

# What can we do about Adverse Childhood Experiences (ACEs)?

JAMH ECHO 19 Aug 2020

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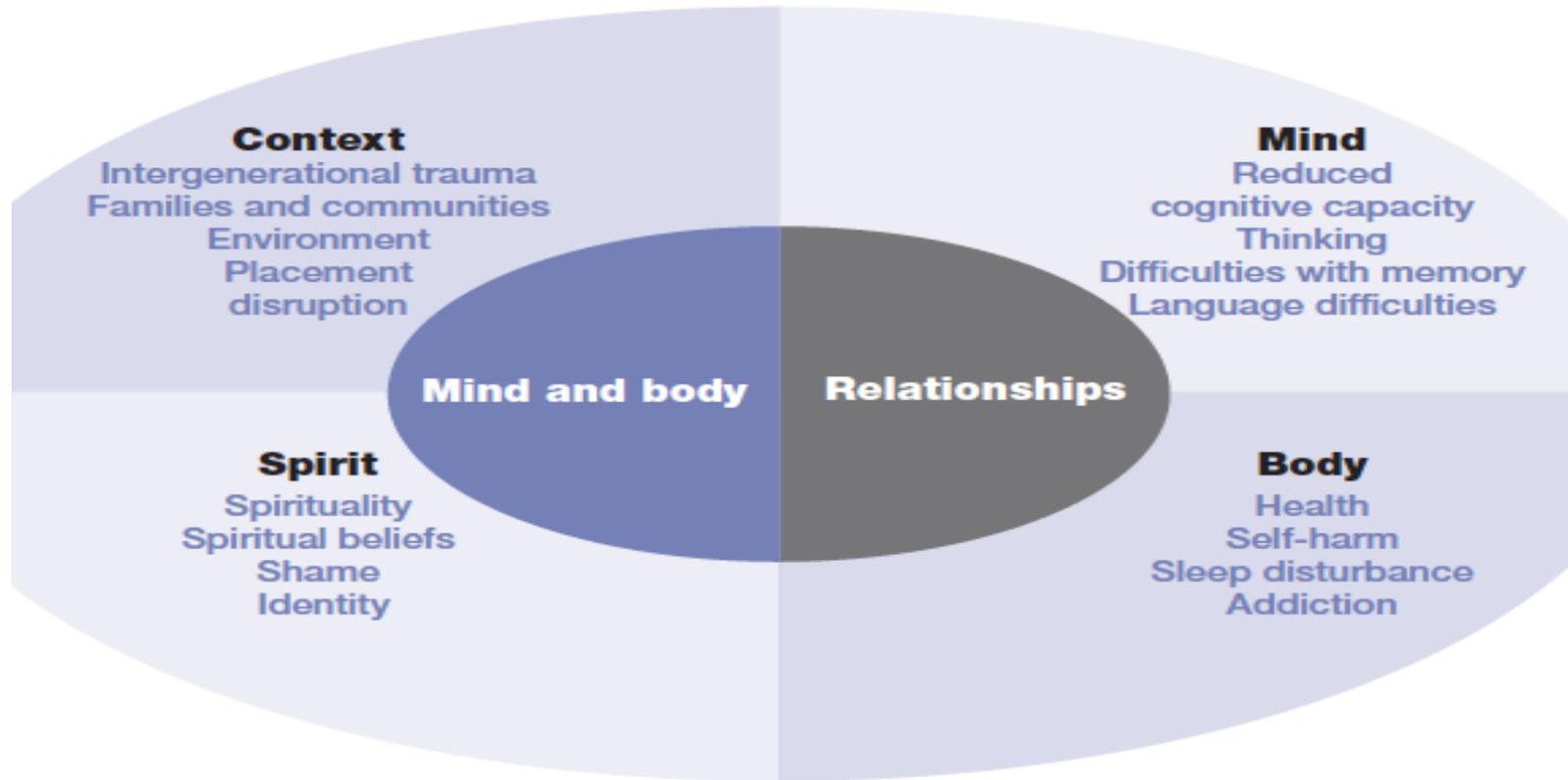
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“Failure to acknowledge the reality of trauma and abuse in the lives of children, and the long-term impact this can have in the lives of adults, is one of the most significant clinical and moral deficits of current mental health approaches”.

