

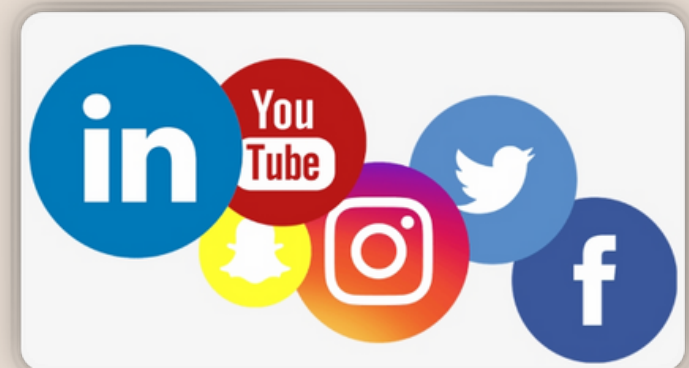


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INTRO TO ACES

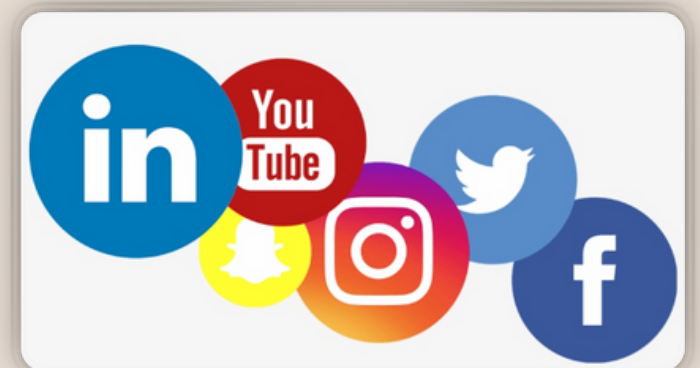
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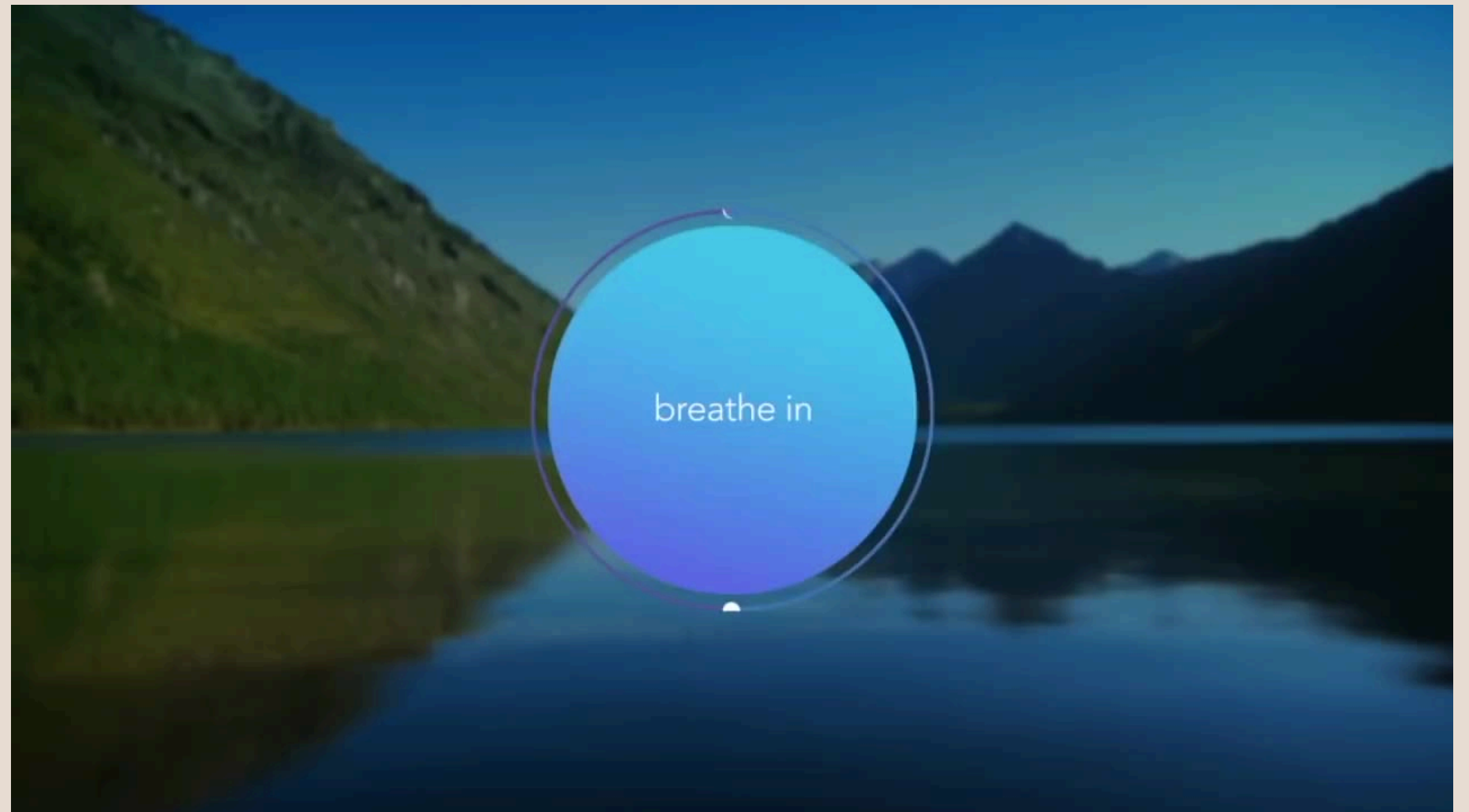
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LET'S LEAVE THE STRESS AT THE DOOR....



1. Sit comfortably, OPEN hands, open front body
2. Scan your body for tension
3. As you follow the breath cues, INTENTIONALLY release that muscle tension, anywhere you find it



ACES STUDY BACKGROUND



The Study – 1997, Felitti/Kaiser, San Diego

Obesity Clinic

Why? – Early death/health disparities

Findings – Trauma = early death

Types of Trauma

- Individual
- Household
- Family-based

Not included:

- Community
- Systematic
- Societal
- Historical

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.



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.
- Substance abuse in the household: A household member was a problem drinker or alcoholic or a household member used street drugs.
- Mental illness in the 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.
- Incarcerated household member: A household member went to prison.

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.
- Physical neglect: There was someone to take care of you, protect you, and take you to the doctor if you needed it, 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.

Prior to your 18th birthday:

1.

Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

No___If Yes, enter 1___
2.

Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

No___If Yes, enter 1___
3.

Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

No___If Yes, enter 1___
4.

Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?

No___If Yes, enter 1___
5.

Did you often or very often feel that ... You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No___If Yes, enter 1___
6.

Were your parents ever separated or divorced?

No___If Yes, enter 1___
7.

Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No___If Yes, enter 1___
8.

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No___If Yes, enter 1___
9.

Was a household member depressed or mentally ill, or did a household member attempt suicide?

No___If Yes, enter 1___
10.

Did a household member go to prison?

