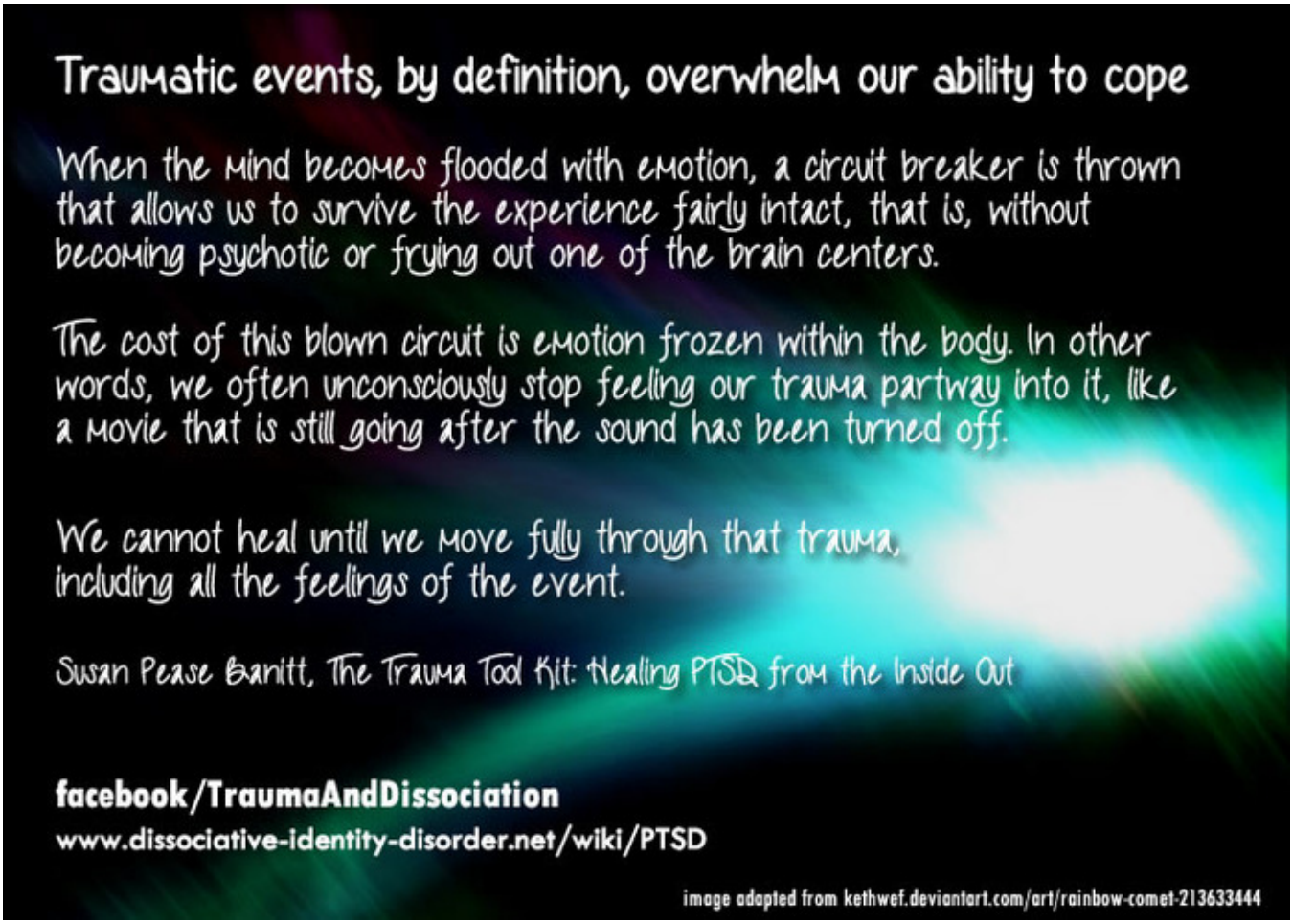
I would like to have a discussion related to what is nowadays sometimes referred to as "the most important but least known about public health research in the past twenty years"—Adverse Childhood Experiences.

Why do we seem to keep asking the wrong questions? Why do we continue using assessments and profiles that label humans, mostly children and young adults, as "high risk offenders, mentally ill, incorrigible, etc.?" Why are we still placing children in adult jails at age 15, 16 and 17 because they are now magically transformed into "Adults" because, for example, they happened to be with three, four or more other children, one of whom perhaps used a BB-gun, to rob a pizza delivery person? Why are children who have little to no concept of "transferred intent" (according to the United State Supreme Court) continuing to be held liable for the actions of their peers (as a co-conspirator)?

Why is it that we continue to have child welfare and juvenile justice programs and system-wide policies all across the country that refuse to acknowledge, or accept, ACE research and change their treatment approaches accordingly?

