Adverse Childhood Experiences (ACEs)

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ChapinHall at the University of Chicago
Policy research that benefits children, families, and their communities

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Leadership Positions

1. ED, Chapin Hall at U of Chicago
2. Commissioner, HHS & ACYF
3. Chief of Staff, Chicago Public Schools
4. **Director of Child Welfare, DCFS**
5. Deputy Director, Nebraska DSS
6. Assistant to Governor for Human Services, State of Illinois

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Adverse Childhood Experiences (ACE) Study

According to CDC:

- The Adverse Childhood Experiences study involved the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
- More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience.
- Participants were mostly middle class, white adults.
- The findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life.

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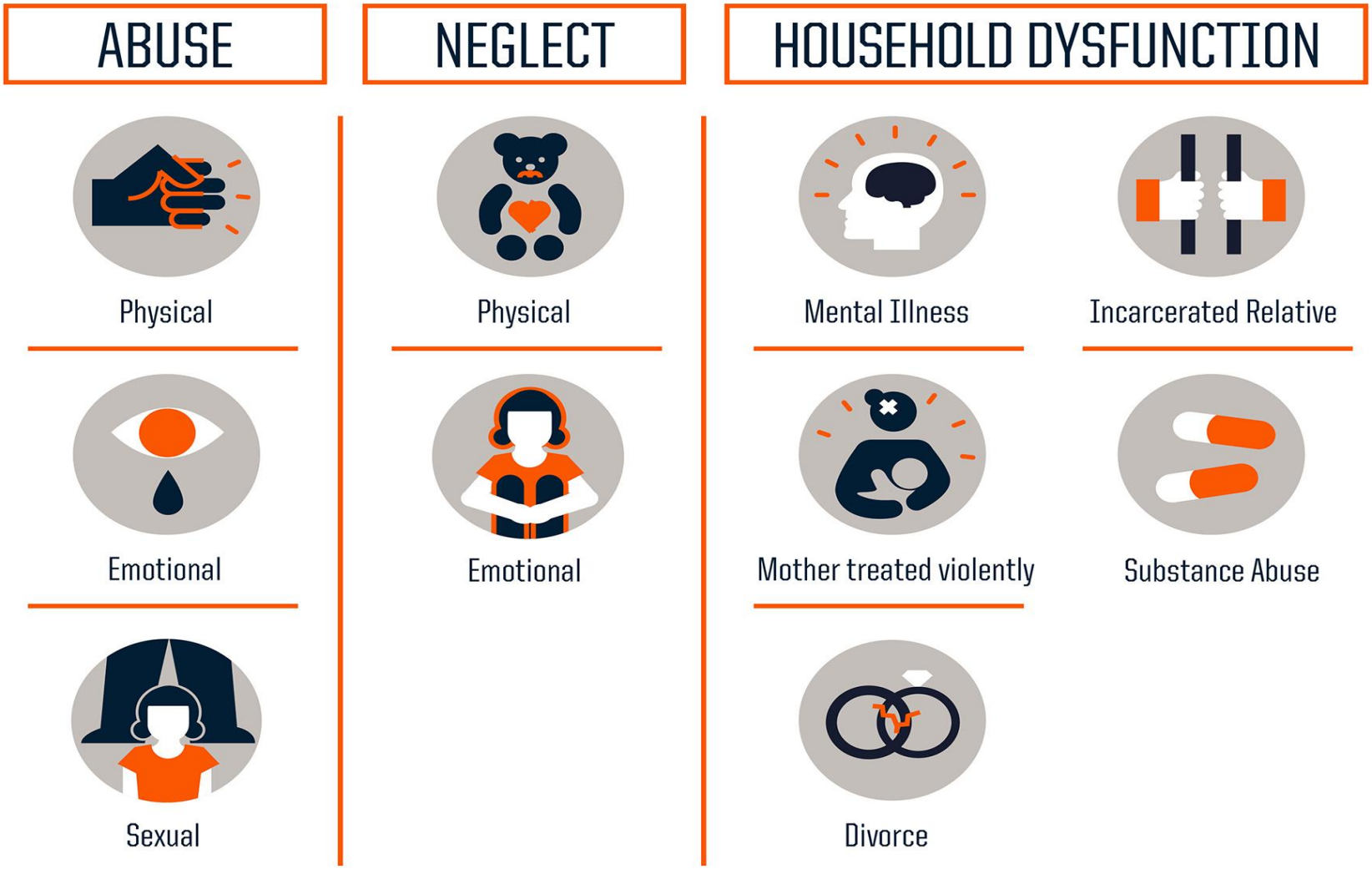
Three Types of ACEs



Source: Centers for Disease Control and Prevention

Adverse Childhood Experience & Adult Outcomes

Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had:

- 4- to 12-fold increased health risks for **alcoholism, drug abuse, depression, and suicide attempt**;
- 2- to 4-fold increase in **smoking, poor self-rated health**, ≥50 **sexual intercourse partners, and sexually transmitted disease**; and
- 1.4- to 1.6-fold increase in **physical inactivity and severe obesity**.

The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic **heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease."**

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Felitti, VJ; et al. (1998). 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.* 14(4):245.