No___If Yes, enter 1___

Now add up your “Yes” answers: __ This is your ACE Score



Number of Adverse Childhood Experiences (ACE Score)	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

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



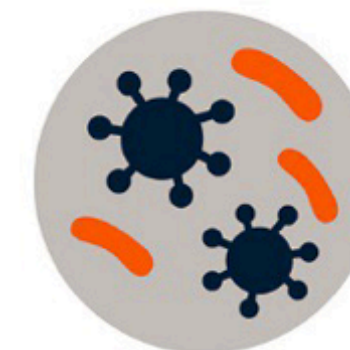
Diabetes



Depression



Suicide attempts



STDs



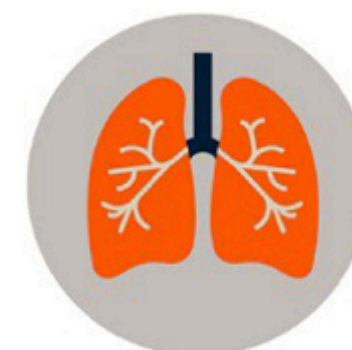
Heart disease



Cancer



Stroke



COPD



Broken bones

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE



percentage of study participants that experienced a specific ACE

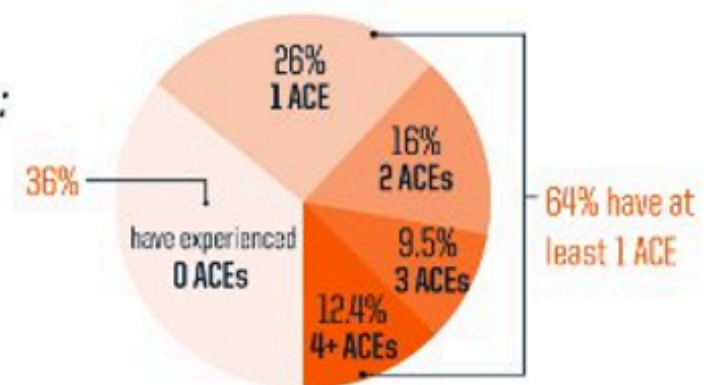
NEGLECT



HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



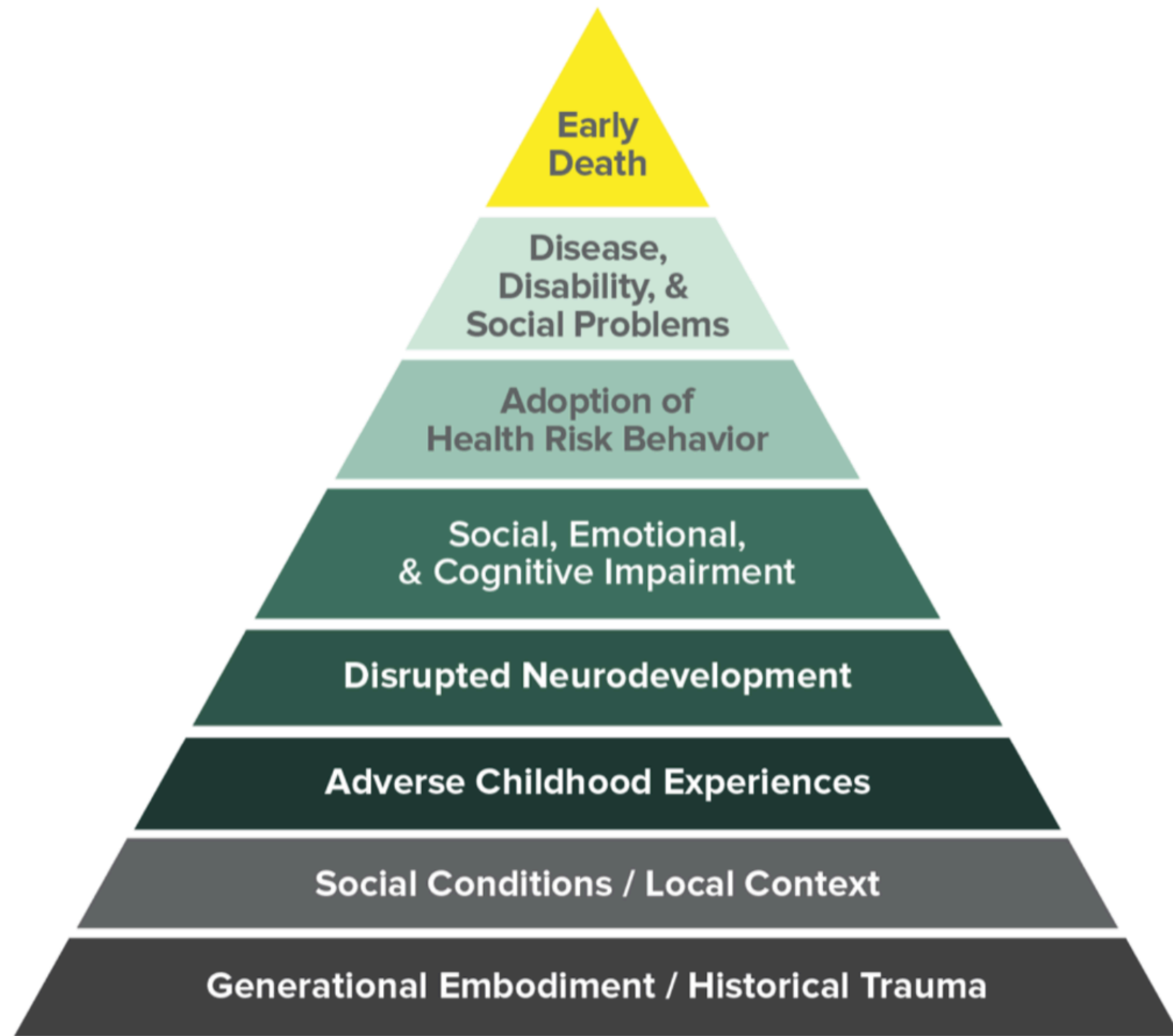
Possible Risk Outcomes:

BEHAVIOR



PHYSICAL & MENTAL HEALTH





Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Demographic Information for CDC-Kaiser ACE Study Participants, Waves 1 and 2.

Demographic Information	Percent (N = 17,337)
Gender	
Female	54.0%
Male	46.0%
Race/Ethnicity	
White	74.8%
Black	4.5%
Asian/Pacific Islander	7.2%
Other	2.3%
Hispanic	11.2%
Age (years)	
19-29	5.3%
30-39	9.8%
40-49	18.6%
50-59	19.9%
60 and over	46.4%
Education	
Not High School Graduate	7.2%
High School Graduate	17.6%
Some College	35.9%
College Graduate or Higher	39.3%





