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Surviving Rape & Sexual Abuse

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Adverse Childhood Experiences (ACEs) and Resilience

ACEs Original Research

The term "Adverse Childhood Experiences," comes from the 1998 Adverse Childhood Experiences Study (ACE Study). The study is one of the largest investigations ever conducted to assess connections between chronic stress caused by early adversity and long-term health.

www.cdc.gov/violenceprevention/acestudy

In the original USA study 17,000 participants were asked about experiences of adversity during childhood and their later wellbeing. Researchers highlighted that there is a correlation between the experience of adversity during childhood and an increased risk of mental health, physical health and anti-social behaviours in later life. These patterns are the same across all socio-economic groups.

It highlighted that there is a cumulative impact of ACEs. Compared with people with zero ACEs, those with more than 4 ACEs are:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had unintended teenage pregnancy
- 6 times more likely to smoke
- 6 times more likely to have underage sex
- 11 times more likely to smoke cannabis
- 14 times more likely to be a victim of violence
- 15 times more likely to have committed an act of violence
- 16 times more likely to have used crack or cocaine or heroin
- 20 times more likely to have been arrested or sent to jail

So children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence, more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society. In addition these children also develop mental health illnesses and diseases such as cancer, heart disease and diabetes later in life.

The ACE study examined exposure to childhood adversity, including abuse and neglect, and household dysfunction like domestic violence, parental mental illness, or parental substance abuse. Researchers assigned an "ACE score" to each participant by adding up the number of adversities the participant reported.

https://www.youtube.com/watch?v=ccKFkcfXx-c

The USA original research had two striking findings:

That - ACEs are common.

13% had four or more ACEs

67% had at least one ACE

That increased number of ACEs had a higher risk for chronic disease as an adult

3x Risk for heart disease or lung cancer with high ACE score.

20-year Difference in life expectancy for children left unsupported for high ACE score

Stress and ACEs - *ACEs have an effect on the developing brain.*

Stress in reasonable doses promotes growth and brain development throughout childhood. Stress is a normal part of daily life and learning how to manage stress and regulate stress responses is critical to a child's development.

However, acute or prolonged stress can become toxic to the developing brain and body.
The discovery that ACEs can cause toxic stress was one of the lightbulb moments.

Children's stress response systems are immature at birth and therefore vulnerable to maltreatment and neglect. *If the adults in a child's life are not able to buffer the stress or are themselves the source of the stress*, the child may begin to experience the world as dangerous and uncertain. In the face of danger, the body reacts by producing excess surges in stress hormones, such as cortisol.

An individual's reaction to ACEs depends on that person's own biological stress reactions, the person's own protective characteristics, the intensity and duration of the ACE, and the strength of the person's childhood bond to a stable, responsive, and nurturing caregiver.

Throughout our childhood, but particularly from infancy through preschool, children depend on sensitive, responsive caregivers to help maintain the normal daily rhythm of the stress hormone, cortisol.

Source: http://www.health.state.mn.us/divs/cfh/program/ace

TOXIC STRESS RESEARCH

Exposure to intense, frequent, or sustained stress without the buffering care of a supportive adult, can change children's brains and bodies,

NERVOUS SYSTEM Disruption to the developing brain, including changes to the hippocampus, prefrontal cortex and amygdala, may lead to an increase in risk of cognitive impairment, attention deficits, learning disabilities, hyperactivity, self-regulation, memory and attention, and anxiety.

CARDIOVASCULAR SYSTEM Chronic inflammation may result in high blood pressure, damaged arteries, early hardening and narrowing of the arteries, risk of heart disease, heart attack, and stroke.

IMMUNE SYSTEM Higher risk of infection and autoimmune disease may occur due to chronic inflammation and other factors, which cause changes in the body's natural immune defense responses.

ENDOCRINE SYSTEM High cortisol (the hormone the body releases when stressed) can affect production of growth hormone, thyroid-stimulating hormone and others, resulting in metabolic disorders.

CELLULAR LEVEL The way DNA is read and transcribed

Subsequent research has explored the relationship between other childhood adversities and health. Evidence shows that factors such as bullying, community violence, death of a parent or guardian, discrimination, or separation from a caregiver to foster care or migration may also lead to a toxic stress response.