And perhaps most importantly, for this conference, I would want to ask what it is that NOFSW is doing, or could be doing, to combat the destruction that is occurring to thousands of individuals because of the continued pursuit and implementation of counter-productive procedures and policies in our alleged juvenile residential "treatment" centers and prisons? Can NOFSW members, and NOFSW itself, sit back morally, ethically and politically, without taking a firm stand on eliminating the laws, regulations and policies that fly completely counter to the research that we all (should) know to be true?



A VERY WELL KEPT SECRET:

THE ADVERSE CHILDHOOD EXPERIENCES STUDY

Began in 1995, Dr. Vincent Felitti, Dr. Robert Anda. In a 2012 article it was referred to as "the largest most important public health study you never heard of began in an obesity clinic." Over 9,000 out of 13,000 initially responded to the survey, with more in later years.

On-going longitudinal study examining the association between what they thought were a "wide range" of childhood adverse experiences and a broad range of adult health risk behaviors and diseases throughout a person's lifespan.

But, these were mostly white, middle-aged, middle and upper-middle class folks from San Diego, CA initially. All of the questions asked related to home-related trauma. Initial respondents were seeking treatment for obesity.

What about folks who grow up in traumatic environments that include chronic trauma-filled school and community scenarios, as well as home? What happens to them?

Many of those folks end up in mental health facilities, child welfare systems, and juvenile and criminal court systems with multiple physical, psychological, emotional, sexual, spiritual and criminal problems. This is fact based upon everything I know from working almost 50 years in the juvenile and criminal justice systems, and from the research.

So why do I ask what NOFSW can do to "Stop the Madness?" What madness?

The madness of:

Labeling traumatized children and youngsters (and adults) as untreatable, incurable, sociopathic, psychopathic, hopeless (depressed, suicidal, bipolar, etc) without an initial examination into traumatic events in their lives.

Treating children as adults because of certain "criminal" behaviors. If we know, and agree, that the normal brain does not normally fully mature until the mid or later 20s, then why do we hold children accountable for their actions in the same way we hold "mature" adults accountable?

Continually turning to the medical profession for pills to solve the societal ills of trauma.

Why, given what we now know about the interconnections between trauma, genetics and environmental factors, does practically every state in the country still have laws where children are arrested as adults, like in PA? Especially when the law relates to conspiracy and the concept of "transferred intent?"

Why do we continue to give credence to the nonsense put out by psychologists and psychiatrists related to their generalized risk assessment tools so that the systems of this country, especially the "justice" systems, can continue their unjust, racist practices and policies?

Why does it seem to me that social workers continue to allow psychiatrists and psychologists to drive the conversations around these issues—professionals who oftentimes look for shortcuts and band-aids to relieve symptoms of problems—NOT cures that get to the roots of the problems. The cures are in the roots, the trauma, and learning skills to cope with them, as well as providing genuinely helpful resources.

What can NOFSW do?

Advocate that every child, every person, deserves to be given a very simple survey questionnaire anywhere and everywhere before making assumptions about the person: by pediatricians, by the school system, by the courts, etc. These are the important questions to be asked--NOT the crime that was committed, or the behavior that was observed. It should never be, "What is wrong with you?" It should always be, "What has happened to you?" The questionnaires can be modified and tailored to the professional using them, but they should basically all be asking "What is your life history of traumatic experiences?"

How can NOFSW do that?

I'm not sure. Are we even agreeable to it being done, as an organization? Do we ever make policy statements to anybody, anywhere? APA does, AMA does, CDC does….does NOFSW ever do it?

The original questionnaire:

Adverse Childhood Experience (ACE) Questionnaire

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **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? (Yes or No?) If yes, enter 1 _____

2) Did a parent or other adult in the household **often:** Push, grab, slap, or throw something at you?
OR
Ever hit you so hard that you had marks or were injured? (Yes 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
Try to or actually have oral, anal, or vaginal sex with you? (Yes No) If yes, enter 1 _____

4) Did you **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? (Yes No) If yes, enter 1 _____

5) Did you **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? (Yes No) If yes, enter 1 _____

6) Were your parents **ever** separated or divorced? (Yes No) If yes, enter 1 _____

7) Was your mother or stepmother: **Often** pushed, grabbed, slapped, or had something thrown at her?
OR
Sometimes or 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?
(Yes No) If yes, enter 1 _____

8) Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
(Yes No) If yes, enter 1 _____

9) Was a household member depressed or mentally ill or did a household member attempt suicide?
(Yes No) If yes, enter 1 _____

10) Did a household member go to prison? (Yes No) If yes, enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

The more appropriate questionnaire for those folks who enter the mental health, child welfare, juvenile and criminal justice systems:

Adverse Childhood Experience (ACE) Questionnaire
Original Modified for Children 18 and Below

1. Has a parent or other adult in the household **often:** Swore at you, insulted you, put you down or humiliated you?

OR

Acted in a way that made you afraid that you might be physically hurt? (Yes or No?) If yes, enter 1 _____

2) Has a parent or other adult in the household **often:** Pushed, grabbed, slapped, or thrown something at you?

