

Agenda

- Prevalence of abuse
- ACE Research: Preview
- 20 Putting ACE in the context of research on:
 - Sexual Abuse (CSAAS)
 - Exposure to violence
 - o Emotional/Spiritual abuse
- MACE Research in detail
- Implications for our work
- Resiliency factors
- Undergraduate and graduate reforms



Prevalence of child abuse in the US

- 1 million children confirmed cases of abuse or neglect each year (last year, 772,000) (HHS)
- 2,000 children die (2446 in 2006) (NIS-4 2010)
- 1 out of 5 girls, 1 out of seven boys will be sexually abused by their 18th birthday (Finkelhor)
- 50 1 of 7 children 2-17 is abused (CDC 2008)
- 2004 MN student survey: 1 out of ten girls, one out of 20 boys report being sexually abused by the 9th grade
- 20% of children 10-17 have been solicited on-line (UNH study)
- 50 1.1 million runaway/thrownaway children (OJJDP)
- 241,000 children at risk of being prostituted (Estes)
- The rate of child abuse is 10 times the rate of cancer (Sadler)
- We spend 94 billion dollars annually (PCA study)



Adverse Childhood Experience (ACE) Study: A Preview

- Over 17,000 men and women surveyed on 10 types of adverse childhood experiences (sexual abuse, physical abuse, emotional abuse, neglect, witness of domestic violence, etc)
- Now over 25 ACE studies (1998 to present) (Kaiser Parmanente, CDC)

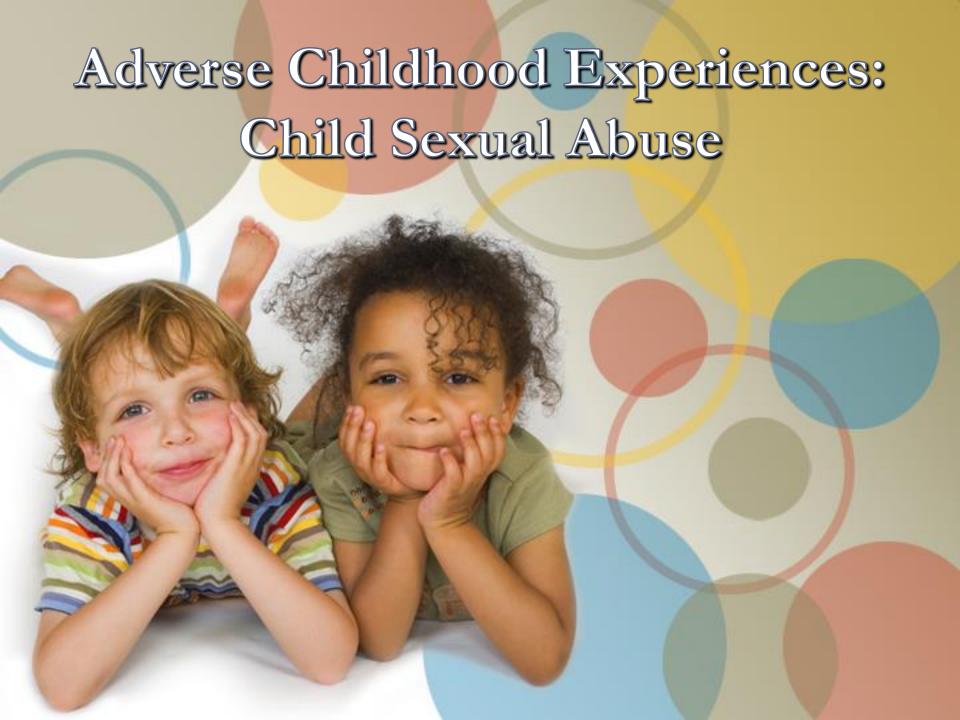


1 or more ACE increases risk of:

- **Solution** Cancer
- Meart disease
- STDs
- Liver disease
- **Smoking**
- Alcohol abuse
- **Obesity**
- Drug dependence
- **So IV Drug Use**
- Early intercourse, pregnancy

- **Depression**
- Anxiety disorders
- Hallucinations
- Sleep disturbances
- Memory disturbances
- Anger problems
- Domestic violence risk
- Job problems
- Relationship problems





Adverse Childhood Experience History

Freud (1893)

Freud succumbs to significant pressure (Masson 1984)

The "long, dark night" begins (Everson 2010)



Psychology and History

"The history of psychology in the past one hundred years has been filled with theories that deny sexual abuse occurs, that discounts the responsibility of the offender, that blame the mother and/or child when it does occur, and that minimize the impact. It constitutes a sorry chapter in the history of psychology, but it is not only shameful, it is also puzzling. Hostility toward child victims and adult women leaks through the literature like poison." Anna Salter, Predators p. 57 (2003)



Inadequate training of psychologists about ACE

MA study of APA accredited graduate programs found many of the programs "fall far short" of guidelines proposed by the APA for minimal levels of competence in handling child maltreatment cases (Champion 2003).