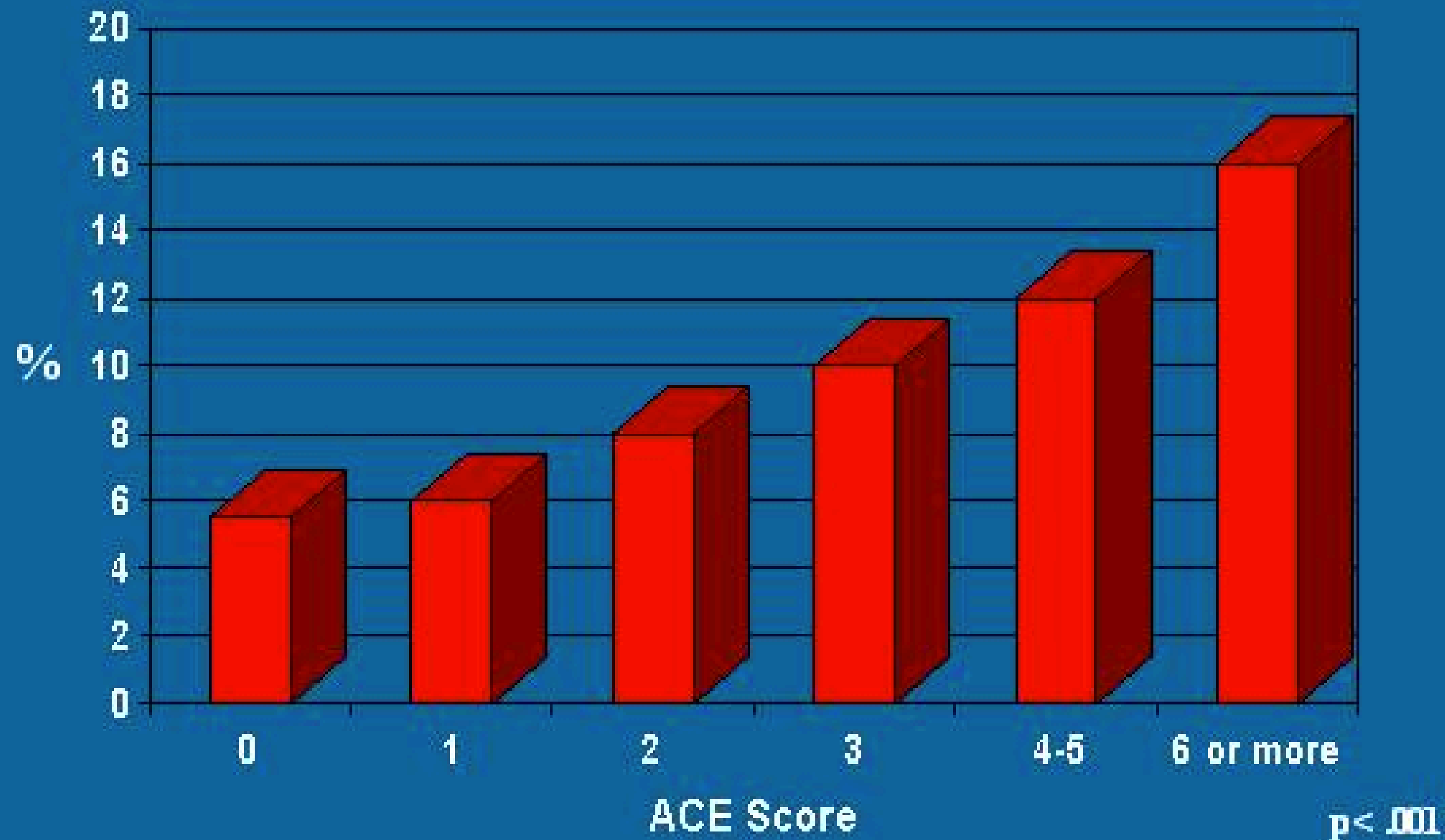
Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Substance Abuse	29.5%	23.8%	26.9%
Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect ³	16.7%	12.4%	14.8%
Physical Neglect ³	9.2%	10.7%	9.9%

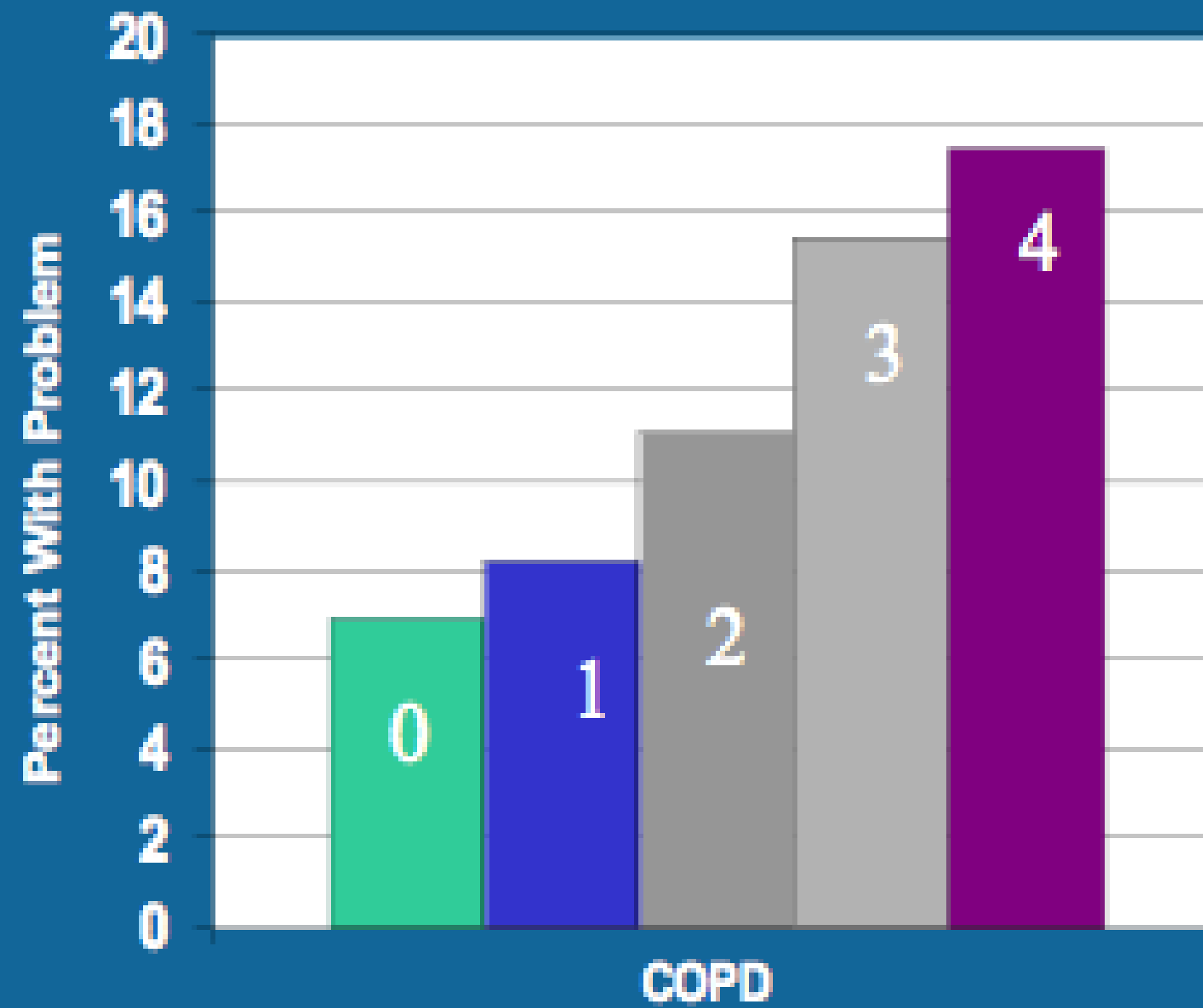
ACE Score Prevalence for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