ACEs for Women and Men

Number of ACEs	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 or more	15.2%	9.2%	12.5%

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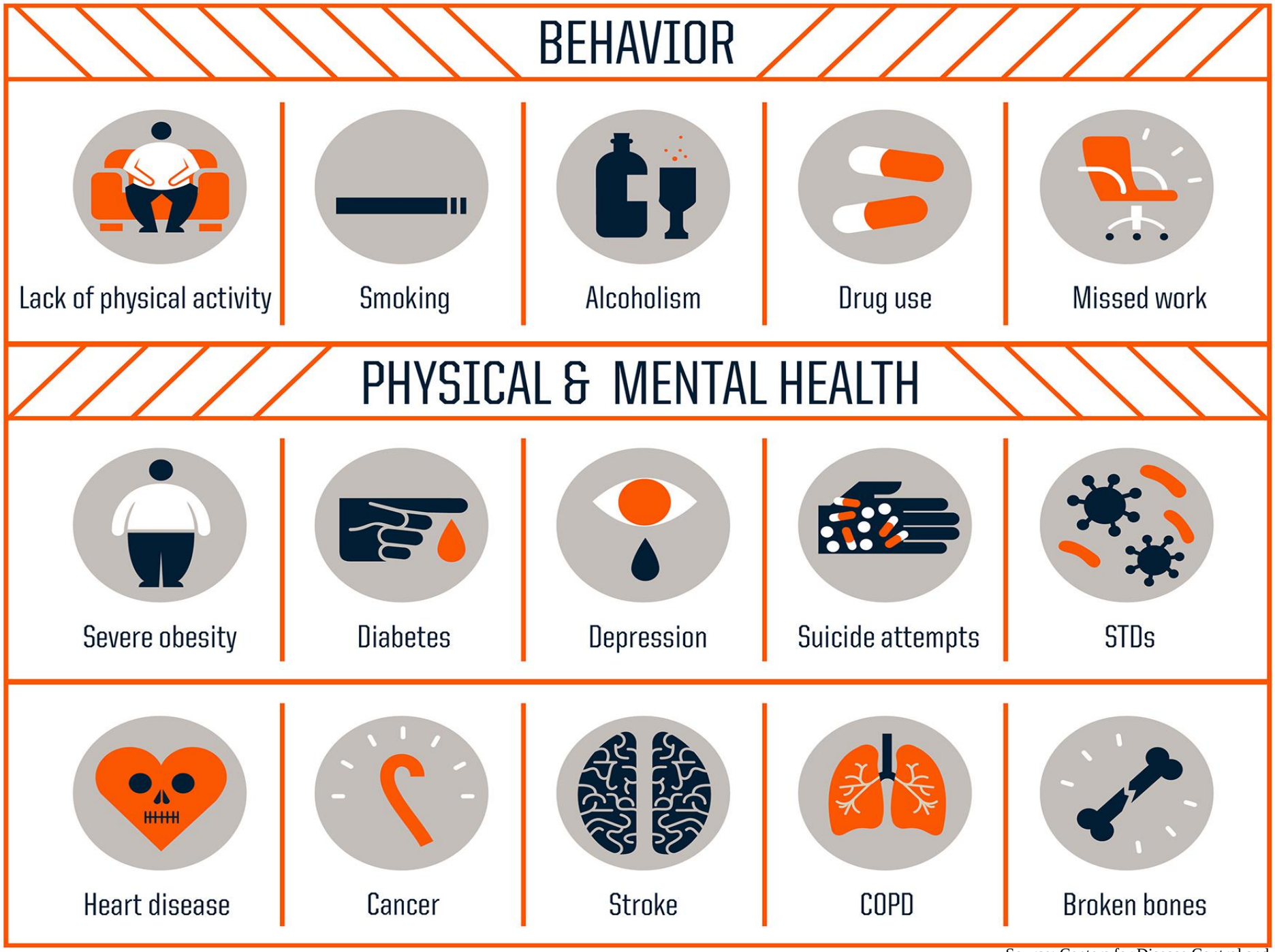

Source: Centers for Disease Control and

Likelihood of Behavior Health Problems

33% with No ACEs	51% with 1 to 3 ACEs	16% with 4 to 8 ACEs
1 in 16 smokes	1 in 9 smoke	1 in 6 smoke
1 in 69 are alcoholic	1 in 9 are alcoholic	1 in 6 are alcoholic
1 in 480 use IV drugs	1 in 43 uses IV drugs	1 in 30 use IV drugs
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

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ACEs: Odds of Having Health Conditions

Health Condition	0 ACES	1 ACES	2 ACES	3 ACES	4+ ACES
Arthritis	100%	130%	145%	155%	**236%**
Asthma	100%	115%	118%	160%	**231%**
Cancer	100%	112%	101%	111%	**157%**
COPD	100%	120%	161%	220%	**399%**
Diabetes	100%	128%	132%	115%	**201%**
Heart Attack	100%	148%	144%	287%	**232%**
Heart Disease	100%	123%	149%	250%	**285%**
Kidney Disease	100%	83%	164%	179%	**263%**
Stroke	100%	114%	117%	180%	**281%**
Vision	100%	167%	181%	199%	**354%**

