - ▶ Dose relationship
 - ▶ Higher score, more negative health/well being outcomes in course of life

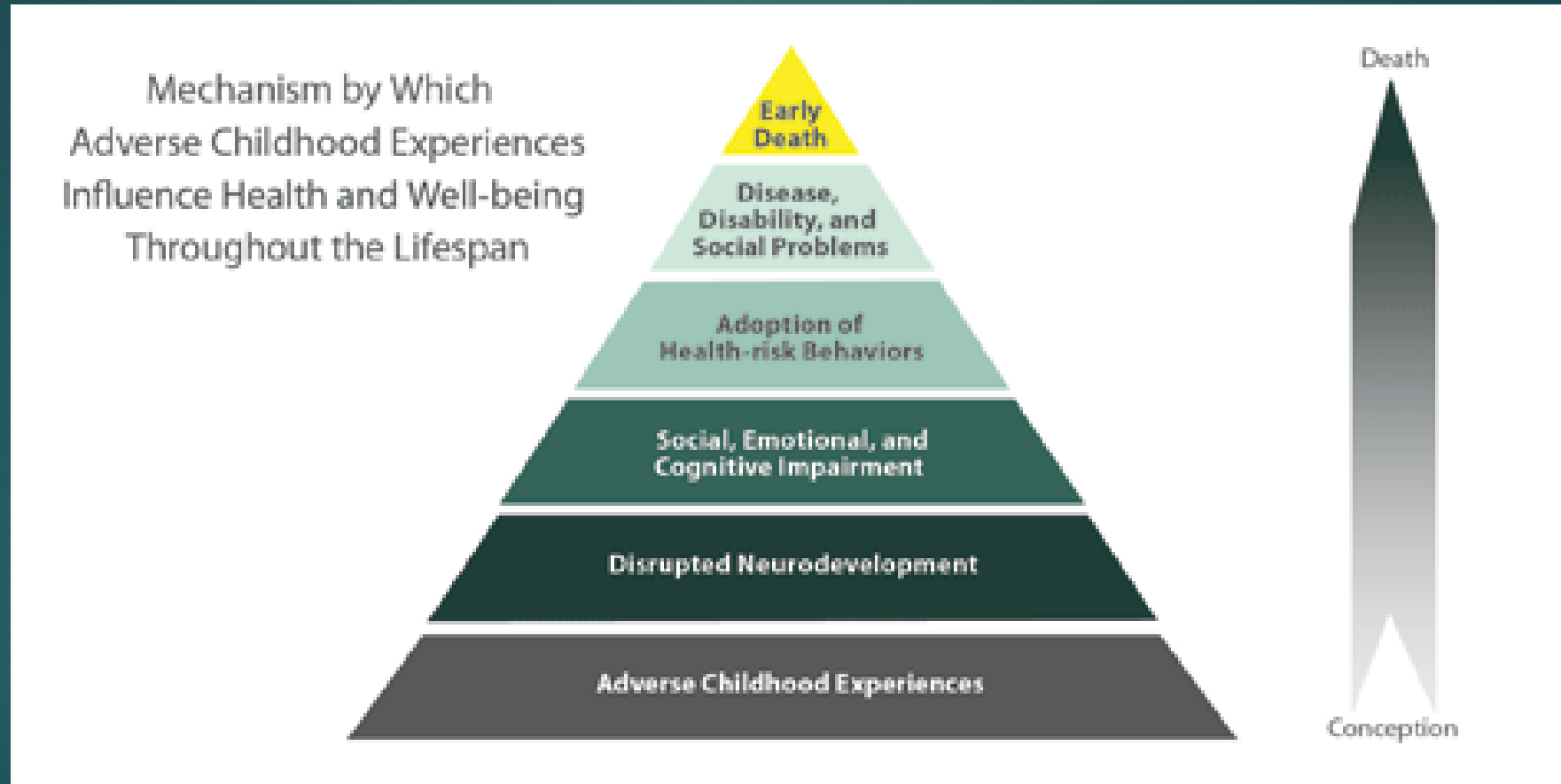
Association between ACEs and Negative Outcomes