Dr. Anna Salter

"In the two years I spent at Tufts getting a masters degree in Child Study & the five years I spent at Harvard getting a PhD in Psychology & Public Practice, there was virtually nothing on child sexual & physical abuse in any course I took...Ironically, many of the lectures were on maladies so rare I've yet to see them in 20 years of practice."



Child Sexual Abuse Accomodation Syndrome, Dr. Roland Summit, Child Abuse & Neglect (1983)

- **Secrecy**
- **Melplessness**
- Entrapment and accommodation
- Delayed, conflicting and unconvincing disclosure
- **Retraction**



Secrecy

- It happens only when child and perpetrator are alone
- Secrecy is a "source of fear" (bad things will happen)
- Secrecy is a "promise of safety." (good things will happen)



Helplessness

- The child's size and immaturity breed a feeling of helplessness
- ∞Children are taught to obey
- Threats of harm or loss of love may make a child feel helpless



Entrapment/accommodation

- Since the child is helpless, he or she learns to "accept the situation and survive."
- Multiple personalities (dissociative identiy disorder)
- Dissociating
- Months Other coping mechanisms
- If the child cannot create a "psychic economy," feelings of rage may cause suicide, self-mutilation, promiscuity, etc.



Delayed/unconvincing disclosure

Few children voluntarily disclose abuse

Many disclosures are made by "rebellious adolescents or teenagers."



Retraction

According to Summit, "in the aftermath of disclosure, the child discovers that the bedrock fears and threats underlying the secrecy are true."





Lisa calls 911





Effects of Exposure to DV

(Summers, 2006)

	Infants	Preschool Age	School Age	Adolescents
Behavioral	FussyDecreased responsivenessTrouble sleepingTrouble eating	 Aggression Behavior problems Regressive behavior Yelling, irritability Trouble sleeping 	AggressionConduct problemsDisobedienceRegressive behavior	Dating violenceDelinquencyRunning awayTruancyEarly sexual activity
Social		Trouble interacting with peersStranger anxiety	•Few and low quality peer relations	Dating violence (victim or perpetrator)Increased risk for teen pregnancy

Effects of Exposure to DV

(Summers, 2006)

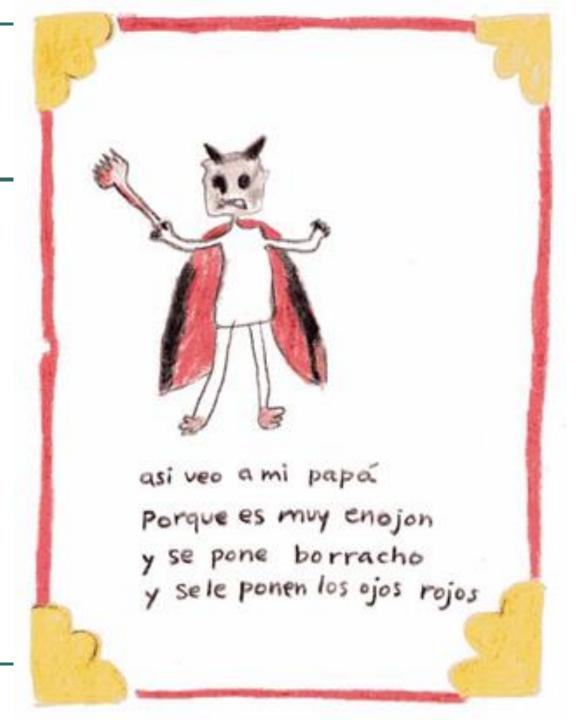
	Infants	Preschool Age	School Age	Adolescents
Emotional/ Psychological	•Attachment needs not met	 Fear/anxiety, sadness, worry PTSD Negative affect Feeling unsafe Separation anxiety 	 Somatic complaints Fear & anxiety, depression, low self-esteem, shame PTSD Limited emotional response 	 Substance abuse Depression Suicidal ideation PTSD Feeling rage, shame Unresponsiveness
Cognitive	•Inability to understand	•Self-blame	Self-blameDistracted, inattentivePro-violent attitude	Short attention spanPro-violent attitudeDefensive

Understand effects of DV on children through drawings

An eight-year-old was asked to draw a picture of his father. He wrote in Spanish:

"This is how I see my father because he often gets angry and drunk and his eyes turn red."