Number of Adverse Childhood Experiences (ACE Score)	Women Percent(N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

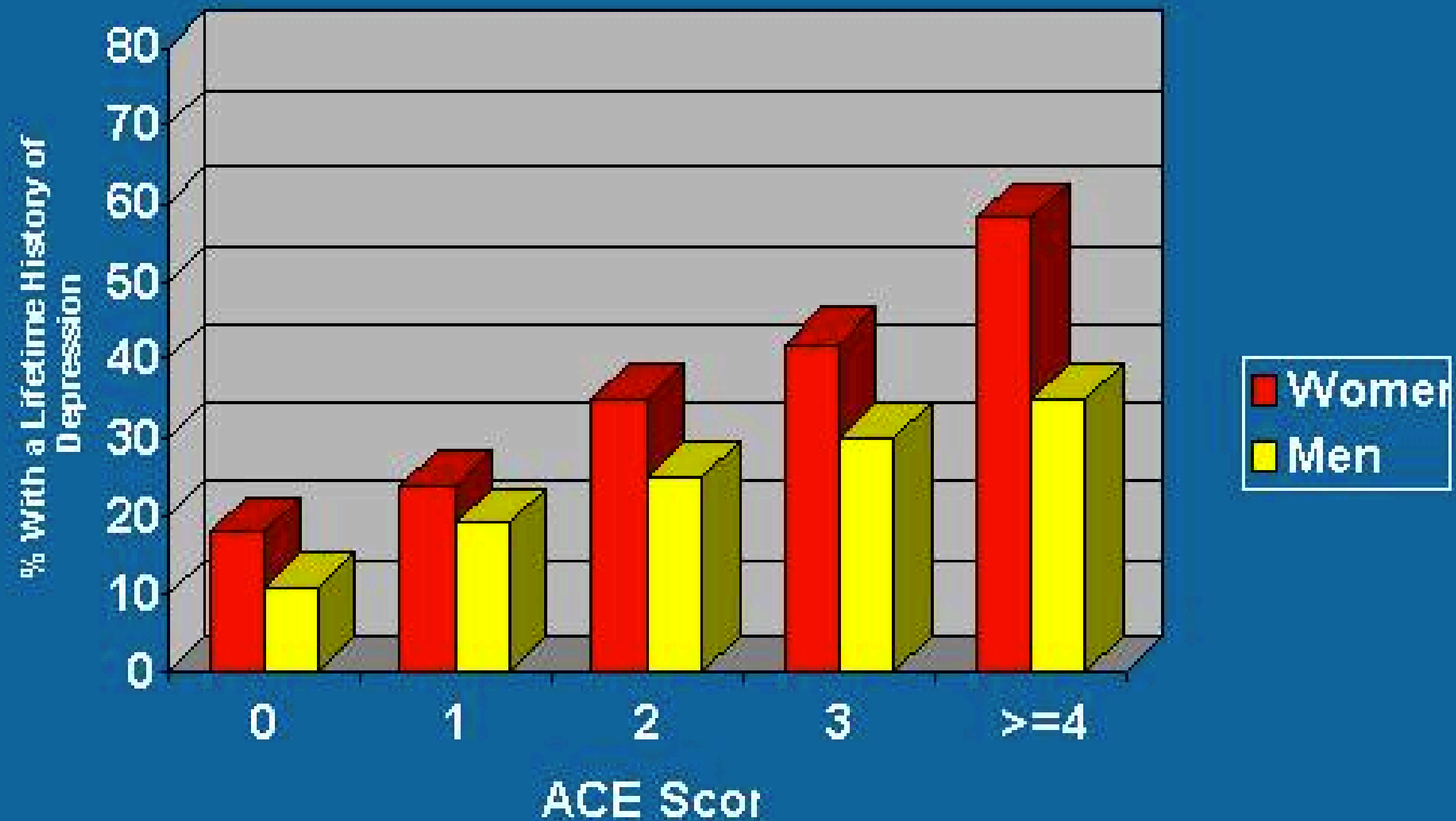
Adverse Childhood Experiences vs. Smoking as an Adult