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Impact of ACEs



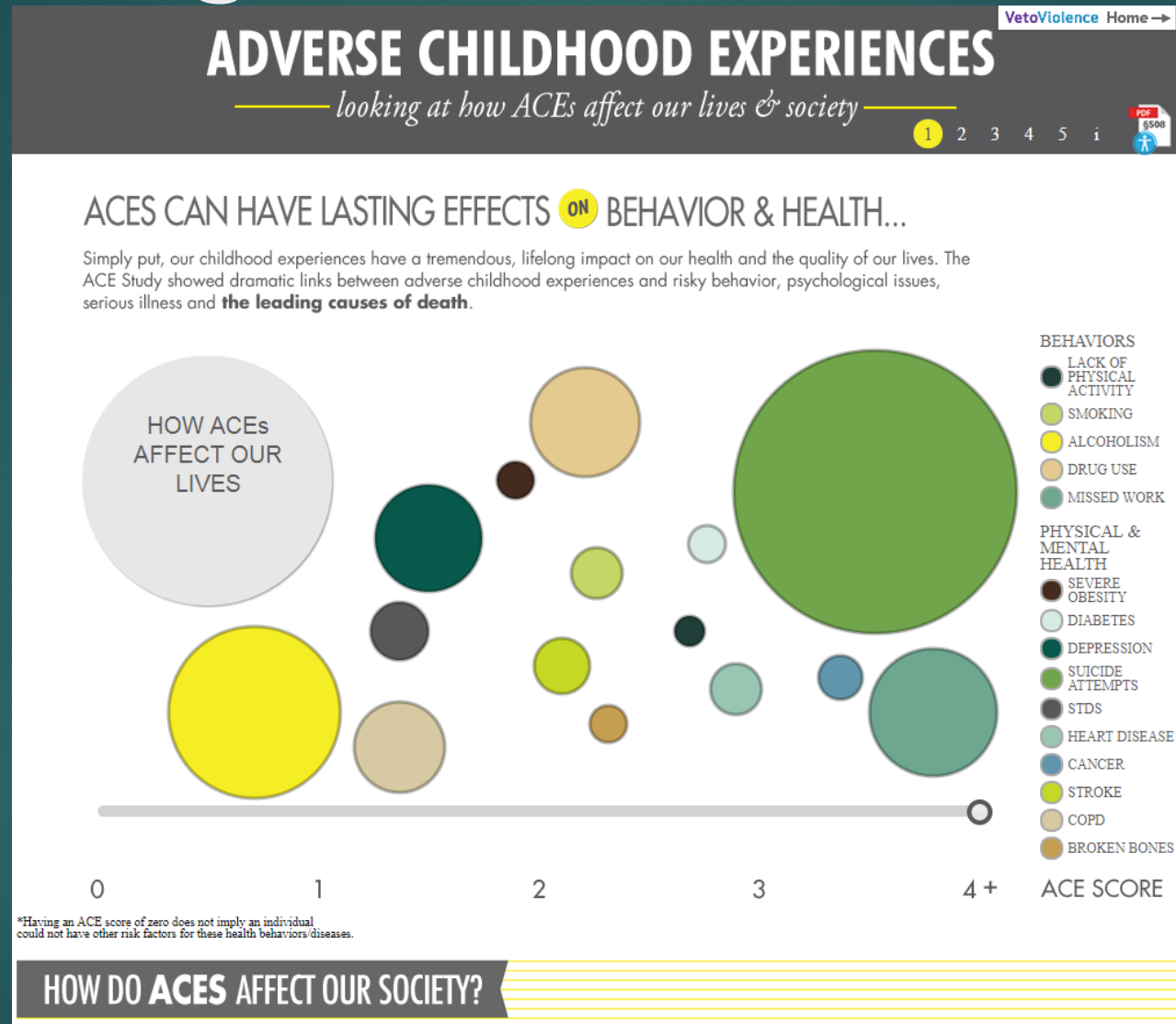
[HTTPS://WWW.CDC.GOV/VIOLENCEPREVENTION/ACESTUDY/INDEX.HTML](https://www.cdc.gov/violenceprevention/acestudy/index.html)

As the number of ACEs increases so does the risk for the following*:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence

- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

ACEs lasting behavior & health effects



Dose Response Relationship

ACEs	2x	3x	4x
Academic failure	1.5	2.5	3
Missed school/work	2	2.5	5/5.5
Poor health	2	2.5	4
Behavior concerns	2.5	4	6
Suicide, life spam	3	6.6	12.2
Alcoholic	4	4.9	7.4

<http://www.new.drny.org/docs/setf/trauma-adverse-childhood-exp-handout.amy.pdf>
https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

LIFE EXPECTANCY

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

0



80
YEARS

6+



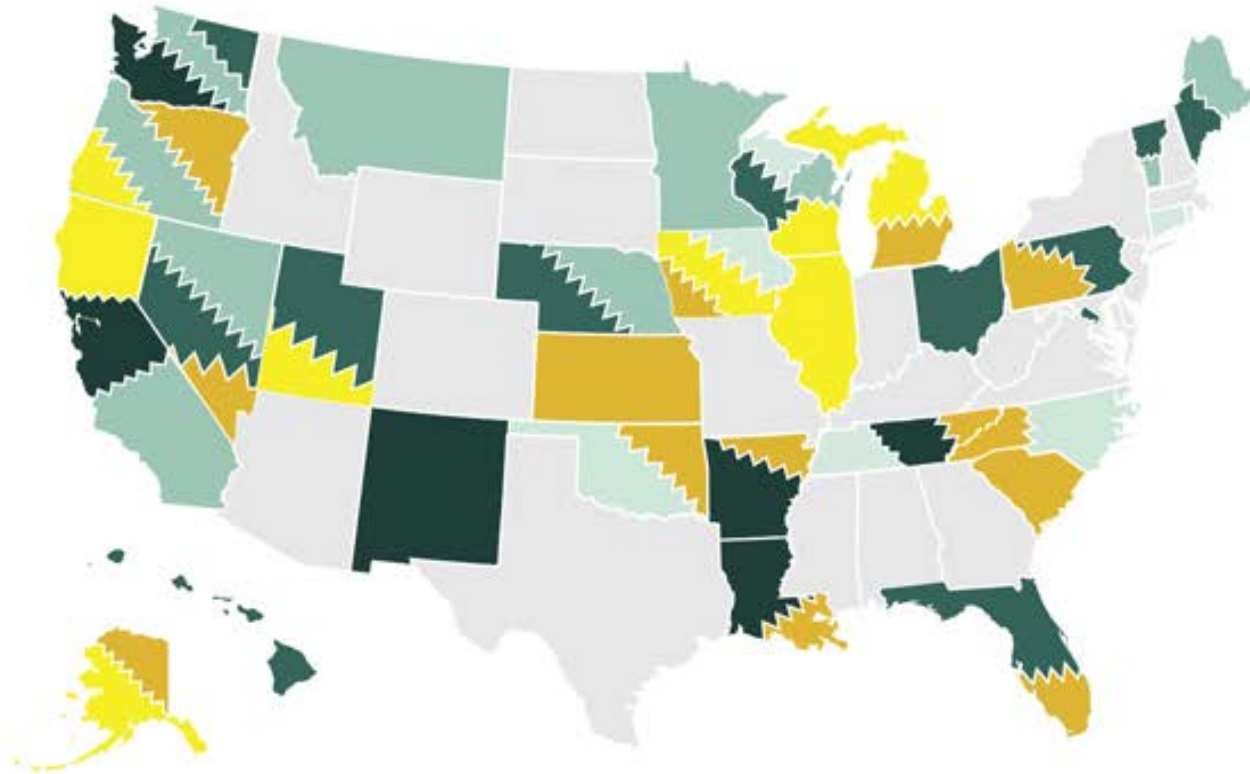
60
YEARS

ECONOMIC TOLL


The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at **\$124 billion**.