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Adverse Childhood Experiences: Emotional/Spiritual Abuse



Emotional Maltreatment

Verbal abuse was more detrimental than physical or sexual abuse in terms of victims' self-directed anger and pessimism about their futures

(Ney, 1986, Child Abuse & Neglect)

"Recent research has implicated emotional abuse as a strong, possibly stronger, predictor than physical abuse of internalizing disorders, externalizing disorders, social impairment, low self-esteem, suicidal behavior, psychiatric diagnoses, psychiatric hospitalizations, and long-term psychological functioning."

(Hamarman, 2002, Child Maltreatment)



Spiritual/emotional abuse

- 93% of sex offenders describe themselves as "religious" (Abel study of 3,952 male offenders)
- In a survey of 2,864 church leaders, 20% knew of a sex offender attending/member of their church (Christianity Today 2010)
- Hard core offenders maintaining significant involvement with religious institutions "had more sexual offense convictions, more victims, and younger victims." Eshuys & Smallbone, Religious Affiliations Among Adult Sexual Offenders (2006)
- Church provides "cheap Grace", gullible religious people, and easy access to children (Vieth 2010)
- At the same time, faith is a resiliency factor for many abused children (Vieth 2010)



The impact of abuse on spirituality

- A study of 527 child abuse victims (physical, sexual or emotional) found these victims had a "significant" spiritual injury
- The injuries included feelings of guilt, anger, grief, despair, doubt, fear of death and belief God is unfair.
- Mowever, the victims reported praying more frequently & having a "spiritual experience." (Lawson, et al, Child Abuse & Neglect (1998)



Shattered Faith



The beginning of ACE: Weight Loss Program

- While operating a major weight loss program, medical professionals noticed the program "had a high dropout rate limited almost exclusively to patients <u>successfully</u> losing weight." (Felitti 2010) (emphasis added)
- "...led us to recognize that weight loss is often sexually or physically threatening and that certain of the more intractable public health problems such as obesity were *also* unconscious, or occasionally conscious, compensatory behaviors that were put in place as solutions to problems dating back to the earliest years, but hidden by time, shame, by secrecy..." (Felitti, 2010)
- A phone call from a friend



The ACE researchers' epiphany

"In the context of everyday medical practice, we came to recognize that the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement are often lifelong." (Felitti 2010)



The ACE research

- CDC/Kaiser Permanente's Department of Preventative Medicine in San Diego
- Maiser health plan: 17,000 adult patients
- ≈ 80% White or Hispanic
- ≈ 10% Black
- > 10% Asian
- Malf men, half women
- 50 74% had attended college



The significance of the population studied

"This is a solidly middle class group...it is not a group that can be dismissed as atypical, aberrent or 'not in my practice.' Disturbingly, it is us—a point not to be overlooked when considering the problems of translating the ACE Study's findings into action." (Felitti 2010)



Ten Adverse Childhood Experiences

- Emotional abuse (humiliation, threats) (11%)
- Physical abuse (beating, not spanking) (28%)
- Contact sexual abuse (28% women, 16% men)
- Mother treated violently (13%)
- Mousehold member alcoholic or drug user (27%)
- Mousehold member imprisoned (6%)
- Mousehold member chronically depressed, suicidal, mentally ill, psychiatric hospitalization (17%)
- Not raised by both biological parents (23%)
- Neglect—physical (10%)
- Neglect—emotional (15%)



ACE and psychiatric disorders

- ≈10% of men and 18% of women with depression have 0 ACE score, but 54% of women and 36% of men with depression have ACE score of 4 or higher
- Everyone with memory impairment had at least one ACE score and 35% of those suffering from memory impairment had an ACE score of 5 or more



ACE and health risks

"The most common contemporary health risks are smoking, alcoholism, illicit drug use, obesity and high-level promiscuity. Although widely understood to be harmful to health, each is notably difficult to give up...little consideration is given to the possibility that many long-term health risks might also be beneficial in the short term...We repeatedly hear from patients of the benefits... 'have a smoke and relax', 'sit down and have something to eat, you'll feel better'...." (Felitti 2010)



ACE and health risks

- About 5% of smokers have an ACE score of 0, but 95% have one or more ACE and approximately 16% have an ACE score of 6 or more
- About 2% of alcoholics have ACE score of 0, 98% have ACE of at least 1 and 16% have ACE score of at least 4
- About 93% of those having intercourse before 15 have an ACE score of at least 1 and about 27% of those have an ACE score of at least 4



ACE and medical disease

- "Biomedical disease in adults had a signficant relationship to adverse life experiences in childhood in the ACE study." (Felitti 2010)
- For example, the likelihood of heart disease was increased in *all* ten ACE categories
- This is because of coping behaviors (i.e. smoking) that are "self-help" mechanisms but, even after correcting for "conventional risk factors" there was a strong relationship because of the impact "on the developing brain and body systems..." (Felitti 2010)



ACE and health care costs

- ACE score correlation with antidepressant and other prescriptions
- The higher the ACE score, the more frequent medical visits and other medical expenses caused, in part, because ACE "patients with multiple visits to the doctor commonly do not have a unifying diagnosis underlying all the medical attention. Rather, they have a multiplicity of symptoms: illness but not disease." (Felitti 2010)



ACE and life expectancy

"...individuals with ACE Score 6 and higher had a lifespan almost two decades shorter than seen in those with an ACE Score 0 but otherwise similar characteristics." (Felitti 2010)



What happens if doctors simply ask?