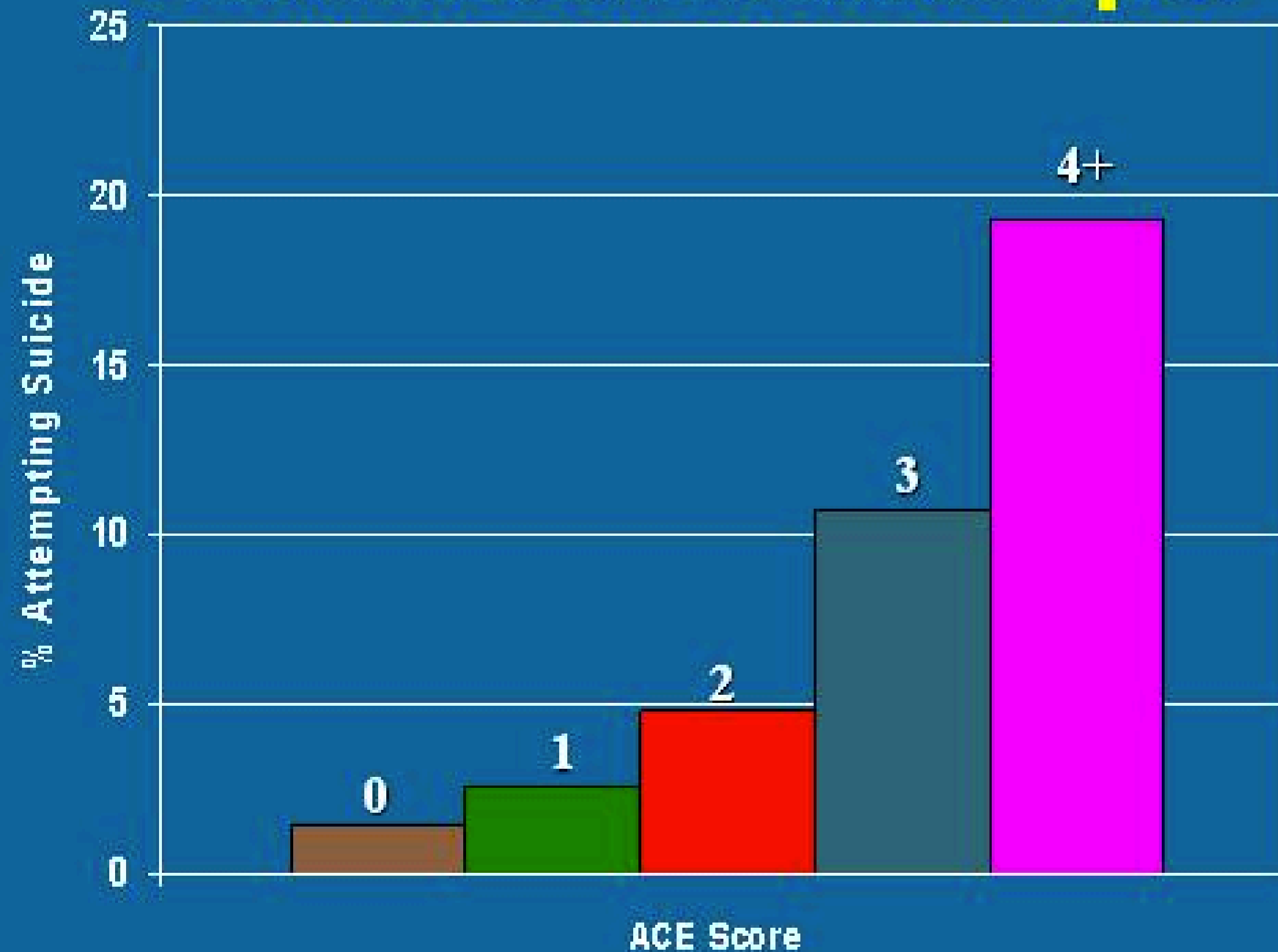
ACE Score vs. COPD



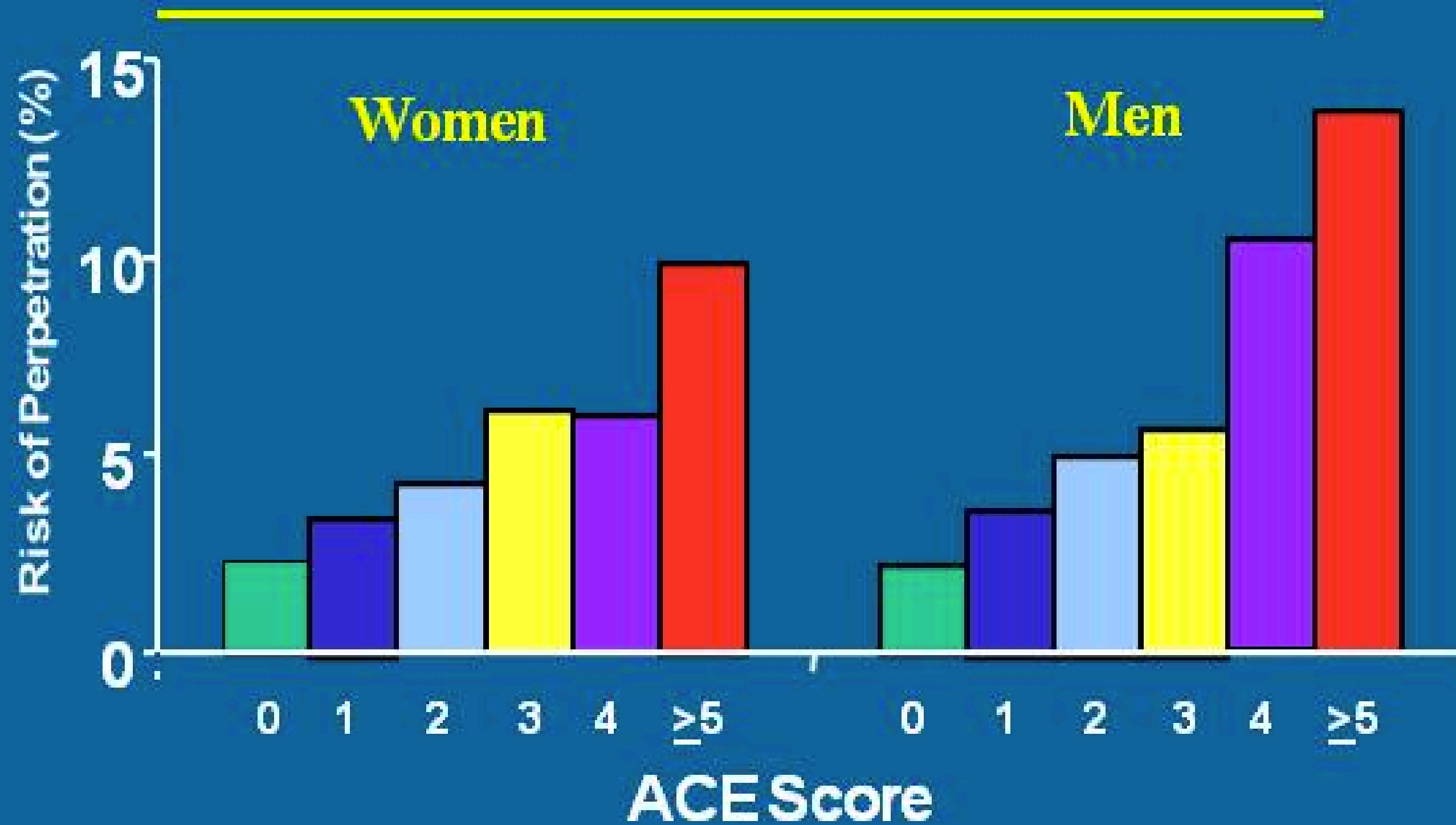
Childhood Experiences Underlie Chronic Depression



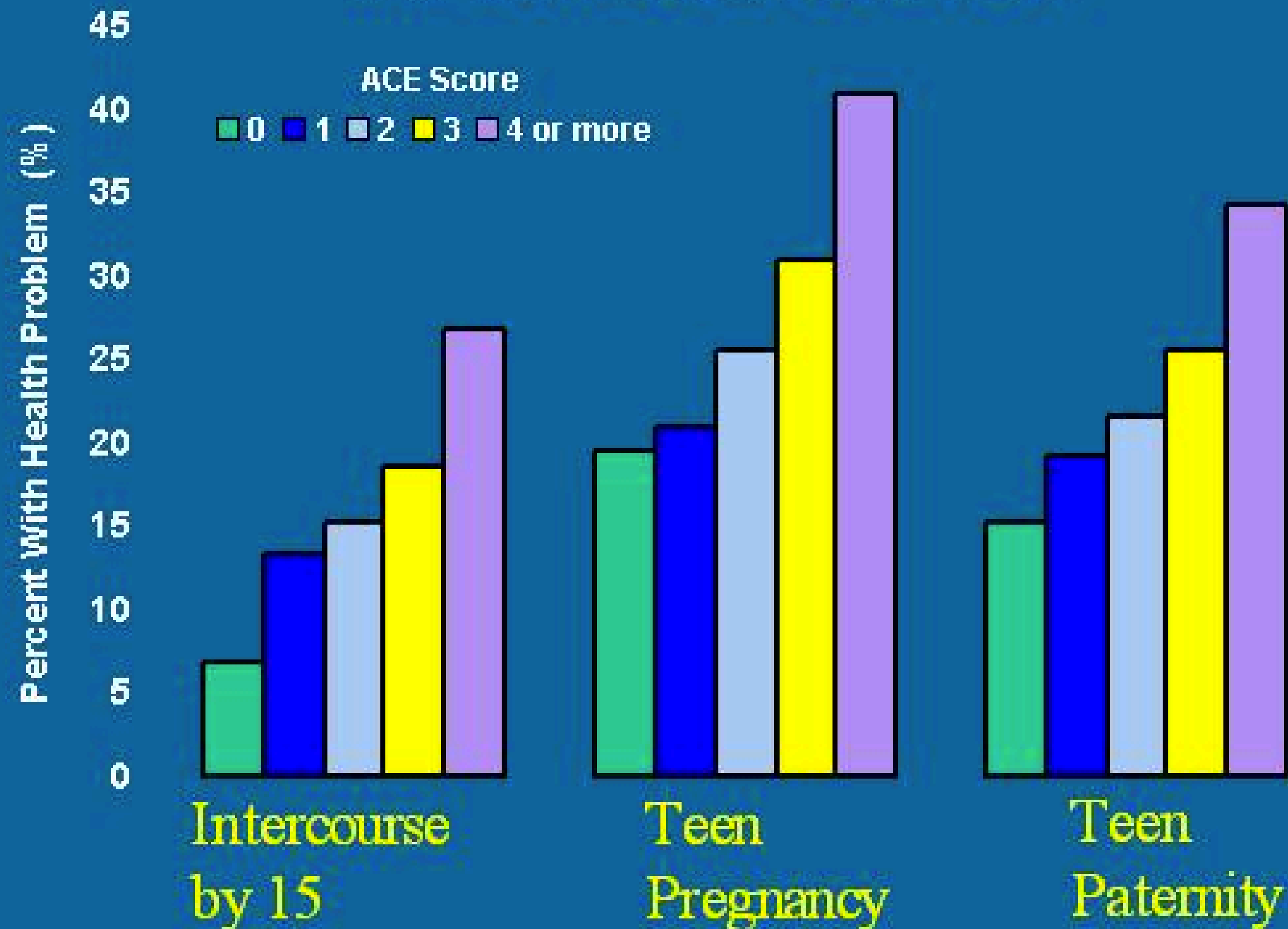
Childhood Experiences Underlie Suicide Attempts