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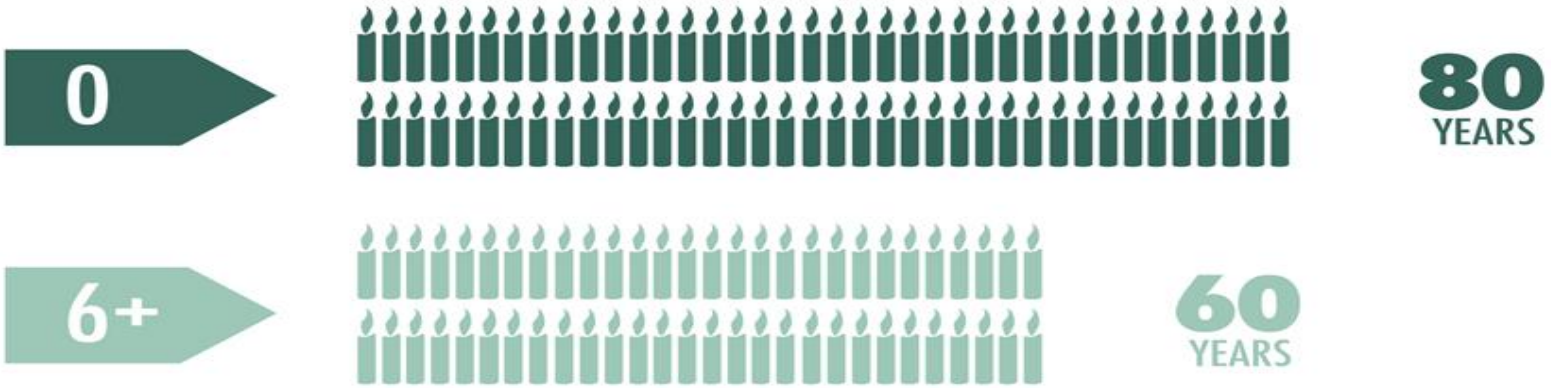
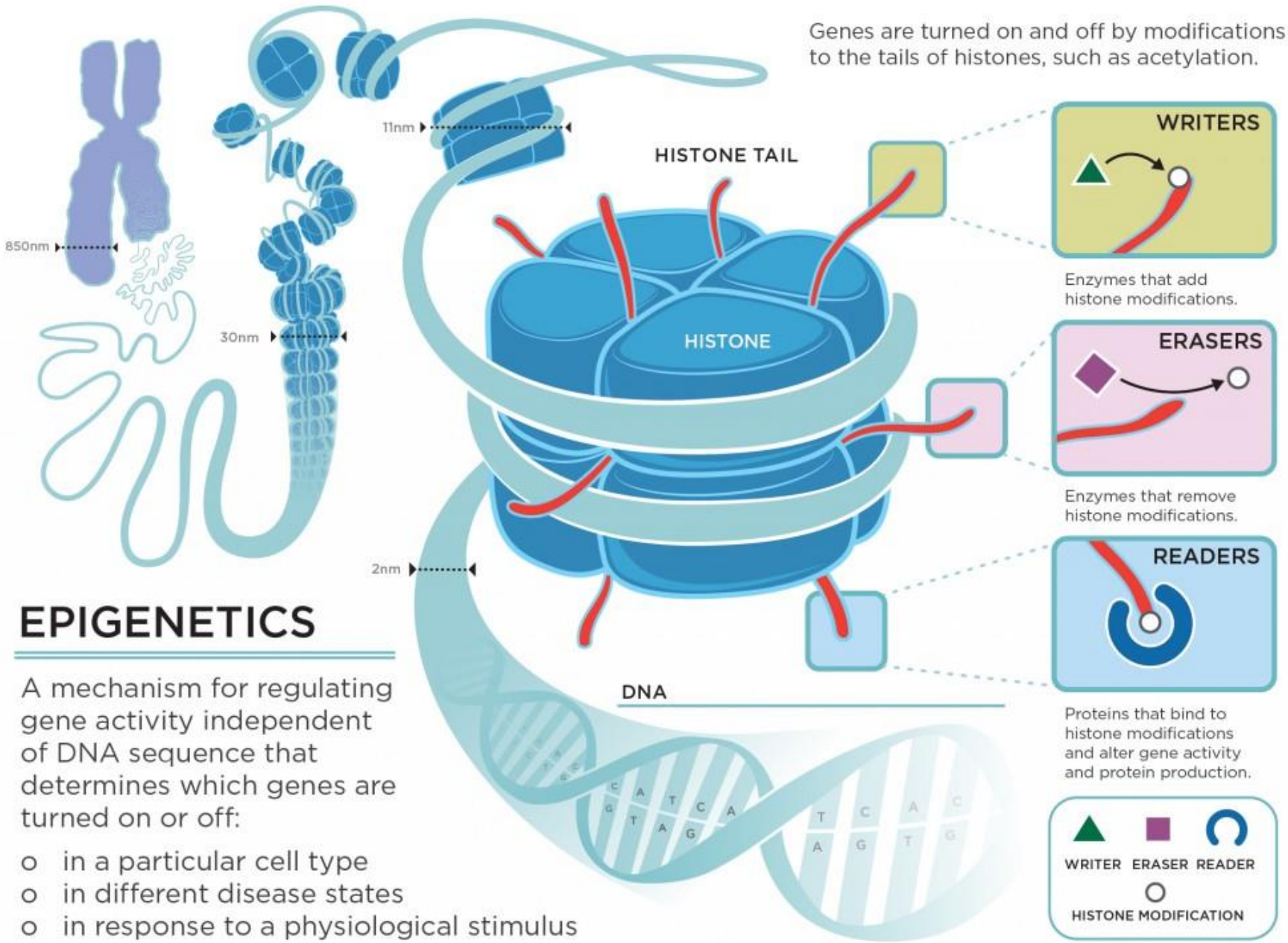
LIFE EXPECTANCY

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



ECONOMIC TOLL

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



EPIGENETICS

A mechanism for regulating gene activity independent of DNA sequence that determines which genes are turned on or off:

- in a particular cell type
- in different disease states
- in response to a physiological stimulus

Table 4. States in the Lowest and Highest Quartiles for Prevalence of Reported Adverse Childhood Experience, and State Percentage Prevalence