OR

Ever hit you so hard that you had marks or were injured? (Yes No) If yes, enter 1 _____

3) Has an adult or person at least 5 years older than you **ever**: Touched, felt or fondled you or have you touch their body in a sexual way?

OR

Try to or actually have oral, anal, or vaginal sex with you? (Yes No) If yes, enter 1 _____

4) Have you **often** felt that: No one in your family loves you or thinks you're important or special?

OR

Your family doesn't look out for each other, feel close to each other, or support each other? (Yes No) If yes, enter 1 _____

5) Do you **often** feel that: You don't have enough to eat, have to wear dirty clothes, and have no one to protect you?

OR

Your parents are too drunk or high to take care of you or take you to the doctor if you need it? (Yes No) If yes, enter 1 _____

6) Have your parents **ever been** separated or divorced? (Yes No) If yes, enter 1 _____

7) Is your mother or stepmother: **Often** pushed, grabbed, slapped, or had something thrown at her?

OR

Sometimes or 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? (Yes No) If yes, enter 1 _____

8) Do you live now, or have you ever lived with anyone who was a problem drinker or alcoholic or who used street drugs? (Yes No) If yes, enter 1 _____

9) Has a household member ever been depressed or mentally ill, or has a household member ever attempted suicide? (Yes No) If yes, enter 1 _____

10) Has a household member ever gone to jail or prison? (Yes No) If yes, enter 1 _____

11) Have you personally witnessed someone being shot or stabbed in the community or school?

OR

Have you ever been shot or stabbed yourself in the community or school? (Yes No) If yes, enter 1 _____

2

12) Do you know of places in your neighborhood where illegal guns or drugs can be **easily** obtained? (Yes No) If yes, enter 1 _____

13) Have you attended schools where bullying, fights and suspensions happens **often**?

OR

Have you attended a school where school shootings or threats of shootings have occurred? (Yes No) If yes, enter 1 _____

14) Have you personally **often** been bullied or threatened with physical or emotional harm by schoolmates?

OR

Have you ever been directly shot at or stabbed in the school setting? (Yes No) If yes, enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

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Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

Results: More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). 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; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 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. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

Medical Subject Headings (MeSH): child abuse, sexual, domestic violence, spouse abuse, children of impaired parents, substance abuse, alcoholism, smoking, obesity, physical activity, depression, suicide, sexual behavior, sexually transmitted diseases, chronic obstructive pulmonary disease, ischemic heart disease. (Am J Prev Med 1998;14:245–258)

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The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders

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Authors' Note: The views expressed in this manuscript are those of the authors and not necessarily the Florida Department of Juvenile Justice.

Keywords: juvenile offenders, prevention, victimization, maltreatment

Abstract

The study of adverse childhood experiences (ACEs) and their negative repercussion on adult health outcomes is well documented. In a population of insured Californians, a dose-response relationship has been demonstrated among 10 ACEs and a host of chronic physical health, mental health, and behavioral outcomes. Less widely studied is the prevalence of these ACEs in the lives of juvenile offenders, and the effect of ACEs on children. This study examines the prevalence of ACEs in a population of 64,329 juvenile offenders in Florida. This article reports the prevalence of each ACE and assigns an ACE composite score across genders and a risk to reoffend level classification, and compares these with ACE studies conducted on adults. Analyses indicate offenders report disturbingly high rates of ACEs and have higher composite scores than previously examined populations. Policy implications underline the need to screen for and address ACEs as early as possible to prevent reoffending and other well-documented sequelae.

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Adverse childhood experiences and sexual victimization in adulthood.

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Abstract

Understanding the link between adverse childhood experiences (ACEs) and sexual victimization (SV) in adulthood may provide important information about the level of risk for adult SV and sexual re-victimization among childhood sexual abuse (CSA) survivors. In the present paper, we explore the relationship between ACEs, including CSA, and SV in adulthood. Data from the CDC-Kaiser ACE Study were used to examine the effect of experiences of early adversity on adult SV. Adult HMO members (n=7,272) undergoing a routine health exam provided detailed information about ACEs that occurred at age 18 or younger and their experiences of SV in adulthood. Analyses revealed that as ACE score increased, so did risk of experiencing SV in adulthood. Each of the ACE variables was significantly associated with adult SV, with CSA being the strongest predictor of adult SV. In addition, for those who reported CSA, there was a cumulative increase in adult SV risk with each additional ACE experienced. As such, early adversity is a risk factor for adult SV. In particular, CSA is a significant risk factor for sexual re-victimization in adulthood, and additional early adversities experienced by CSA survivors may heighten adult SV risk above and beyond the risk associated with CSA alone. Given the interconnectedness among various experiences of early adversity, adult SV prevention actions must consider how other violence-related and non-violence-related traumatic experiences may exacerbate the risk conferred by CSA on subsequent victimization.

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