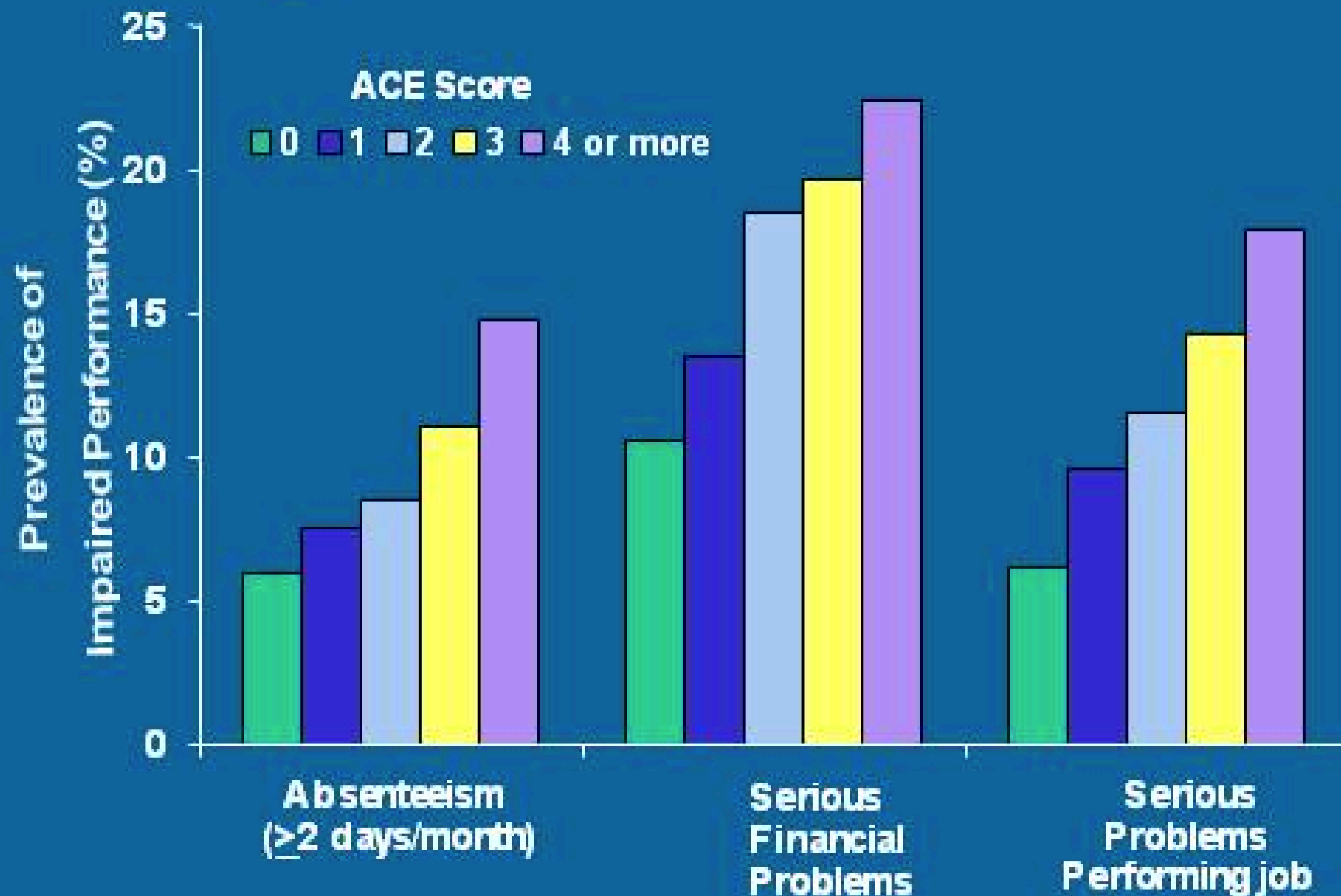
ACE Score and the Risk of *Perpetrating* Domestic Violence