THE ACE STUDY CONTINUES



Although the study ended in 1997, some states are collecting information about ACEs in their population through the Behavioral Risk Factor Surveillance System (BRFSS).



Navajo Violence, Suicide, and Addiction Data

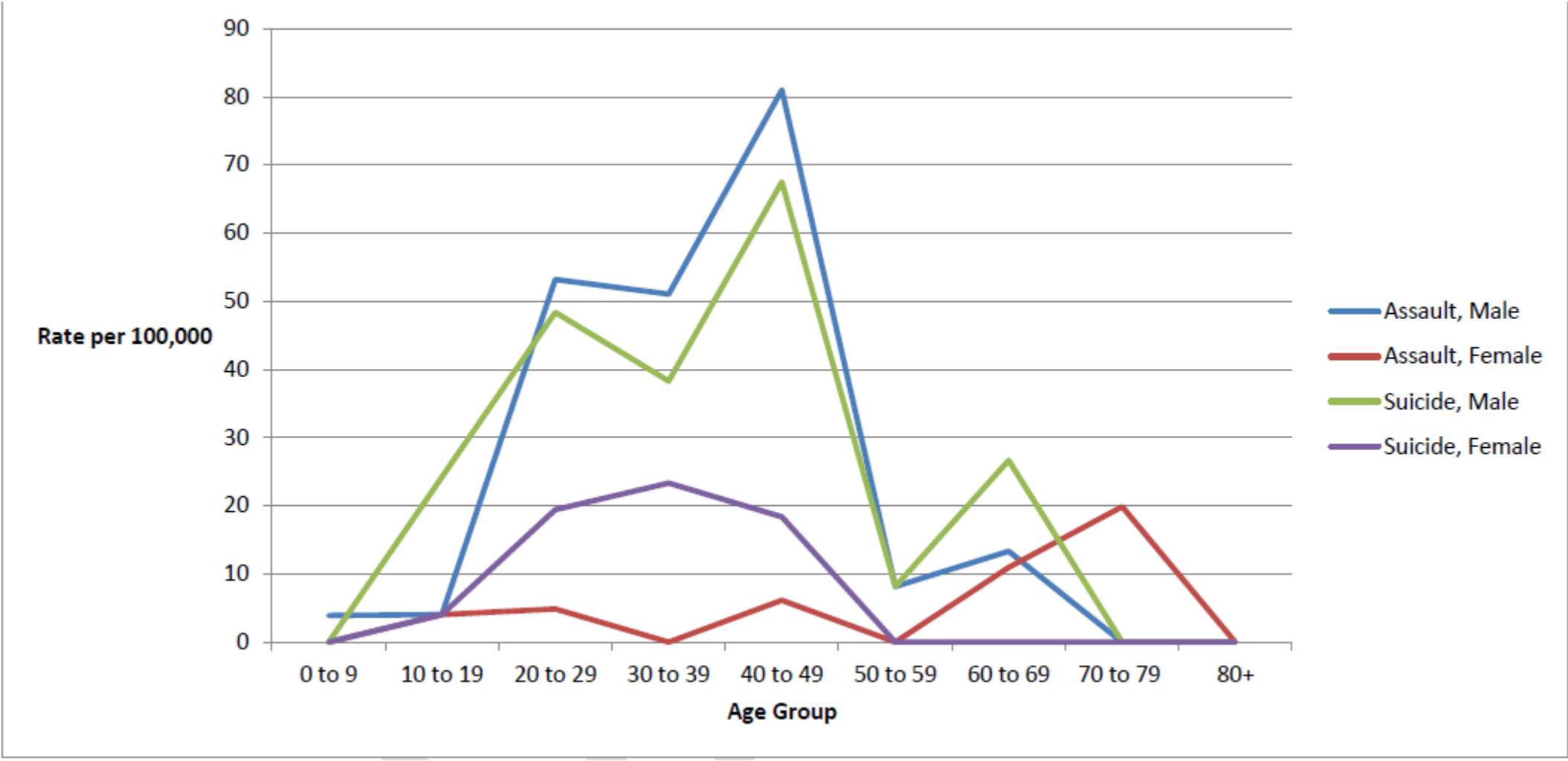
WEBSITE NAVAJOCOURTS > TRIBAL ACTION PLAN

Percent of Middle School Students at Suicide risk, **Navajo YRBs** – 2014 report