	Economic hardship		Divorce/ Separation		Alcohol/ Drug		Mental illness		Violence		Incarceration		Death		Domestic violence	
Lowest Quartile	MD	20	DC	15	NY	6	CA	5	NJ	5	NJ	3	CT	1	NJ	5
	HI	21	NY	15	DC	7	FL	6	CT	6	NY	4	UT	2	CT	5
	VA	21	NJ	15	VA	8	GA	6	UT	6	CT	5	ME	2	VT	6
	SD	21	CT	16	GA	8	NJ	6	VA	7	RI	5	MN	2	MA	6
	MA	22	IL	16	CT	8	NY	7	NE	7	CO	5	WA	2	VA	6
	MN	22	CA	17	MD	8	IL	7	NH	7	MA	5	ND	2	IL	6
	ND	22	MD	17	IL	9	MD	7	TX	7	UT	5	NE	2	CO	6
	IA	22	HI	17	NJ	9	HI	7	ND	7	MN	5	IA	2	MD	6
	NY	22	UT	17	FL	9	DC	8	IA	7	HI	5	SD	2	RI	7
	NJ	22	VA	18	NC	10	SD	8	WI	8	NH	5	NV	2	UT	7
	CT	22	RI	19	TX	10	VA	8	FL	8	CA	5	CA	2	CA	7
	NE	22	PA	19	CO	10	CT	8	CA	8	VA	6	NJ	2	TN	7
Highest Quartile	RI	29	WY	25	IN	13	KY	11	NY	10	AR	9	NC	4	IN	8
	WV	29	NM	25	WV	14	NH	11	AK	11	WV	9	OH	4	OH	8
	TX	29	TN	25	ID	14	MI	11	IN	11	NE	9	KY	4	NC	9
	ME	29	ID	25	ME	14	WA	12	HI	11	WY	9	IN	4	AK	9
	KY	30	AR	26	KY	14	OK	12	AZ	11	AK	10	SC	4	AR	9
	NV	30	MI	26	VT	15	WV	12	WV	11	TN	10	LA	4	AZ	9
	OK	30	MT	26	AK	15	IA	13	DE	12	NM	10	NM	4	NM	9
	FL	30	VT	26	AZ	15	WY	13	MS	12	MI	10	GA	5	WV	9
	TN	31	ME	27	NM	17	ME	13	NM	12	OH	10	OK	5	KY	10
	MS	32	WV	28	OR	17	ID	13	OH	13	OK	10	AL	5	MT	10
	AR	33	KY	29	OK	17	OR	14	OK	13	IN	11	MS	6	MS	11
	AZ	34	OK	30	MT	18	MT	14	DC	17	KY	13	DC	7	OK	11

Child Trends, 2014

Adverse Childhood Experiences (Birth to 18)

Abuse of Child

- **Emotional abuse 11%**
- **Physical abuse 28%**
- **Contact sexual abuse 22%**

Trauma in Child's Household Environment

- **Alcohol or drug user by household member 27%**
- **Chronically depressed, emotionally disturbed or suicidal household member 17%**
- **Mother treated violently 13%**
- **Imprisoned household Member 6%**
- **Not raised by both biological parents 23% (Loss of parent by separation or divorce, natural death, suicide, abandonment)**

Neglect of Child

- **Physical neglect 19%**
- **Emotional neglect 15%**

Impact of Trauma and Adoption of Health Risk Behaviors to Ease Pain of Trauma

Neurobiologic Effects of Trauma

- Disrupted neuro-development
- Difficulty controlling
- Anger – Rage
- Hallucinations
- Depression (and numerous other mental health problems – see below)
- Panic reactions
- Anxiety
- Multiple (6+) somatic problems
- Sleep problems
- Impaired memory
- Flashbacks
- Dissociation

Health Risk Behaviors

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50+ sex partners
- Repetition of original trauma
- Self-injury
- Eating disorders
- Perpetrate interpersonal violence (aggression, bullying, etc.).

Long-Term Consequences of Unaddressed Trauma

Disease and Disability

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal fractures
- Poor self rated health
- Sexually transmitted disease
- HIV/AIDS

Social Problems

- Homelessness
- Prostitution
- Delinquency, violence and criminal behavior
- Inability to sustain employment
- Re-victimization: by rape; DV, bullying, etc
- Compromised ability to parent
- Negative alterations in self-perception and relationships with others
- Alterations in Systems of Meaning
- Intergenerational transmission of abuse
- Long-term use of multi human service systems

Sources: *Adverse Childhood Experiences Study*

Screening, Functional Assessment, and Progress Monitoring

"Functional assessment—assessment of multiple aspects of a child's social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the **major domains of well-being.**"

"Child welfare systems often use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention. **Functional assessment, however, can be used to measure improvement** in skill and competencies that contribute to well-being and allows for **on-going monitoring of children's progress towards functional outcomes**."

"Rather than using a "one size fits all" assessment for children and youth in foster care, systems serving children receiving child welfare services should have an **array of assessment tools** available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups." (O'Brien, 2011)

Valid and **reliable** mental health, behavioral health, and developmental **screening and assessment tools** should be used to understand the impact of maltreatment on vulnerable children and youth.