ACE Score and Teen Sexual Behaviors



ACE Score and Indicators of Impaired Worker Performance



Childhood Experiences Underlie Later Being Raped



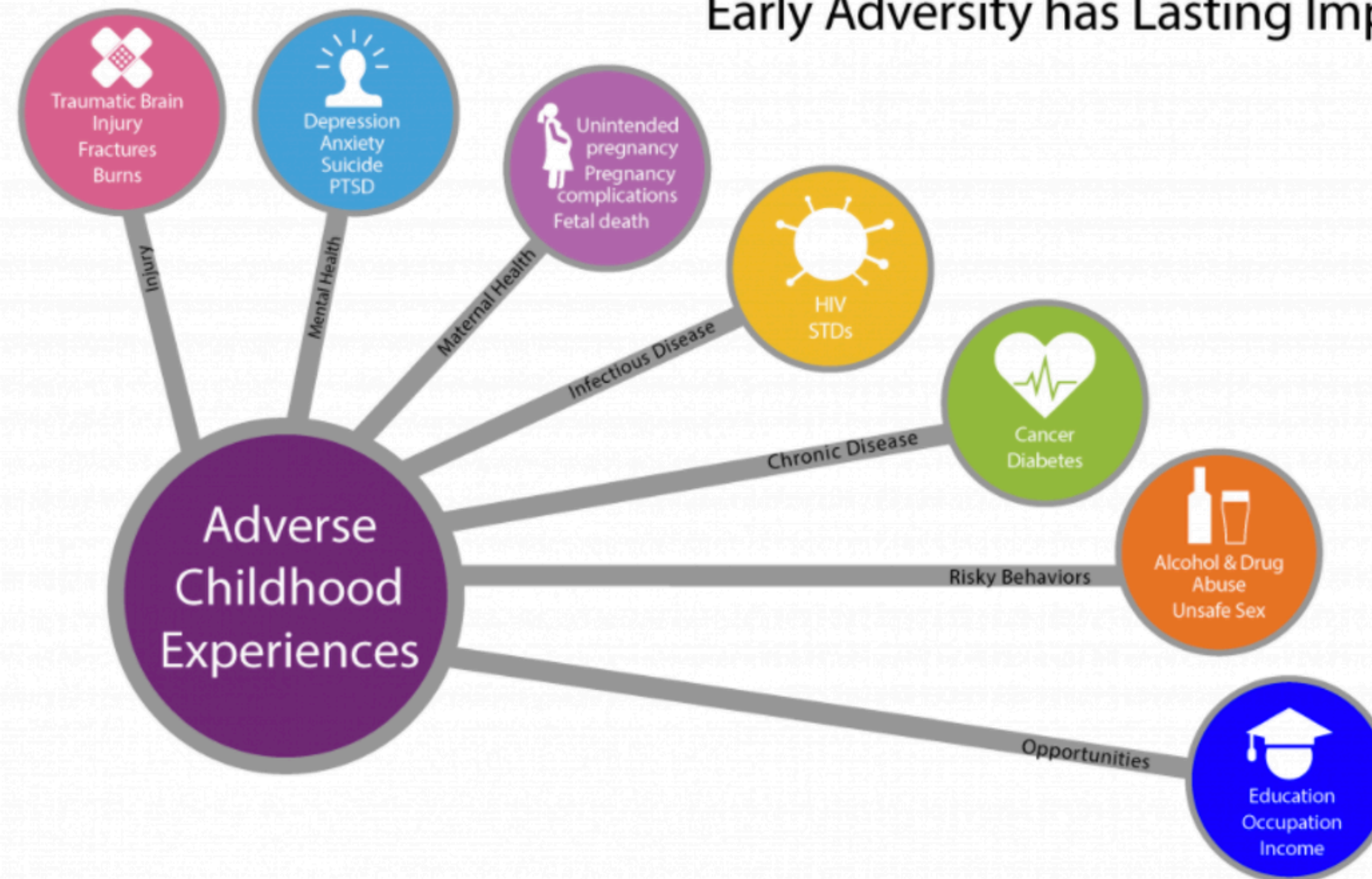
ACEs are common across all populations. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.

Some populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work and play.

The ACE score is the total sum of the different categories of ACEs reported by participants. Study findings show a graded dose-response relationship between ACEs and negative health and well-being outcomes. In other words, as the number of ACEs increases so does the risk for negative outcomes. For an exhaustive list of outcomes see [selected journal publications](#).



Early Adversity has Lasting Impacts





Risk Factors



Individual and Family Risk Factors

- Families experiencing caregiving challenges related to children with special needs (for example, disabilities, mental health issues, chronic physical illnesses)
- Children and youth who don't feel close to their parents/caregivers and feel like they can't talk to them about their feelings
- Youth who start dating early or engaging in sexual activity early
- Children and youth with few or no friends or with friends who engage in aggressive or delinquent behavior
- Families with caregivers who have a limited understanding of children's needs or development
- Families with caregivers who were abused or neglected as children
- Families with young caregivers or single parents
- Families with low income
- Families with adults with low levels of education
- Families experiencing high levels of parenting stress or economic stress
- Families with caregivers who use spanking and other forms of corporal punishment for discipline
- Families with inconsistent discipline and/or low levels of parental monitoring and supervision
- Families that are isolated from and not connected to other people (extended family, friends, neighbors)
- Families with high conflict and negative communication styles
- Families with attitudes accepting of or justifying violence or aggression

Community Risk Factors

- Communities with high rates of violence and crime
- Communities with high rates of poverty and limited educational and economic opportunities
- Communities with high unemployment rates
- Communities with easy access to drugs and alcohol
- Communities where neighbors don't know or look out for each other and there is low community involvement among residents
- Communities with few community activities for young people
- Communities with unstable housing and where residents move frequently
- Communities where families frequently experience food insecurity
- Communities with high levels of social and environmental disorder



Preventing ACEs

Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders



Protective Factors

Individual and Family Protective Factors

- Families who create safe, stable, and nurturing relationships, meaning, children have a consistent family life where they are safe, taken care of, and supported
- Children who have positive friendships and peer networks
- Children who do well in school
- Children who have caring adults outside the family who serve as mentors/role models
- Families where caregivers can meet basic needs of food, shelter, and health services for children
- Families where caregivers have college degrees or higher
- Families where caregivers have steady employment
- Families with strong social support networks and positive relationships with the people around them
- Families where caregivers engage in parental monitoring, supervision, and consistent enforcement of rules
- Families where caregivers/adults work through conflicts peacefully
- Families where caregivers help children work through problems
- Families that engage in fun, positive activities together
- Families that encourage the importance of school for children



Community Protective Factors

- Communities where families have access to economic and financial help
- Communities where families have access to medical care and mental health services
- Communities with access to safe, stable housing
- Communities where families have access to nurturing and safe childcare
- Communities where families have access to high-quality preschool
- Communities where families have access to safe, engaging after school programs and activities
- Communities where adults have work opportunities with family-friendly policies
- Communities with strong partnerships between the community and business, health care, government, and other sectors
- Communities where residents feel connected to each other and are involved in the community
- Communities where violence is not tolerated or accepted

ACEs don't have a single cause, and they can take several different forms. Many factors contribute to ACEs, including personal traits and experiences, parents, the family environment, and the community itself. To prevent ACEs and protect children from neglect, abuse, and violence, it's essential to address each of these factors.

Adverse Childhood Experiences (ACEs) Preventing early trauma to improve adult health



Want to learn more?
www.cdc.gov/vitalsigns/aces

1 in 6

1 in 6 adults experienced four or more types of ACEs.

5 of 10

At least 5 of the top 10 leading causes of death are associated with ACEs.

44%

Preventing ACEs could reduce the number of adults with depression by as much as 44%.

Overview:

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented.

Preventing ACEs can help children and adults thrive and potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking, and heavy drinking.
- Improve education and job potential.
- Stop ACEs from being passed from one generation to the next.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control



PROBLEM:

Adverse Childhood Experiences impact lifelong health and opportunities.

ACEs are common and the effects can add up over time.

- 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.
- Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.
- Many people do not realize that exposure to ACEs is associated with increased risk for health problems across the lifespan.

Preventing ACEs could reduce a large number of health conditions.



