

What are Adverse Childhood Experiences (ACEs)?

- Adverse Childhood Experiences, or ACEs, are distressing or traumatic events occurring before the age of 18.
- ACEs are strongly related to poorer mental, physical, and psychosocial outcomes¹.

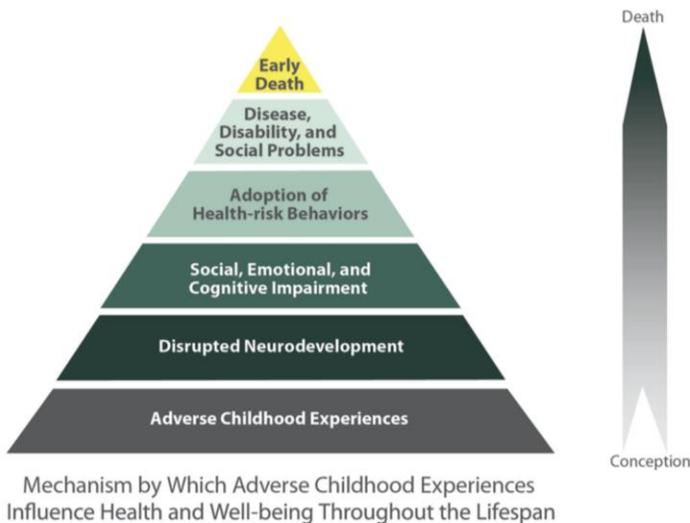
Effects of ACEs in Adults:

- Having 4 or more ACEs was associated with 4 to 12-fold increases in behavioral, physical, and mental health risk factors^{1,2}.
- On average, individuals with six or more ACEs died nearly 20 years earlier compared to individuals with no ACEs³.

Effects of ACEs in Children and Adolescents:

- 20 to 48% have experienced more than one ACE before the age of 18⁴.
- Currently, Oklahoma has the highest percentage of reported ACEs with 32% of children with 2 or more ACEs and 17% with 3 or more ACEs⁵.
- 3 times more likely to have to repeat a grade⁶.
- At a 10-fold increase in risk for having a diagnosed learning or behavior issue⁶.
- Twice as likely to be overweight at age 9⁶.
- Populations at an increased risk for ACEs:
 - Children in the child welfare system⁵
 - Children in the juvenile justice system⁷
 - Children in impoverished and/or violent neighborhoods⁵

The ACE Model⁸:



Toxic stress in childhood is sustained and experienced without adequate adult support causing damage to the developing body and brain.

Protective and Compensatory Experiences (PACES):

Protective and Compensatory Experiences (or PACES) are experiences that buffer risk and increase resilience⁹.

1. unconditional love from a parent/caregiver
2. having a best friend
3. volunteering in the community
4. being part of a social group
5. having support from an adult outside of the family (mentor)
6. living in a clean, safe home with enough food
7. having resources and opportunities to learn

8. engaging in a hobby
9. regular physical activity
10. having daily routines and consistent and fair rules

Caring for Children and Adolescents with ACEs⁵:

- Caring for children and adolescents with ACEs can be difficult, requiring patience, consistency, and nurturance.
- Teens with caring adults in their lives are:
 - Less likely to experience psychological distress and academic difficulties.
 - Less likely to engage in high risk behaviors.
 - More likely to experience positive academic outcomes.
- Having a mentor can mitigate the effects associated with negative parenting.
- An adult advocate/mentor can be someone that a child turns to for advice when it is not comfortable to ask a parent (dating, bullying).

Practicing Trauma-Informed Care:

Non Trauma-Informed Care	Trauma-Informed Care
Power over	Power with
You can't change	Your brain is "plastic"
People need fixing first	People need safety first
People are out to get you	People can live up to the trust you give them
Right/wrong	Multiple viewpoints
Helping	Learning
"You're crazy!"	"It makes sense."
Compliance/obedience	Empowerment/collaboration

Additional Resources:

- ACEs Connection www.acesconnection.com
- Centers for Disease Control <https://www.cdc.gov/violenceprevention/acestudy/>
- The Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>
- The National Child Trauma Support Network <https://www.nctsn.org/>

References:

- ¹Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., . . . Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186. doi:10.1007/s00406-005-0624-4
- ²Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (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), 245-258.
- ³Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, 37(5), 389-396.
- ⁴Saunders, B. E., & Adams, Z. W. (2014). Epidemiology of traumatic experiences in childhood. *Child and Adolescent Psychiatric Clinics*, 23(2), 167-184
- ⁵Hays-Grudo, J. & Morris, A.S. (under review). *ACEs and PACEs: A developmental perspective on childhood adverse and protective experiences*. Washington DC: APA Press.
- ⁶Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, 35(6), 408-413. doi:10.1016/j.chiabu.2011.02.006
- ⁷Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ace) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3(2).
- ⁸CDC. (2018). Adverse childhood experiences presentation graphics. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html
- ⁹Morris, A. S., Hays-Grudo, J., Treat, A. E., Williamson, A. C., Huffer, A., Roblyer, M. Z., & Staton, J. (2015). *Assessing resilience using the protective and compensatory experiences survey (paces)*. Paper presented at the Society for Research in Child Development, Philadelphia, Pennsylvania