When medical professionals asked 440,000 adults undergoing comprehensive medical evaluation about ACEs, there was a 35% reduction in hospital visits in the subsequent year (as opposed to the year before), an 11% reduction in emergency room visits, and 3% reduction in hospitalizations." (Felitti 2010)



Why would simply asking help?

"...the impression of the clinicians evaluating these patients is that the reduction represents the benefit of having, through a comprehensive medical history, the worst secrets of one's life understood by another, and still being accepted as a human being." (Felitti 2010)



Sources of resiliency for abused children (Summers, 2006)

Educational characteristics

- o Engagement in academics
- o Engagement in extra-curricular activities

Positive relationship with instructors



Other resiliency factors (Herrenkohl et al, 2008)

50 Community characteristics

- Positive relationship with caring, nonabusive adult
- Adults or peers who disapprove of antisocial behavior
- Involvement with religious community
- o Peer support
- Safety of community
- Access to health care









Undergraduate/graduate reforms

- Mastering child protection skills begins in college: the first and second semesters at WSU and NWACC
- The process of repairing families begins in college: the third semester at WSU and NWACC
- So CAST has expanded to a minor & certified by MNSCU
- Research and market the program
- 100 universities by 2013, and 500 by 2018
 - CAST in 28 universities/colleges with 50 more in the process
- Model curriculums for law schools, medical schools, seminaries, and other graduate programs
- Once in the field, front line social workers/police officers must have ongoing training and technical assistance (the NCPTC Regional Centers)



CAST colleges, universities, law schools, medical schools, and seminaries



















University of Pittsburgh

at Johnstown



































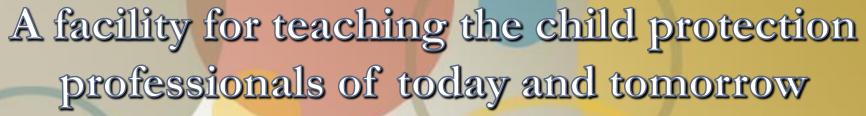
WISCONSIN LUTHERAN SEMINARY



States with CAST universities or colleges













Mock House













Mock Court Room

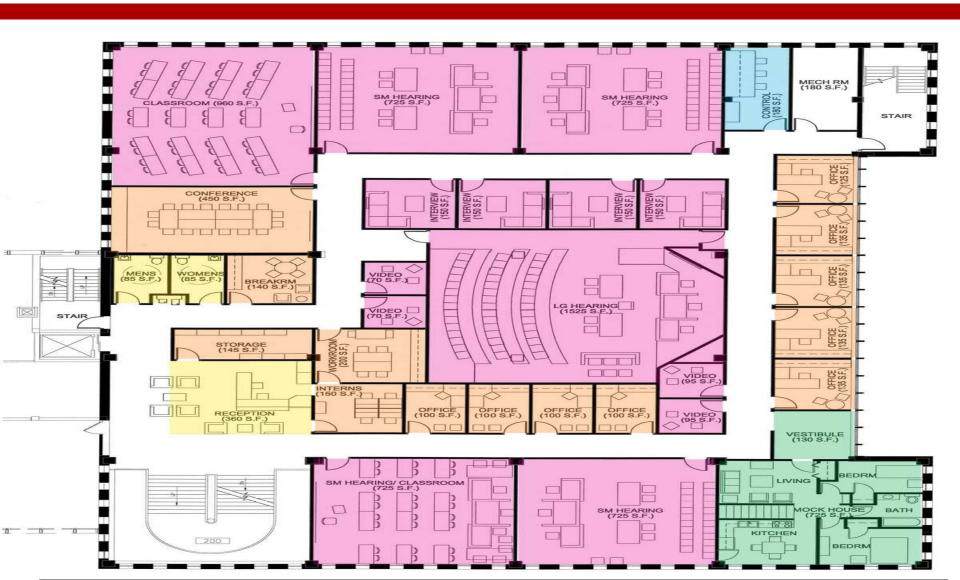








NCPTC Training Site



Video of Crime Scene to Trial course









The 2nd CAST Training Center