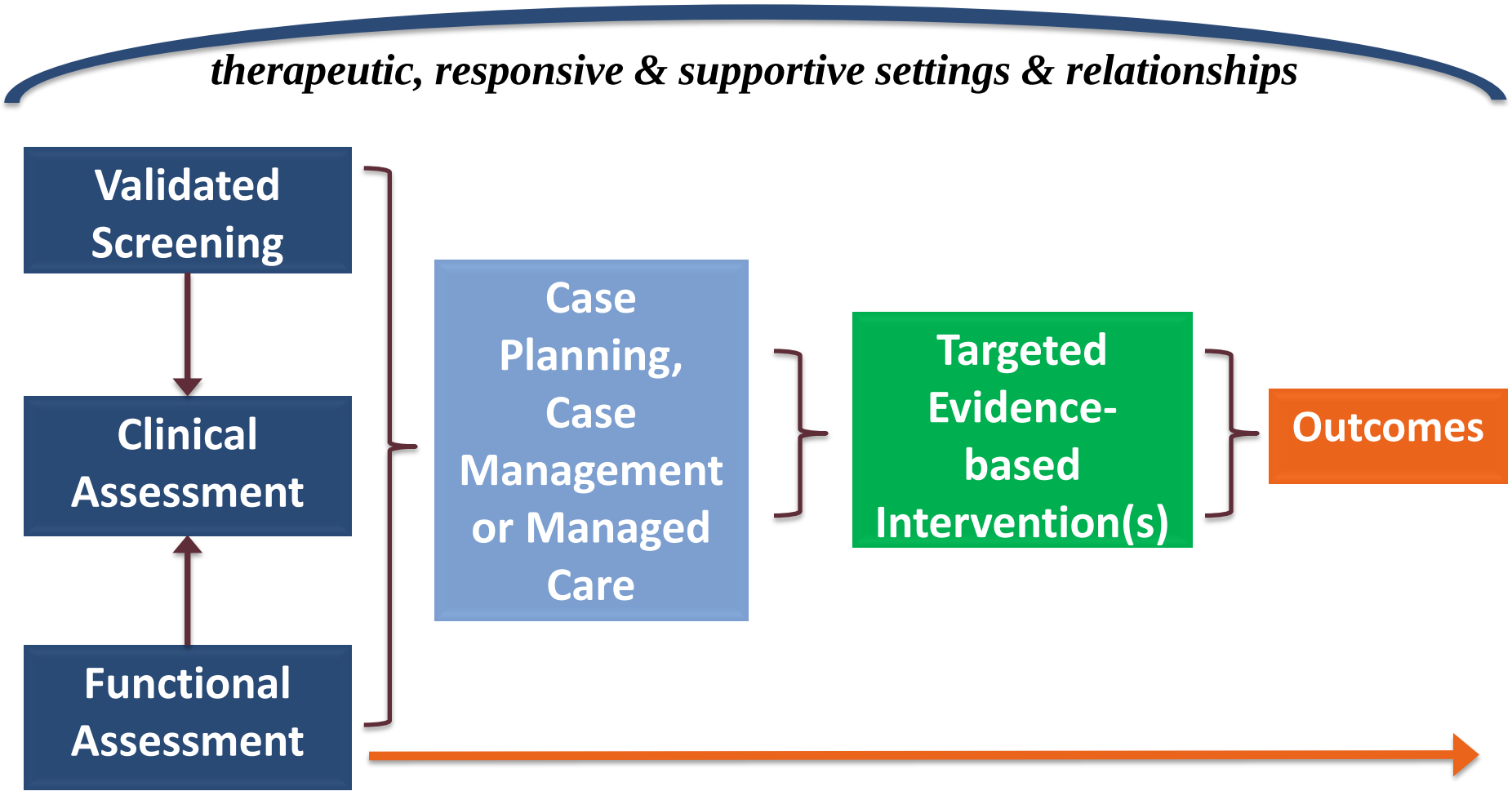
TRAUMA SCREENING

- Child and Adolescent Needs and Strengths (CANS) Trauma Version
- Childhood Trauma Questionnaire (CTQ)
- Pediatric Emotional Distress Scale (PEDS)

FUNCTIONAL ASSESSMENT

- Strengths and Difficulties Questionnaire (SDQ)
- Child Behavior Checklist (CBCL), the Social Skills Rating Scale (SSRS)
- Emotional Quotient Inventory Youth Version (EQ-i:YV)