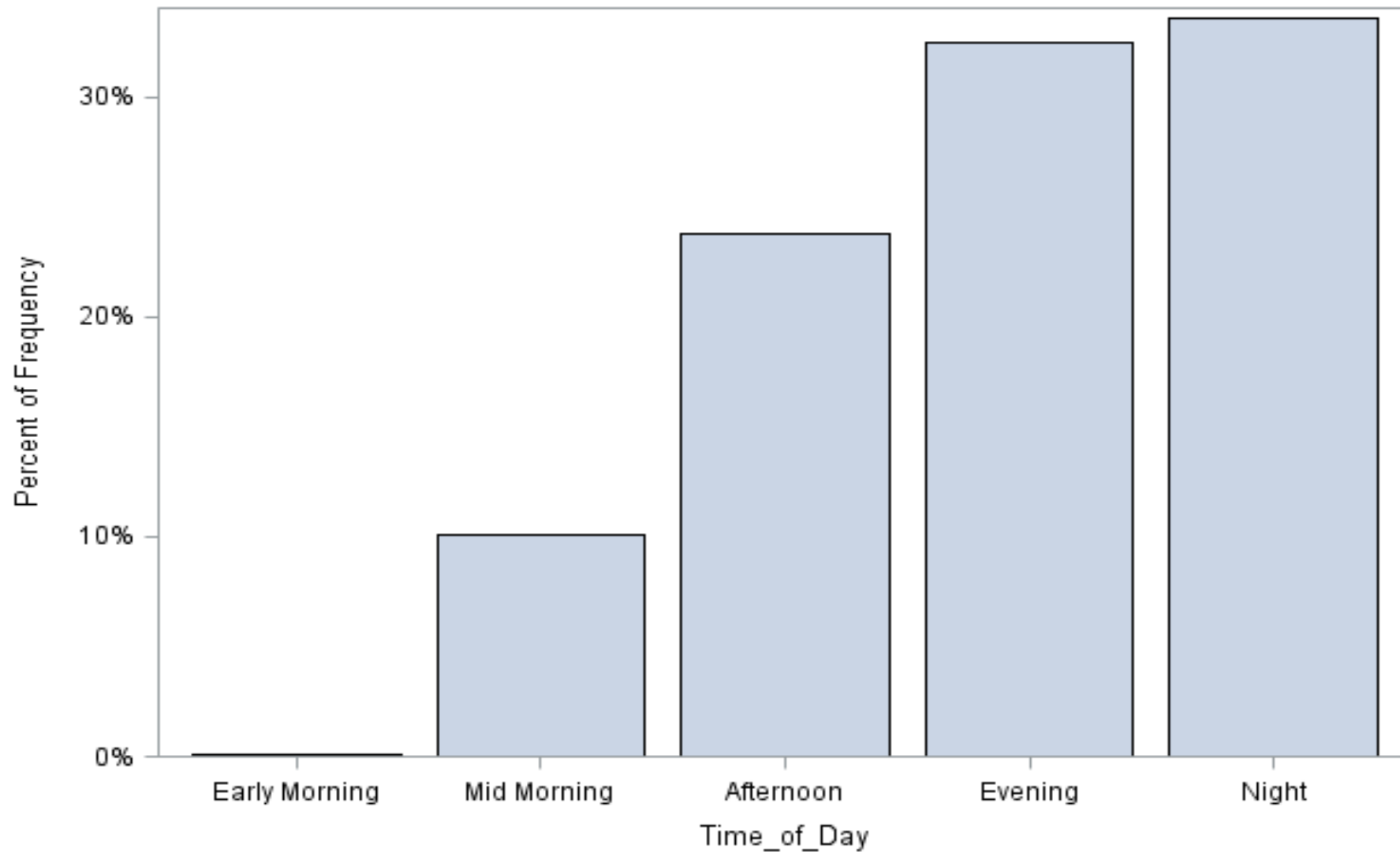


Question	2005	2008	2011	2014
Ever thought about killing yourself	25.0%	24.7%	22.0%	21.8%
Ever made a plan about how you would kill yourself	15.2%	15.1%	13.4%	12.8%
Ever tried to kill yourself	12.7%	13.1%	10.7%	10.4%

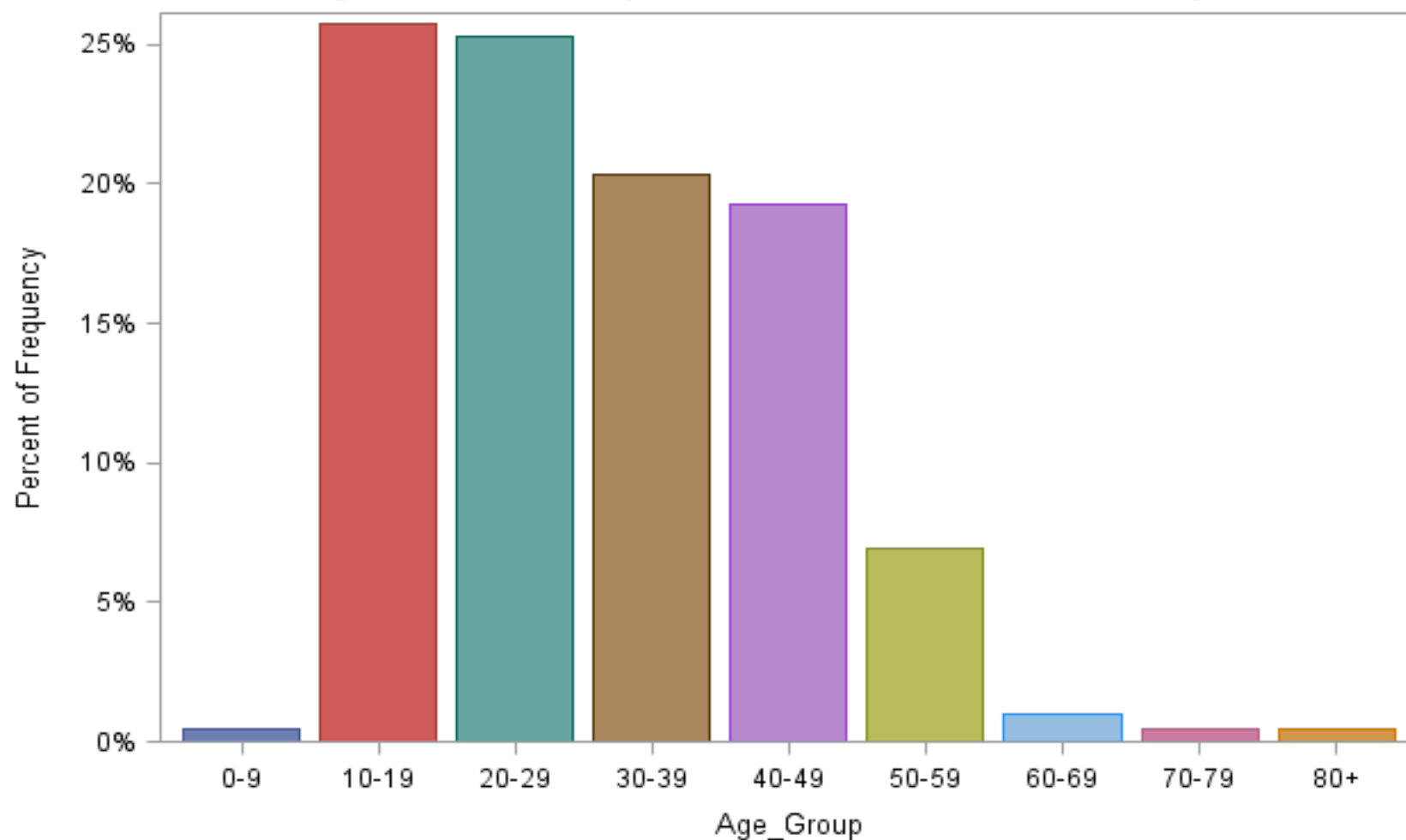
Intentional Injuries by Gender, 2010-2013 NN Mortality Report