-Professor Louise Newman



## The impact of trauma on children

Source: Child Safety Commissioner, 2009, *From isolation to connection: a guide to understanding and working with traumatised children and young people*, <[www.kids.vic.gov](http://www.kids.vic.gov)>

# Implications of the ACE study

- Significantly higher rates of being victims of crime
- Higher rates of drug and alcohol abuse
- Higher rates of imprisonment
- Higher rates of suicide and attempted suicide
- Social and psychological impairment
- Adoption of high-risk behaviors
- Disengagement from school

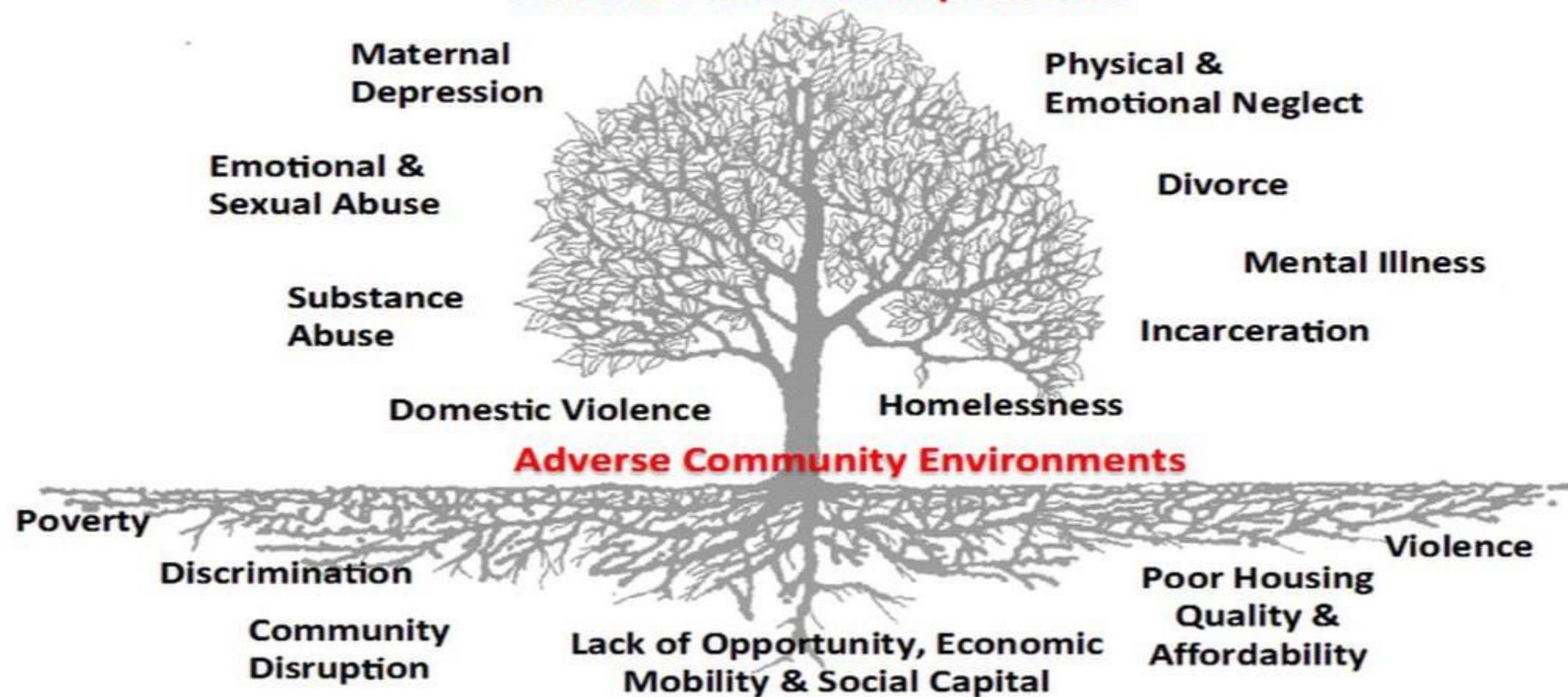
# Consequences of Childhood Maltreatment

Pharmacological: Increased risk of prescriptions with 5 or more ACEs:

- Anxiolytics 2.1 fold
  - Antidepressants 2.9 fold
  - Antipsychotics 10.3 fold
  - Mood-stabilizers 17.3 fold
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- Individuals with 6 or more ACEs: Nearly 20 year reduction in lifespan
  - Women: 1 ACEs 66% and 2 ACEs >80% chance of early death
  - Men: 2+ ACEs >57% chance of early death