Achieving Better Outcomes



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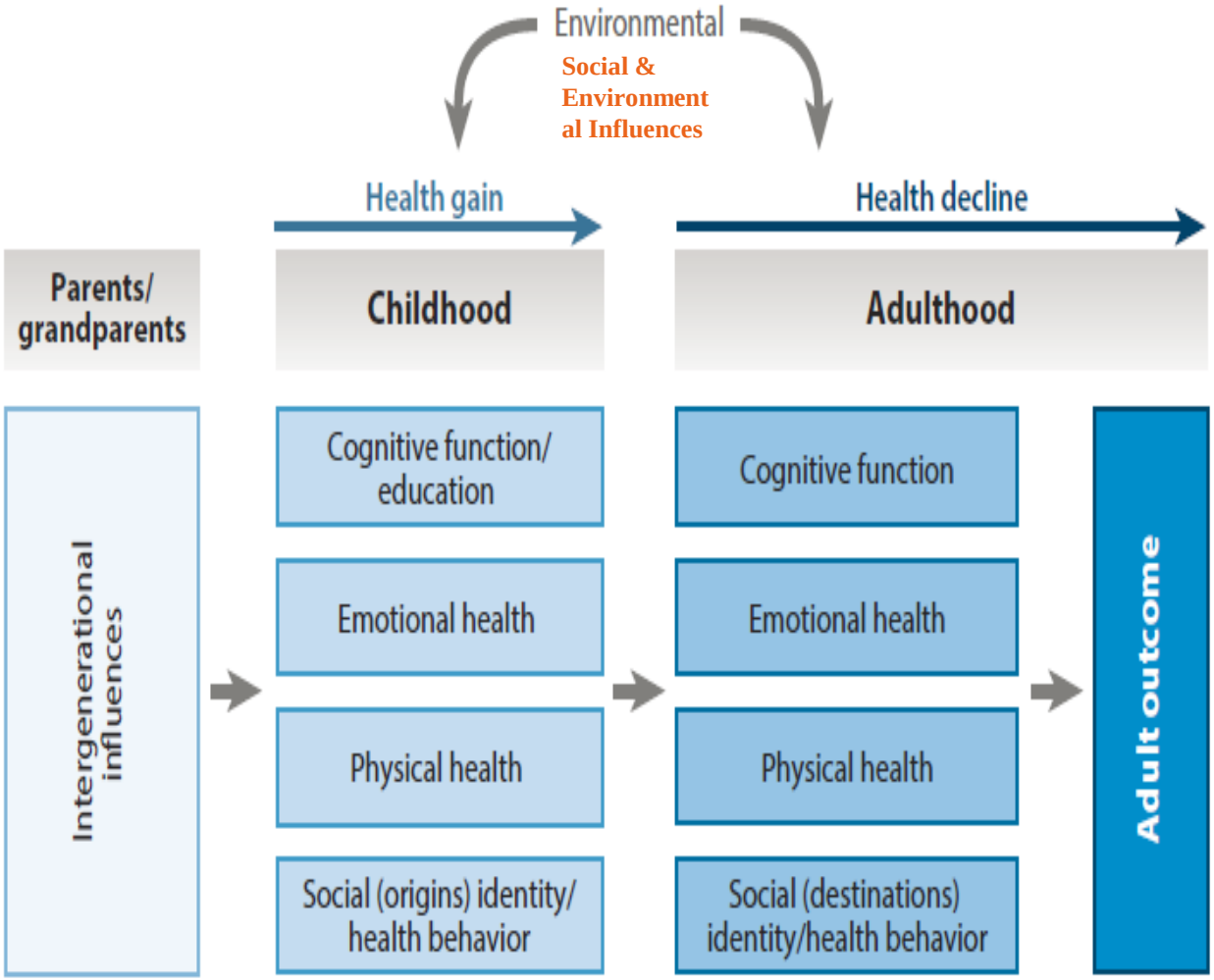
Linking Early-life Experiences with Adult Outcomes



Power C, Kuh D, Morton S. 2013.

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Different Approach: Two Generation Strategies to Policy and Practice

"Policymakers can take steps now to move two-generation strategies forward and measurably improve outcomes for both children and their parents. Unless they rise to this challenge, the next generation will be at further risk — for developmental delays, academic struggles, and, ultimately, the same challenges facing their parents for economic stability. Our long-term economic prosperity will also be at risk as children and parents struggle to achieve educational and economic success. ***Two-generation policies offer policymakers the chance to break the intergenerational cycle of poverty and replace it with opportunity****."*

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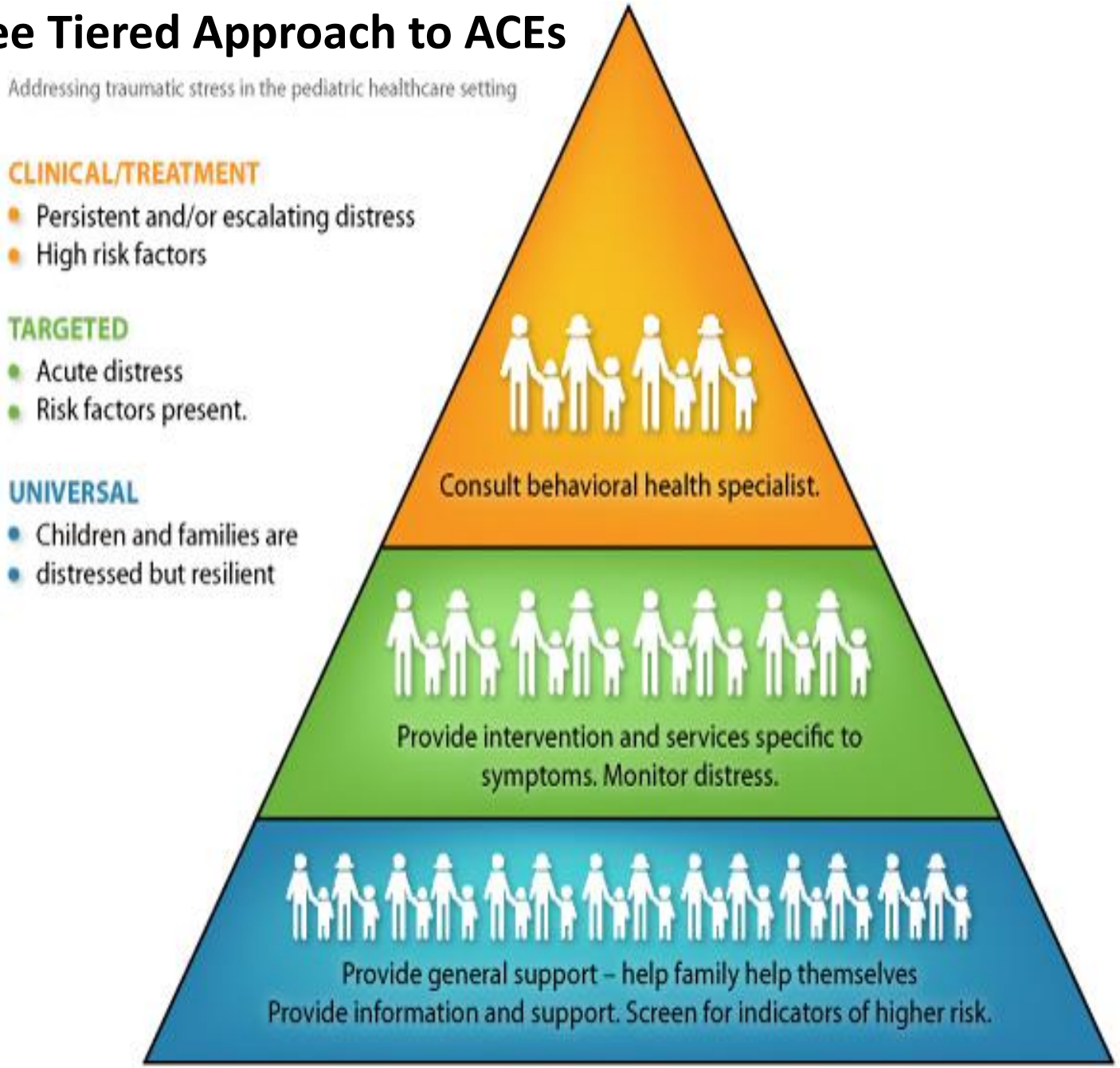
Aspen Institute, Policy Ideas and Principles to Advance Two-Generation Efforts, 2014