Navajo Nation DPS Dispatch Data, 2006-2013: Time of Day for Suicide Attempts and Completions Combined

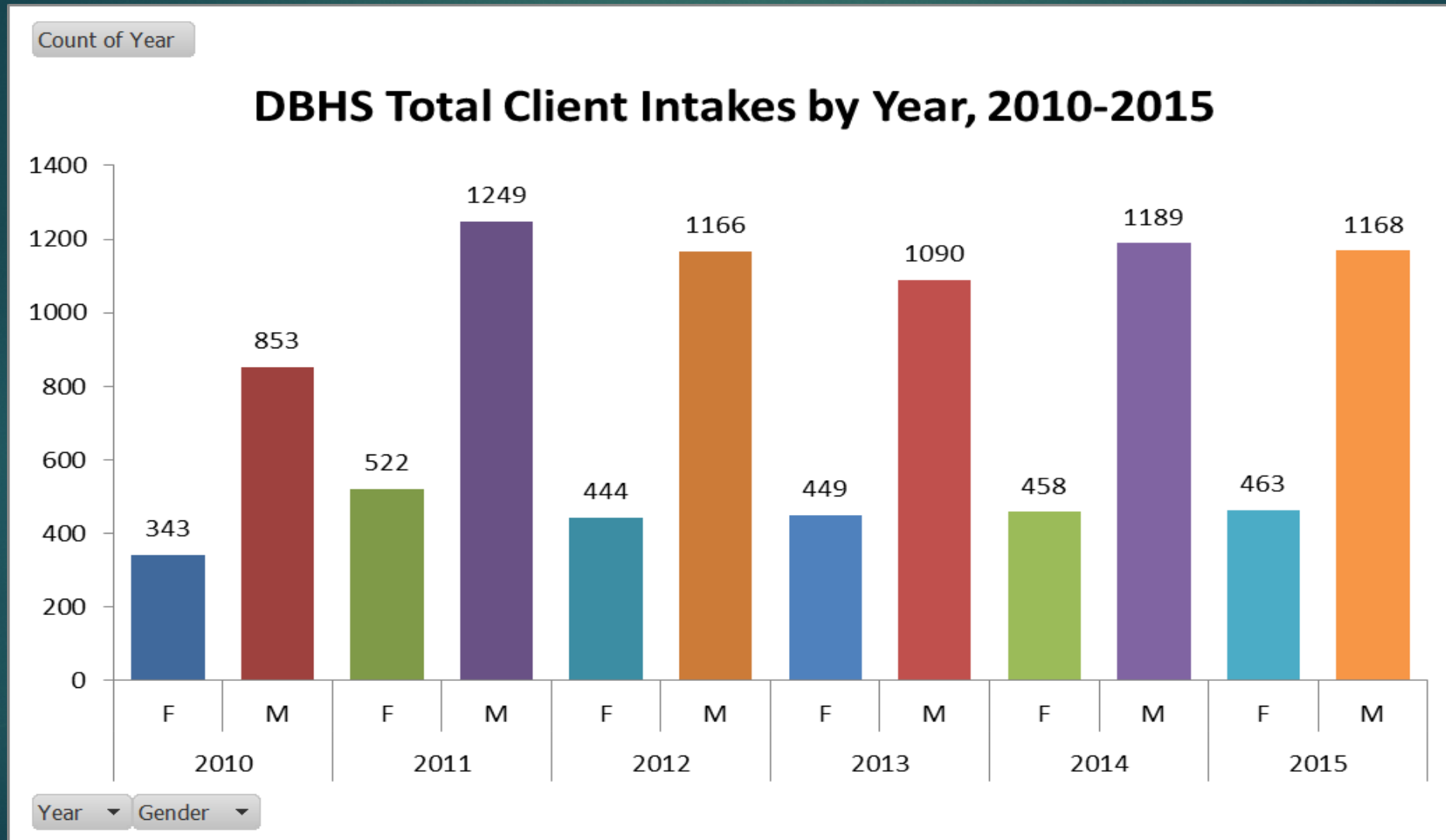


Navajo Nation DPS Dispatch Data, 2006-2013: Suicide Completions



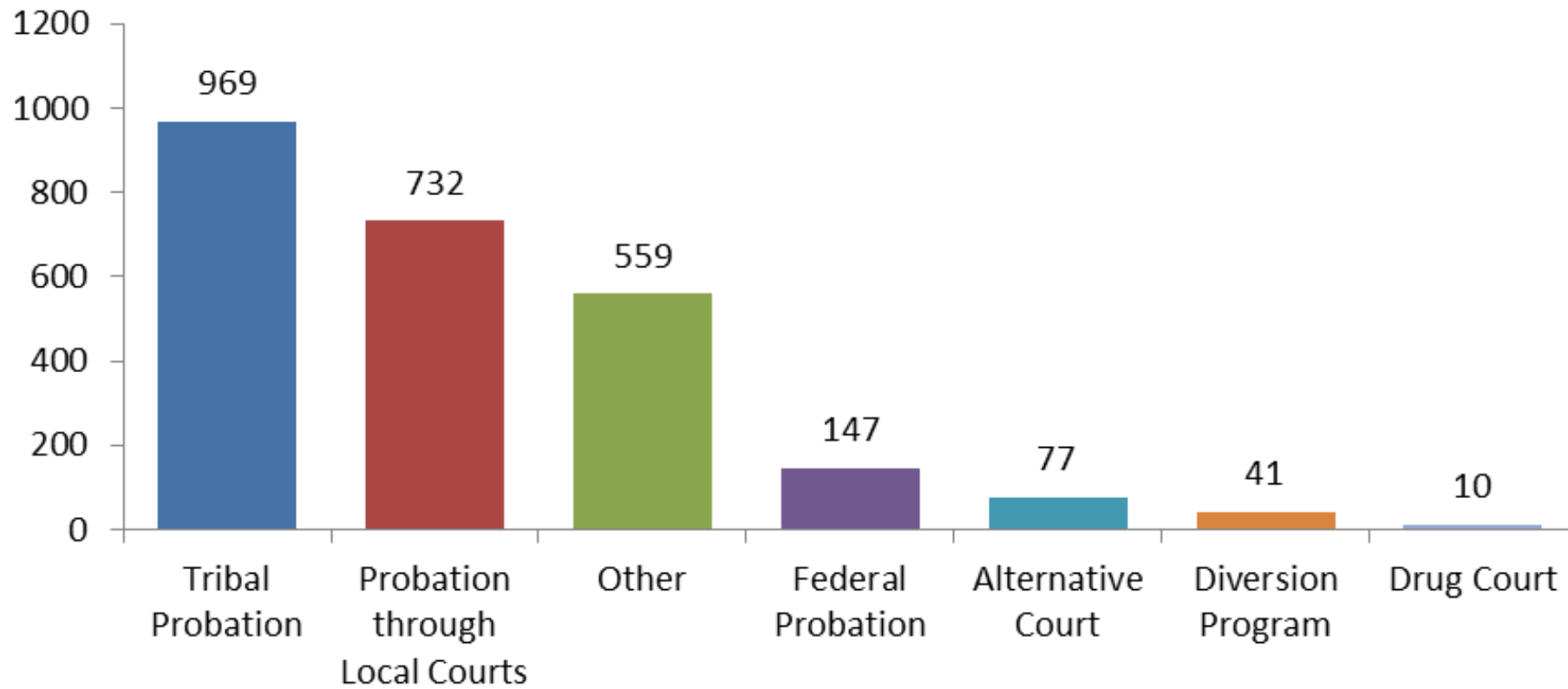
Age_Group
0-9 10-19 20-29 30-39 40-49 50-59 60-69 70-79 80+

Department of Behavioral Health Services



Count of Current Probation Status Program

DBHS Client Intake Data: Current Probation Status Program, 2010-2015



Current Probation Status Program



NUMBER AND PERCENT OF VISITS FOR INJURIES USING THE INJURY SURVEILLANCE SUMMARY REPORT BY DESCRIPTION AND YEAR, 2010 THROUGH JUNE 2016.

