

Adverse Childhood Experiences



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Introduction

The following report is an exploration of a narrow field within the broad context of health and human services work. It is not an exhaustive treatment of all effective programs or approaches within the field, but rather a narrow investigation of a topic of interest.

The subject matter of this paper does not necessarily represent an area of financial investment, grant funding, or other programmatic pursuit for United Way of Olmsted County. Rather, this report reflects on a specific type of intervention that allows individuals to reach their full potential, and presents related research.

There may be a wide variety of programs or services that address individual and community needs, and this report is not designed to enumerate all possibilities. United Way of Olmsted County hopes that readers will think creatively about the ways in which the ideas and experiences contained within the report might inform programs, services, and community changes in Olmsted County.

Stress v. Toxic Stress

Stress, while a part of everyday life, is normally short-lived, or at least has an end in sight: the last-minute crunch to meet a deadline, caring for a newborn, or going through a breakup - while challenging - will pass with time and are considered 'tolerable stress'. In a tolerable stress episode, we generally develop new coping skills, draw lessons learned, and emerge from the experience more resilient to future stressors. When stress is ongoing and inescapable, it can build to what is known as toxic stress. The hormones that elevate our blood pressure and heart rate push the body to the limits of what it can bear, and our brain will begin to adapt to the situation and become highly responsive to signs of danger, change, or instability (Bloom et al., 2014).

Toxic Stress in Early Childhood

For some children, toxic stress exists in their lives due to abuse, neglect, or household dysfunction stemming from mental illness, chemical dependency, or divorce. These situations are especially harmful to children as they cannot remove themselves from the situation or change the behavior of the adults in their lives. When these stresses are ongoing and inescapable, children may show symptoms such as hyperactivity, apathy, or developmental delays. Sometimes stress will express itself in physical form, such as through recurring stomachaches and headaches (Child Welfare

Information Gateway, 2013). Throughout their lifetime, these children often have difficulty forming and maintaining stable attachments to caregivers, friends, and romantic partners. As adults, they are more likely to face challenges in education, employment, and health. As the number of adverse childhood experiences increases, so does the risk of negative outcomes (Felitti et al., 1998).

Adverse Childhood Experiences

There is a cluster of stressful experiences which researchers and social service practitioners often refer to as 'adverse childhood experiences' or ACEs. These fall under the following categories:

Abuse

- Physical
- Psychological
- Sexual

Neglect

- Physical
- Psychological

Household Dysfunction

- Substance Abuse
- Mental Illness
- Incarcerated Parent
- Divorce
- Domestic Violence

Since the term ACEs was developed in the mid-90s it has been acknowledged that there are many traumatic experiences which are not captured in the above categories. However, the ten traditional ACEs remain a useful framework for discussing traumatic childhood experiences as they are widely experienced, research in depth, and addressed by a number of public health and social service interventions.

Mitigating ACEs

Some children thrive despite ACEs and are able to return to good mental health even in a challenging situation - this phenomenon is often termed resilience. No child is magically resilient, but protective factors in the child's environment and personality can allow resiliency to grow. The strongest protective factor has been shown to be close relationships with trusted

adults (Minnesota Department of Health). The presence of a trusted adult helps a child feel safe and allows for the body's stress response to calm down more quickly during and after trauma. Sometimes, the presence of a trusted adult alone is not enough to overcome the effect of ACEs. Additional factors to consider are parent resilience, parenting skills, a strong sense of faith or culture, problem-solving skills, and social connectedness. A number of these can be fostered through appropriate intervention and support (ADEPIS, 2015) and are not solely dependent on a child's parents.

Sources and Thanks

In large part, the structure and content of this paper is borrowed with permission from the document "Connections Matter in Early Education," produced by United Way of Central Iowa.

- "Adverse Childhood Experience (ACE) in Minnesota." *Resilience to ACEs: Some Children Thrive Despite ACEs*. Accessed September 11, 2017.
<http://www.health.state.mn.us/divs/cfh/program/ace/resilience.cfm>.
- "Building Resilience and Character in Young People: Alcohol and Drug Prevention Briefing Paper." Briefing. London: ADEPIS (The Alcohol and Drug Education and Prevention Information Service), March 2015.
- "Connections Matter in Early Education: An Early Care and Education Professional's Guide to Toxic Stress." Des Moines, IA: United Way of Central Iowa. Accessed September 11, 2017.
https://static1.squarespace.com/static/5552947de4b0471a840f9e27/t/58700d0f893fc02267b32728/14837383886/WhitePaper_EarlyChildcare.pdf.
- "Long-Term Consequences of Child Abuse and Neglect." Factsheets. Washington, DC: Child Welfare Information Gateway, 2013.
https://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf.
- "National Mentoring Resource Center: Featured Grantees." *The YMCA's Reach & Rise® Program Delivers Trauma-Informed, Therapeutic Mentoring*. Accessed September 11, 2017.
<http://www.nationalmentoringresourcecenter.org/index.php/ojmdp-mentoring/featured-grantees.html?id=157>.
- "SAMHSA (Substance Abuse and Mental Health Services Administration)'s National Registry of Evidence-Based Programs and Practices (NREPP)." *Attachment-Based Family Therapy (ABFT)*. Accessed September 11, 2017.
<http://nrepp.samhsa.gov/ProgramProfile.aspx?id=208>.
- Bloom, Sandra L., Zeelyna Wise, Joseph Lively, Marcos O. Almontes, Stephanie Contreras, and Kenneth R. Ginsburg. "Chapter 22: Trauma-Informed Practice: Working with Youth Who Have Suffered Adverse Childhood (or Adolescent) Experiences." In *Reaching Teens - Wisdom From Adolescent Medicine*, 173–86. Elk Grove, IL: American Academy of Pediatrics, 2014.
<http://www.sanctuaryweb.com/Portals/0/Bloom%20Pubs/2014%20Bloom%20et%20al.%20Trauma%20informed%20practice%20working%20with%20youth%20w.pdf>.
- Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary K. Koss, and James S. Marks. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults." *American Journal of Preventative Medicine* 14, no. 4 (May 1998): 245–58. doi:10.1016/S0749-3797(98)00017-8.
- Kaufman, J., and E. Zigler. "Do Abused Children Become Abusive Parents?" *American Journal of Orthopsychiatry* 57, no. 2 (1987): 186–92.
- Redford, James. *Paper Tigers: One High School's Unlikley Success Story*. Hosted screening, Documentary. KPJR Films, 2016. <http://kplrfilms.co/paper-tigers/>.