Three Tiered Approach to ACEs



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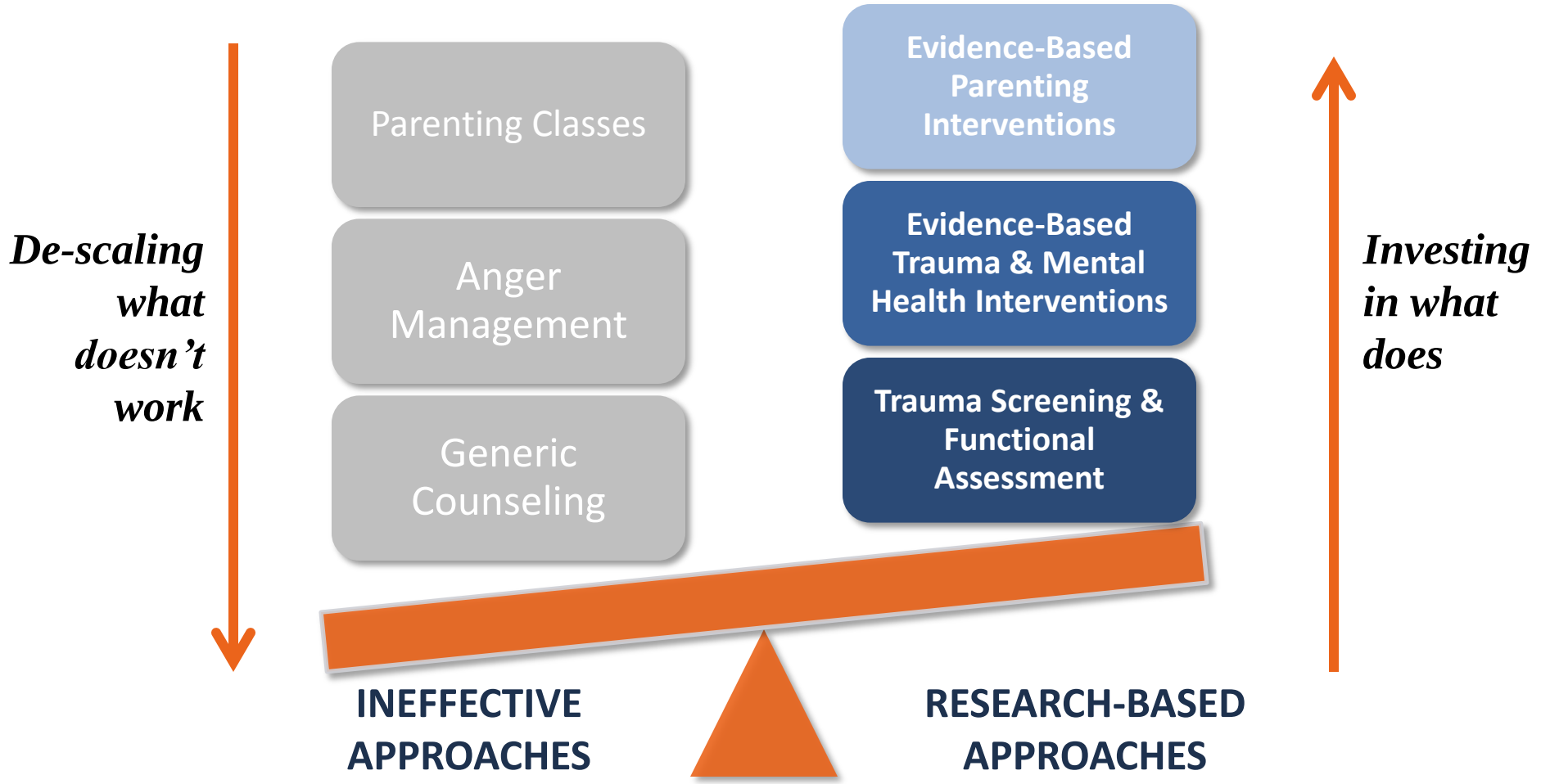
De-scaling What Doesn't Work, Scaling Up What Does



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Title IV-E Waivers for Improved Outcomes

- The Child and Family Services Improvement and Innovation Act of 2011 allowed HHS to **waive certain provisions** of titles IV-E and IV-B to carry out demonstration projects.
- Authorized HHS to approve up to **10 new demonstrations** in each of FYs 2012, 2013 and 2014.
- Unlike competitive discretionary grants, waiver demonstrations **do not provide additional funding**; they provide title IV-E agencies authority to spend existing resources more flexibly.
- Waiver demonstrations test **new approaches to service delivery** and financing structures, to improve outcomes for children and families in the child welfare system.
- Projects must be **cost-neutral** to the Federal government; must have a **rigorous evaluation**.