		CALENDAR YEAR												
RANK	INJURY DESCRIPTION	2010	2011	2012	2013	2014	2015	2016	TOTAL	Percent	ASSAULTS, BC & SUICIDE %	ASSAULTS, BC & SUICIDE %	Minus other & undetermined %	ASSAULTS, BC & SUICIDE %
1	ACCIDENTAL FALLS**	9,884	9,041	8,301	8,307	7,691	8,842	6,067	52,066	13.8			26.1	
2	ASSAULTS*	7,702	8,214	8,081	8,386	7,257	6,945	3,179	46,585	12.4	56542.0	15.0	23.4	28.3
3	MOTOR VEHICLE	5,250	4,389	4,477	4,464	4,078	4,803	1,940	27,461	7.3			13.8	
4	CUT PIERCING OBJECT**	2,896	2,833	3,056	2,892	2,706	2,411	1,163	16,794	4.5			8.4	
5	STINGS/VENOMS	2,160	2,127	2,068	2,049	1,872	1,810	0	12,086	3.2			6.1	
6	ANIMAL RELATED	1,172	1,202	1,194	1,211	1,090	1,430	1,250	7,299	1.9			3.7	
7	BATTERED CHILD*	1,251	1,093	1,195	1,091	812	779	220	6,221	1.6			3.1	
8	SPORTS INJURY+	1,122	975	913	939	826	690	270	5,465	1.4			2.7	
9	SUICIDE ATTEMPTS	703	697	635	656	522	523	211	3,736	1.0			1.9	
10	ACCIDENTAL POISONING*	455	391	403	387	295	325	0	2,256	0.6			1.1	
11	FIRES/FLAMES+	479	359	325	349	273	218	96	2,003	0.5			1.0	
12	ENVIRONMENTAL FACTORS	316	431	270	358	275	288	103	1,938	0.5			1.0	
13	FIREARMS+	92	115	104	93	106	84	43	594	0.2			0.3	
14	AIR TRANSPORT	4	16	2	3	1	1	0	27	0.0			0.0	
15	DROWN/SUBMERGE	4	3	0	6	10	2	0	25	0.0			0.0	
16	WATER TRANSPORT	0	1	3	1	1	2	0	8	0.0			0.0	
	UNDETERMINED**	2,920	1,958	1,494	1,383	1,324	1,046	385	10,125	2.7				
	OTHER CAUSES**	30,965	29,155	28,612	27,438	25,092	20,737	5,422	167,421	44.4				
	TOTALS	67,375	63,000	61,133	60,013	54,231	50,936	20,349	377,037				199,491	

Navajo Area IHS data, excluding Tuba City Service Unit

Number of violence and self harm patients,
ICD9 and ICD10 codes, 2010-June 2016

VIOLENCE	FEMALE	MALE	TOTAL
ABUSE	9,979	3,491	13,470
SELF HARM	4,402	4,472	8,874
CHILD ABUSE	4,264	3,505	7,769
CHILD SEXUAL VIOLENCE	2,200	450	2,650
MENTAL STATUS	939	904	1,843
TRAUMA	796	703	1,499
SEXUAL VIOLENCE	946	89	1,035
PERP. COUNSEL	230	762	992
TOTAL	21,791	12,007	33,798

Navajo Area IHS data, excluding Tuba City Service Unit

Comparison, rate per 1,000

1998-2016, N=35,704

U.S. CHILD MALTREATMENT	RATE, %
U.S. CHILD MALTREATMENT	9.2
U.S. GIRLS	8.7
U.S. BOYS	9.5
U.S. NATIVE AMERICANS	12.4
NAVAJO	18.3
U.S. CHILD SEXUAL VIOLENCE OF MALTREATMENT	9%
NAVAJO	25%

<http://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf>

Population from Navajo Demographic Profile report used for denominators.

Navajo Area IHS data, excluding Tuba City Service Unit.

Navajo Department of Family Services

YEAR	CHILD ABUSE	CHILD NEGLECT	SEXUAL VIOLENCE
2012	716	1,876	339
2013	615	1,949	354
2014	792	2,648	503
2015	554	2,497	303

2014 – 6,959 intake

2015 – 6,375 intake

Highest number for treatment was sexual violence, 22%

Navajo Department of Family Services

CY 2015 field offices statistics	FY 2013	FY 2014	FY 2015
Population, total clients served	95,899	93,716	105,358
Total DFS staff		188	218
Total Child Sexual Violence	354	503	303
Total domestic violence	1,841	1,851	2,677

**62% of Navajo population is under aged 40
DFS receives 1 report of child abuse every 18 minutes.**

Quick Facts 2014, Department of Family Services, Navajo Social Services, April 01, 2015

Navajo Sexual Violence

- ▶ 2006, 338 rapes with 29 led to an arrest. There were 10 attempted rapes.
- ▶ 2007, 328 rapes with 17 led to an arrest. There were 6 attempted rapes.
- ▶ 2009, 368 rapes and **0 have been prosecuted** by the US Attorney.
- ▶ 2010, 329 rapes and 7 attempted rape.

Public Safety numbers reported to NAHWCASA/FV

Navajo Judicial, fiscal year 2015

- ▶ 16 locations
- ▶ 21,432 cases, 31,539 filed, 52,971 caseload, 31,882 closed, 21,089 pending
- ▶ 94% civil, 4% criminal
- ▶ Unknown outcome, follow up
- ▶ Unknown repeat, habitual vs. case

Delayed or Unreported

- ▶ Navajo Nation has become a haven for violence
- ▶ Many crimes go unreported or there may be delayed reporting because:
 - ▶ Victim blame, shame, silenced
 - ▶ Lack of trust and confidence in the system
 - ▶ Fear of retaliation from the perpetrator(s) and their families
 - ▶ Rapists stalk victims but most are someone known by the victim, often family members
 - ▶ Habitual, reoffender
 - ▶ At home, relative, or friends' home

Trauma

- ▶ **Adverse Childhood Experiences**
- ▶ **Life time trauma**
- ▶ **Triggers**
- ▶ **Chronic disease**
- ▶ **Injury**
- ▶ **Lack of trauma care services**

What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

Goals to TAP

- ▶ Believe the Victim
- ▶ Provide trauma informed services
- ▶ Zero Suicide
- ▶ Zero tolerance for violence
- ▶ Victim services and follow up
- ▶ Laws and regulations
 - ▶ Because it is law does not mean it is right
 - ▶ Catch up with medical findings, as effect on 6 senses trigger see, ear, smell, feel, taste, and psychological (e.g. dream)

Victims' perspective

- ▶ Re-victimized, re-traumatized
- ▶ Trauma informed care and services
- ▶ Rights and lifetime protection
- ▶ Eliminate statute of limitation
- ▶ Lack of prosecution
- ▶ Waive court appearance
- ▶ Rescind all rulings against victims
- ▶ Expedite hearings and appeals, 24/7
- ▶ Jurisdiction wavier