## The Pair of ACEs

### Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

# Social, Health and Community Impacts of ACEs

- ACEs in England- 0: 52%, 1: 23%, 2-3: 16%, 4+: 9%
- **Those with 4+ ACEs:**
  - 2X more likely to binge drink and have a poor diet
  - 3X more likely to be a current smoker
  - 4X more likely to have low levels of mental well being and life satisfaction
  - 5X more likely to have had underage sex
  - 6X more likely to have an unplanned teenage pregnancy
  - 7X more likely to have been involved in violence
  - 11X more likely to have used illicit drugs and to have been incarcerated

# Preventing ACEs in Future Generations could reduce levels of :

- Poor diet (current) by 14%
- Binge drinking (current) by 15%
- Smoking (current) by 16%
- Early sex (before age 16) by 33%
- Cannabis use (lifetime) by 33%
- Unintended teen pregnancy by 38%
- Violence victimization (past year) by 51%
- Violence perpetration (past year) by 52%
- Incarceration (lifetime) by 53%
- Heroin/crack use by 59%

“Interpersonal violence, especially violence experienced by children, is the largest single preventable cause of mental illness. What cigarette smoking is to the rest of medicine, early childhood violence is to psychiatry.”

- Steve Sharfstein (2006)

# Populations at increased risk

- Children
- Families with a history of trauma (tends to be trans generational)
- Marginalized groups
  - LGBTQI
  - Aboriginal and Torres strait Islanders
  - CALD minorities
  - Older persons
  - Refugees
  - People with disabilities

# The past informs the present

- “Ghosts in the nursery” (Fraiberg, Adelson, and Shapiro, 1975)
- “Ghosts in our society” (Ghosh Ippen, 2009)
- Acknowledging **A**trocious **C**ultural **E**xperiences (“Original ACEs”:  
Chandra Ghosh Ippen)

# Original ACEs: Atrocious Cultural Experiences

(Ghosh Ippen, 2016)

- Genocide
- Slavery
- Colonization
- Forced family separations
- Sanctioned attacks on individual's bodies
- Removal of property/land
- Denial of basic human rights

# Child Parent Psychotherapy (CPP)

Core principles:

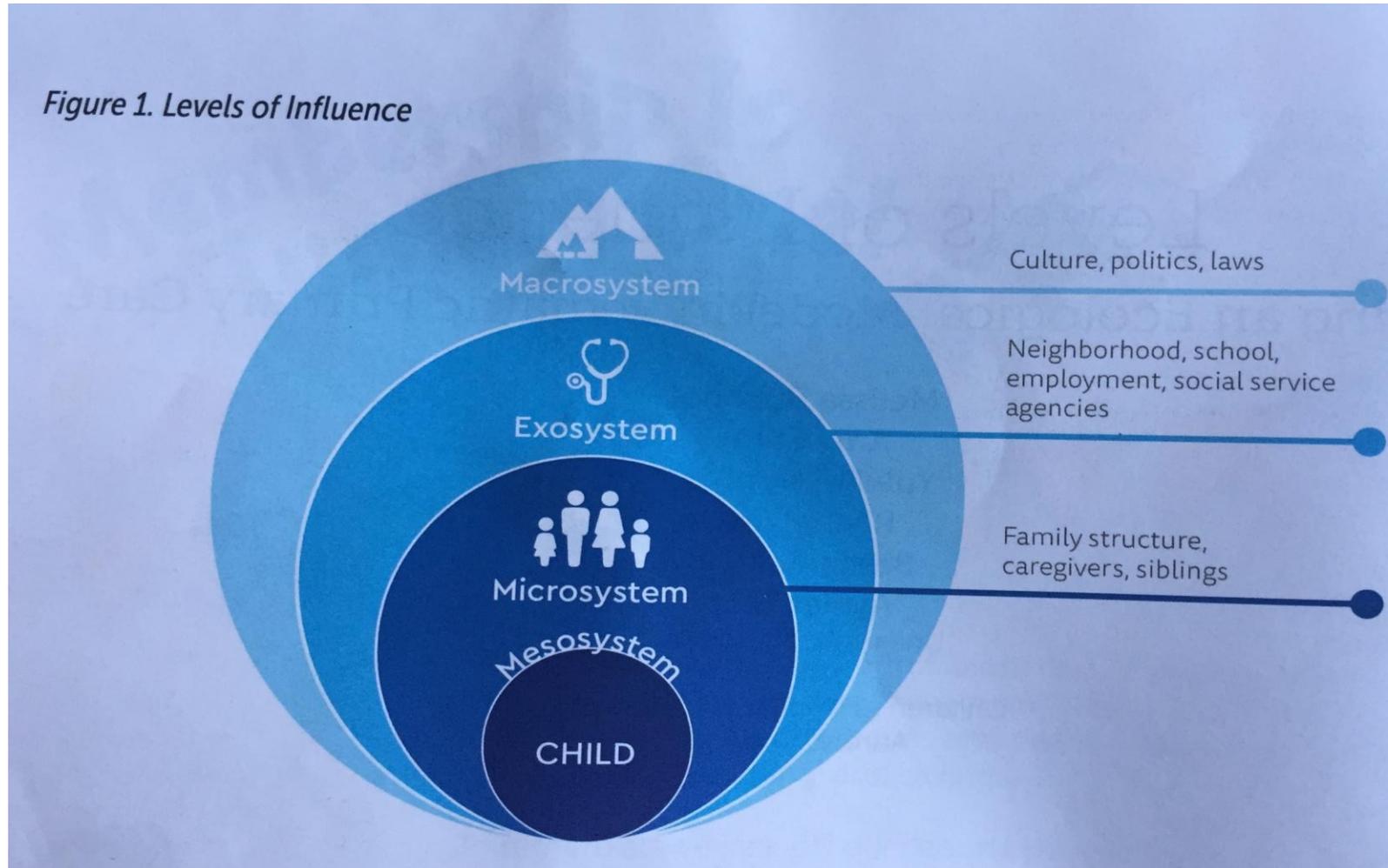
- “Speaking the unspeakable,”
- “It’s not what’s wrong with you, it’s what happened to you.”