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HHS Information Memorandum (IM) on title IV-E Waiver Demonstration, 2011

Matching Populations, Outcomes, and Approaches: IV-E Waiver Examples

Population	Screening & Assessment	EBIs	Outcomes
Children, 8-17	- UCLA PTSD Index - Strengths & Difficulties Questionnaire - Child & Adolescent Needs & Strengths	Trauma-Focused Cognitive Behavioral Therapy	- Behavior problems - PTS symptoms - Depression
Children, 13-17	- Strengths & Difficulties Questionnaire - Child & Adolescent Needs & Strengths	Multisystemic Therapy	- Delinquency/Drugs - Peer problems - Family cohesion
Children, 2-7	- Trauma Symptoms Checklist for Young Children - Infant Toddler Emotional Assessment - Child Behavior Checklist	Parent-Child Interaction Therapy	- Conduct disorders - Parent distress - Parent-child interaction

Using Federal Funding to Promote Positive Outcomes

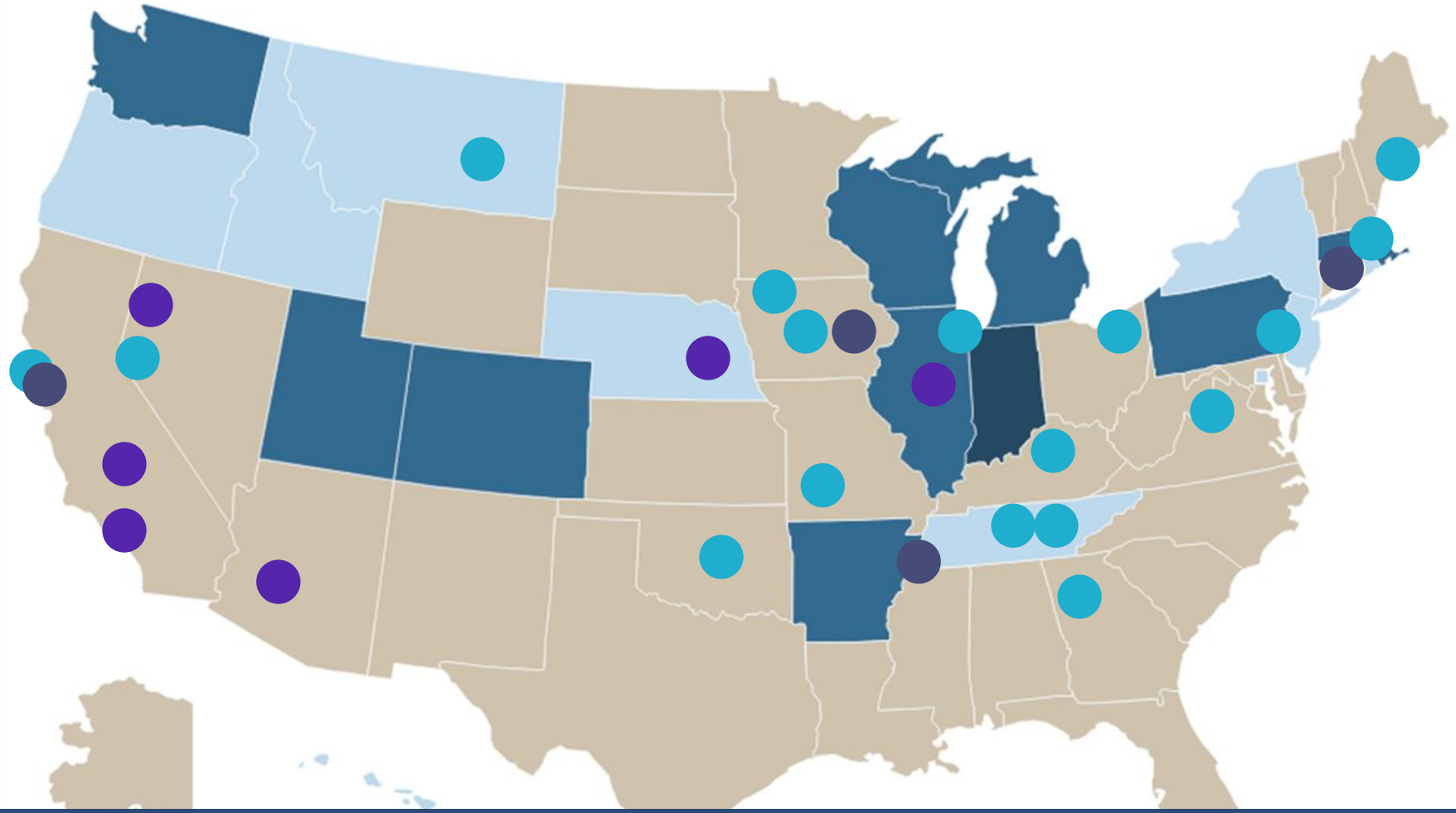
Regional Partnership Grants to Increase Well-Being and Improve Permanency Outcomes for Children Affected by Substance Abuse

Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System

Permanency Innovations Initiative

Title IV-E Child Welfare Demonstration Projects, Approved in FY 2012

Working with Children's Bureau for Title IV-E Child Welfare Demonstration Projects, for FY 2013



10 new states: AZ, KY, ME, MD, NV, OK, OR, TX, WV, Port Gamble. Total of 31 states with demonstration waivers addressing positive outcomes/well-being.