Agenda

- Prevalence of abuse
- ACE Research: Preview
- Putting ACE in the context of research on:
  - Sexual Abuse (CSAAS)
  - Exposure to violence
  - Emotional/Spiritual abuse
- ACE 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)
- 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)
- 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)
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:

- Cancer
- Heart disease
- STDs
- Liver disease
- Smoking
- Alcohol abuse
- Obesity
- Drug dependence
- 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 Experiences: Child Sexual Abuse
Freud (1893)

Freud succumbs to significant pressure (Masson 1984)

The “long, dark night” begins (Everson 2010)
“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)
A 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).
“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.”
Secrecy
• Helplessness
• 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
Since the child is helpless, he or she learns to “accept the situation and survive.”

Multiple personalities (dissociative identity disorder)

Dissociating

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.”
According to Summit, “in the aftermath of disclosure, the child discovers that the bedrock fears and threats underlying the secrecy are true.”
Adverse Childhood Experiences: Exposure to Violence
Lisa calls 911
## Effects of Exposure to DV
### (Summers, 2006)

<table>
<thead>
<tr>
<th>Category</th>
<th>Infants</th>
<th>Preschool Age</th>
<th>School Age</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral</strong></td>
<td>• Fussy</td>
<td>• Aggression</td>
<td>• Aggression</td>
<td>• Dating violence</td>
</tr>
<tr>
<td></td>
<td>• Decreased responsiveness</td>
<td>• Behavior problems</td>
<td>• Conduct problems</td>
<td>• Delinquency</td>
</tr>
<tr>
<td></td>
<td>• Trouble sleeping</td>
<td>• Regressive behavior</td>
<td>• Disobedience</td>
<td>• Running away</td>
</tr>
<tr>
<td></td>
<td>• Trouble eating</td>
<td>• Yelling, irritability</td>
<td>• Regressive behavior</td>
<td>• Truancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Trouble sleeping</td>
<td></td>
<td>• Early sexual activity</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td></td>
<td>• Trouble interacting with peers</td>
<td>• Few and low quality peer relations</td>
<td>• Dating violence (victim or perpetrator)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stranger anxiety</td>
<td></td>
<td>• Increased risk for teen pregnancy</td>
</tr>
</tbody>
</table>
### Effects of Exposure to DV
(Summers, 2006)

<table>
<thead>
<tr>
<th>Emotional/Psychological</th>
<th>Infants</th>
<th>Preschool Age</th>
<th>School Age</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment needs not met</td>
<td>•Fear/anxiety, sadness, worry •PTSD •Negative affect •Feeling unsafe •Separation anxiety</td>
<td>•Self-blame •Distracted, inattentive •Pro-violent attitude</td>
<td>•Self-blame •Distracted, inattentive •Pro-violent attitude</td>
<td>•Short attention span •Pro-violent attitude •Defensive</td>
</tr>
<tr>
<td>Cognitive</td>
<td>•Inability to understand</td>
<td></td>
<td>•Somatic complaints •Fear &amp; anxiety, depression, low self-esteem, shame •PTSD •Limited emotional response</td>
<td>•Substance abuse •Depression •Suicidal ideation •PTSD •Feeling rage, shame •Unresponsiveness</td>
</tr>
</tbody>
</table>

- PTSD: Post-Traumatic Stress Disorder
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.”
Adverse Childhood Experiences: Emotional/Spiritual Abuse
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)
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)
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.

However, the victims reported praying more frequently & having a “spiritual experience.” (Lawson, et al, Child Abuse & Neglect (1998))
Shattered Faith
While operating a major weight loss program, medical professionals noticed the program “had a high dropout rate limited almost exclusively to patients successfully 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
“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
- Kaiser health plan: 17,000 adult patients
- 80% White or Hispanic
- 10% Black
- 10% Asian
- Average age was 57
- Half men, half women
- 74% had attended college
“This is a solidly middle class group...it is not a group that can be dismissed as atypical, aberrant 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%)
- Household member alcoholic or drug user (27%)
- Household member imprisoned (6%)
- Household member chronically depressed, suicidal, mentally ill, psychiatric hospitalization (17%)
- Not raised by both biological parents (23%)
- Neglect—physical (10%)
- Neglect—emotional (15%)
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
“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)
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
“Biomedical disease in adults had a significant 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)
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)
“...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

- Engagement in academics
- Engagement in extra-curricular activities
- Positive relationship with instructors
Community characteristics

- Positive relationship with caring, nonabusive adult
- Adults or peers who disapprove of antisocial behavior
- Involvement with religious community
- Peer support
- Safety of community
- Access to health care
Teaching the next generation of child protection professionals about ACE
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

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
A facility for teaching the child protection professionals of today and tomorrow
Winona, Minnesota

Winona State University
Video of *Crime Scene to Trial* course
Bentonville, Arkansas

NorthWest Arkansas Community College
NCPTC Regional Center

NorthWest Arkansas Community College
Thank You