Extend this thinking to cultural groups:

- Acknowledge history and act to restore safety and justice within the current systems: working towards trauma informed care
- “It’s not what is wrong with you, but what has happened to your people.”

# Bronfenbrenner's ecological model

(Bronfenbrenner, 1979)



# ACEs can be prevented

<https://www.cdc.gov/violenceprevention/acestrategy/prevention.html>

## Strengthen economic supports to families

- Strengthening household financial security
- Family-friendly work policies



## Change social norms to support parents and positive parenting

- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment



## Provide quality care and education early in life

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation



## Enhance parenting skills to promote healthy child development

- Early childhood home visitation
- Parenting skill and family relationship approaches



## Intervene to lessen harms and prevent future risk

- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

# Trauma Informed Care?

- A program, organization, or system that is trauma-informed: **4Rs**
  - **Realizes** the widespread impact of trauma and understands potential paths for recovery
  - **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
  - Seeks to actively **Resist re-traumatization**.
- A trauma-informed approach can be implemented in any type of service setting or organization and **is distinct from trauma-specific interventions or treatments** that are designed specifically to address the consequences of trauma and to facilitate healing.

# The responsibility of health professionals:

- To be trauma informed
- To not compound existing problems
- Recognize the potential for re-traumatization & take steps to prevent it
- Work by the principle of “do no harm”
- Be a “safe person”
- Understand that recovery is possible

# Core principles of Trauma Informed Practice

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues

## **Barriers to Trauma Informed Practice:**

- Lack of education
- Lack of trauma trained staff
- Resistance to change
- Stigma/ fear

# What would a trauma informed service look like?

- A service that is welcoming
- Wider use of trauma-related diagnoses
- Identification of trauma-related skill deficits (self awareness, self soothing)
- Specific treatment to address trauma
- Appreciation of the impact trauma dynamics have on all relationships (betrayal, power, blame, lack of trust, lack of safety)

# The Ripple Effect: Robert F. Kennedy

“Few will have the greatness to bend history itself, but each of us can work to change a small portion of events. It is from numberless diverse acts of courage and belief that human history is shaped. Each time a person stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he (or she) sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

# Change starts with YOU!

## Trauma Informed Practice

### What will you do differently tomorrow?

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# References:

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- <https://s3.amazonaws.com/static.nicic.gov/Library/028436.pdf>