UP TO
21 MILLION
CASES OF
DEPRESSION



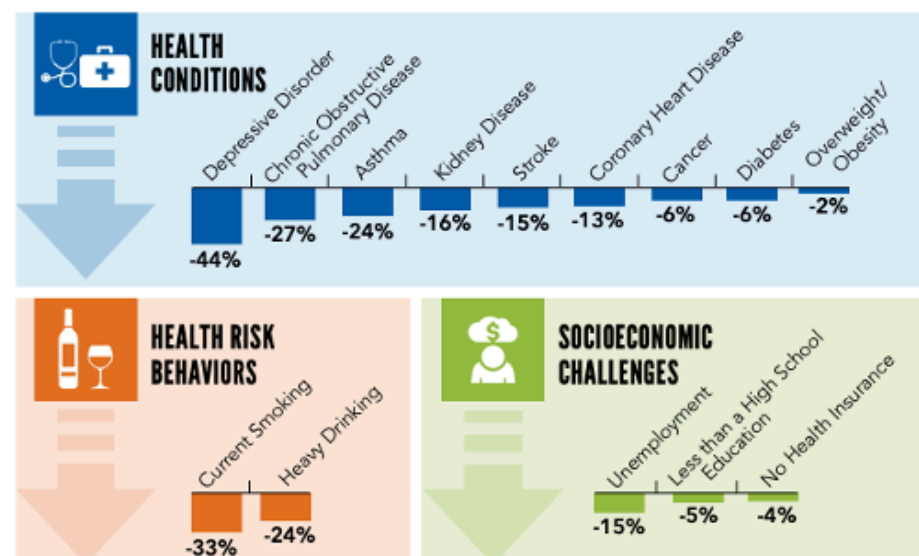
UP TO
1.9 MILLION
CASES OF
HEART DISEASE



UP TO
2.5 MILLION
CASES OF
OVERWEIGHT/OBESITY

SOURCE: National Estimates based on 2017 BRFSS; Vital Signs, MMWR November 2019.

Potential reduction of negative outcomes in adulthood



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.



Raising awareness about ACEs can help:

- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

THE WAY FORWARD >>>

HEALTHCARE PROVIDERS CAN:

- Anticipate and recognize current risk for ACEs in children and history of ACEs in adults. Refer patients to effective services and support.
- Link adults to family-centered treatment approaches that include substance abuse treatment and parenting interventions.

EMPLOYERS CAN:

- Adopt and support family-friendly policies, such as paid family leave and flexible work schedules.

STATES AND COMMUNITIES CAN:

- Improve access to high-quality childcare by expanding eligibility, activities offered, and family involvement.
- Use effective social and economic supports that address financial hardship and other conditions that put families at risk for ACEs.
- Enhance connections to caring adults and increase parents' and youth skills to manage emotions and conflicts using approaches in schools and other settings.

EVERYONE CAN:

- Recognize challenges that families face and offer support and encouragement to reduce stress.
- Support community programs and policies that provide safe and healthy conditions for all children and families.

<http://go.usa.gov/xVvqD>

For more information

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 | Web: www.cdc.gov

Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

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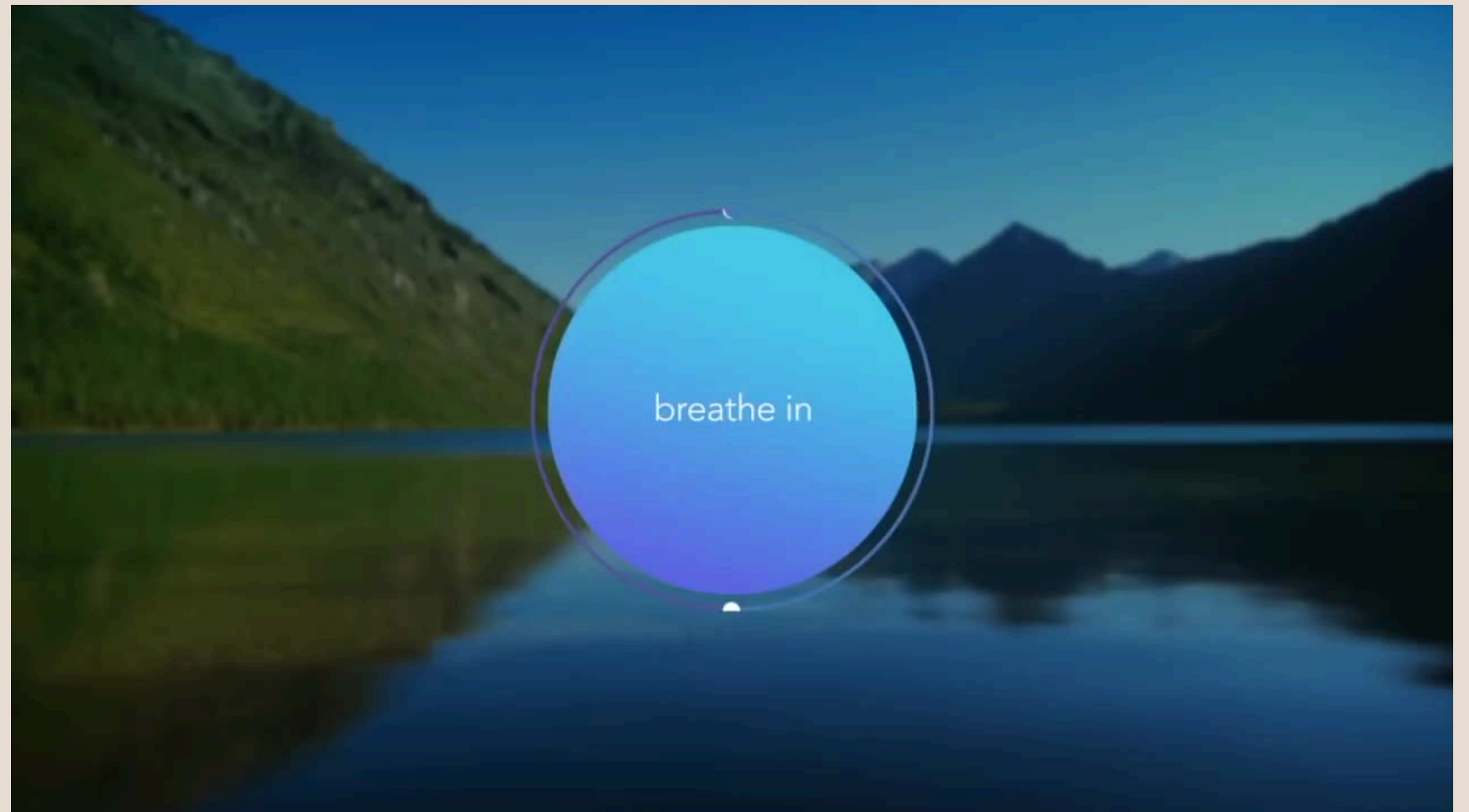




LET'S LEAVE THE STRESS AT THE DOOR....



1. Sit comfortably, OPEN hands, open front body
2. Scan your body for tension
3. As you follow the breath cues, INTENTIONALLY release that muscle tension, anywhere you find it





WARNING

FIRST,
DO NO HARM.

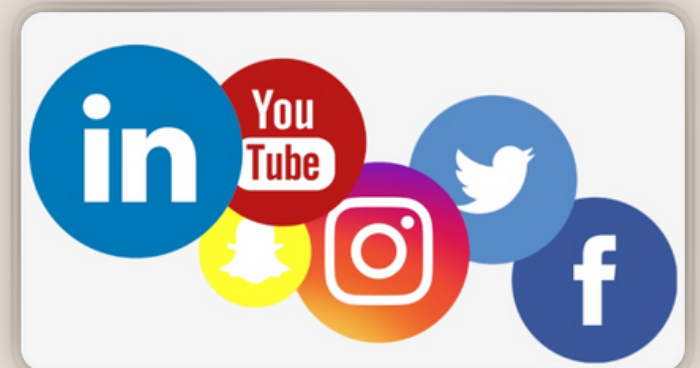


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