Report Child Maltreatment

- ▶ Some people are required by law to [report child maltreatment](#)
- ▶ Each state and tribal governments have their own laws about who is required to report child abuse and elder abuse
- ▶ Federal law on reporting child abuse. Indian Child Protection and Family Violence Prevention Act, P.L. 101-630; 18 U.S.C. § 1196
 - ▶ Physical Abuse
 - ▶ Emotional Abuse
 - ▶ Sexual Abuse
 - ▶ Neglect
- ▶ [Childhelp National Child Abuse Hot Line](#)
1-800-4-A-CHILD (1-800-422-4453)
- ▶ CHILD ABUSE HOTLINE: 1-800-633-5155

- ▶ Child Abuse and Neglect Policy, <https://www.ncbi.nlm.nih.gov/books/NBK195993/>
- ▶ Issue Paper: What Indian Tribes Can Do To Combat Child Sexual Abuse, <http://lawschool.unm.edu/tlj/volumes/vol4/abuse/index.html>
- ▶ S. Rept. 108-228 - AMENDING THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT TO PROVIDE FOR THE REPORTING AND REDUCTION OF CHILD ABUSE AND FAMILY VIOLENCE INCIDENCES ON INDIAN RESERVATIONS, AND FOR OTHER PURPOSES 108th Congress (2003-2004)

IHS Goal: organizational change through five core values

- ▶ Safety, Trustworthiness, Choice, Collaboration, Empowerment

Pediatric Integrated Collaborative Care (PICC)

- ▶ Trauma Informed Care Project
- ▶ Understanding the impact
 - ▶ Training on the impact
 - ▶ Compassionate
 - ▶ Supportive health care community
- ▶ Historical trauma
 - ▶ Generational cumulative psychological & emotional wounds

What is Trauma and what is its impact?

- ▶ Focus: rates of trauma among AI/AN people and the different types of traumas.
- ▶ Addresses impacts of trauma and historical trauma on communities, co-workers, and patients.
- ▶ Appropriate training, staff specific/non-clinical, clinical

Becoming Trauma Informed

- ▶ Focus on the impacts of trauma and historical trauma on the physical, behavioral, and *spiritual health* of individuals and providers.
- ▶ Discuss how trauma may impact the interaction with the healthcare, education, .. system and the individual-provider relationship.
- ▶ Appropriate training for health care and all service providers

Saving



- ▶ Crucial care and calm manner
- ▶ Trauma Informed Integrated screening and care
- ▶ 2 or multi-generation, age group approach
 - ▶ Infant 0-3, schools, parents,
- ▶ Always available adult (AAA) support
- ▶ Accepting

Treating Trauma

- ▶ Focus on treating trauma and historical trauma, and the complex interaction between them.
- ▶ Profession specific appropriate training .
- ▶ To ensure that providers/staff have the tools need to treat trauma, in depth trainings on Trauma Informed interventions will be also available.
 - ▶ These will include trainings on Seeking Safety, Target, CBT models, MH 101, QPR, ASIST, ...

Trauma Informed Supervision

- ▶ Explore the impacts of trauma and historical trauma on employees' performance, coworker relationships, and well-being.
- ▶ Appropriate training profession, staff, supervisors at all managerial levels.
- ▶ Upcoming trainings can be found on the [Telebehavioral Health Training page](#).
- ▶ Access recorded webinars on the [Archived Trauma Informed Care trainings page](#).

Case Consultation Sessions

- ▶ Integrate historical trauma and trauma informed ongoing assessment and care in clinical behavioral health practice
- ▶ Working on behavioral challenges in individuals who have experienced trauma
- ▶ Register for consultation

Learning Collaborative Sessions

- ▶ Trauma informed integrated care with pediatric primary care
- ▶ The goal of the PICC is to harvest best practices to screen for trauma in the pediatric population and engage with families and community
- ▶ Influence policy

BRFSS ACE Module

- ▶ Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---.
- ▶ 1) Did you live with anyone who was depressed, mentally ill, or suicidal?
- ▶ 2) Did you live with anyone who was a problem drinker or alcoholic?
- ▶ 3) Did you live with anyone who used illegal street drugs or who abused prescription medications?
- ▶ 4) Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- ▶ 5) Were your parents separated or divorced?
- ▶ 6) How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
- ▶ 7) Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
 - ▶ Do not include spanking. Would you say—
- ▶ 8) How often did a parent or adult in your home ever swear at you, insult you, or put you down?
- ▶ 9) How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
- ▶ 10) How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?
- ▶ 11) How often did anyone at least 5 years older than you or an adult, force you to have sex?
- ▶ Response Options
 - ▶ Questions 1-4 1=Yes 2=No 7=DK/NS 9=Refused
 - ▶ Question 5 1=Yes 2=No 8=Parents not married 7=DK/NS 9=Refused
 - ▶ Questions 6-11 1=Never 2=Once 3=More than once 7=DK/NS 9=Refused

Contact



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Long-Term Health Effects of Childhood Trauma

- Adverse Childhood Experience (ACE) study
American Journal of Preventive Medicine 11/09
- Of 17,337 adults members of Kaiser,
%64 had one or more of adverse childhood
experiences (ACE) such as abuse, neglect,
major family dysfunction
- Strong link found between ACE and adult onset
of chronic illnesses such as CVD, DM, Hepatitis,
Chronic Lung Diseases, Depression, Suicide
- Those with 6 or more ACEs died nearly 20 years
earlier on average, 60.6 years VS 79.1 years
- A public health issue