Protective Factors = resilience

Children have their own characteristics and experiences that protect them and help them develop resilience despite exposure to ACEs. Resilience is positive adaptation within the context of adversity. In the face of adversity, neither resilience nor disease is a certain outcome.

Resilience is the result of a dynamic set of interactions between a person's adverse experiences and his or her protective factors. This interaction is what determines the developmental path towards health and well–being or towards illness and dysfunction. No child is magically resilient or invulnerable to ACEs, just as no individual child is automatically doomed in the face of ACEs.

These protective factors can include a person's own biological and developmental characteristics. But protective factors can also include characteristics of the family, community, and systems that mitigate the negative impacts of ACEs.

Protective factors help explain how some people who have sustained a great deal of adversity as children have fared relatively well in adulthood.

The presence of protective factors, particularly safe, stable, and nurturing relationships, can often mitigate the consequences of ACEs. Individuals, families, and communities can all influence the development of many protective factors throughout a child's life that can impact his or her development.

How does resilience develop? There are multiple pathways to resilience. Resilience researchers continue to refine understanding about the ingredients and processes involved in supporting resilience. However, there is agreement about a variety of important individual, family and community conditions that support resilience. Here is a list of protective factors:

- Close relationships with competent caregivers or other caring adults
- Parent resilience
- Caregiver knowledge and application of positive parenting skills
- Identifying and cultivating a sense of purpose (faith, culture, identity)
- Individual developmental competencies (problem solving skills, self–regulation, agency)
- Children's social and emotional health
- Social connections
- Socioeconomic advantages and concrete support for parents and families
- Communities and social systems that support health and development, and nurture human capital

Protective factors help a child feel safe more quickly after experiencing the toxic stress of ACEs and help to neutralize the physical changes that naturally occur during and after trauma.

If the child's protective networks are in good working order, development is strong even in the face of severe adversity.

If these major systems are impaired, either before or after the ACE, then the risk for developmental problems is much greater. This is particularly true if the environmental hazards are prolonged. In sum, even the negative consequences of toxic stress from ACEs can be buffered with the support of caring, competent adults and appropriate intervention and support.

www.health.state.mn.us/divs/cfh/program/ace

When Considering ACEs and Resilience

The “problem” is not the problem, it is a sympton of the problem, so what is the problem?

Instead of thinking “what is wrong with this child/person?” think “What has happened to you ?”

A child needs at least one person in their life who is nurturing them and helping build resilience. They need: Physical safety, Emotional Safety, Social Safety, Cultural Safety

Ask “how can my organisation provide nurture or signpost to someone who can”

So, the earlier we can identify that a child is experiencing accumulative ACEs and toxic stress, the sooner children, families and affected adults can be connected to the services they need to prevent, heal or reduce the impact thereafter…..

WHAT ABOUT IN THE UK ?

A Welsh ACE study was published in January 2016

Over 2,000 adults aged 18-69 years participated in the ACE Study for Wales, providing anonymous information on their exposure to ACEs before the age of 18 years and their health and lifestyles as adults. The study achieved a compliance rate of 49.1% and the sample was designed to be representative of the general population in Wales. The Welsh report highlights that:

- 23% had experienced emotional abuse as a child
- 20% grew up in a home where their parents were separated or divorced
- 17% of respondents to their survey, had experienced physical abuse as a child
- 16% grew up in a home that contained domestic abuse
- 14% grew up in a home where a household member suffered from some form of mental illness
- 14% grew up in a home where a parent/care giver had a problem with alcohol
- 10% had experienced sexual abuse as a child
- 5% grew up in a home were a parent/care giver had a drugs problem
- 5% grew up in a home where a parent/caregiver had been arrested and/or sent to prison

This Welsh survey identifies that substantial proportions of the population suffered abuse, neglect and other ACEs during their childhood with 47% reporting having experienced at least one ACE and 14% experiencing four or more ACEs.

However, the report also outlines a substantive range of policies and programmes that have now been implemented in Wales to both prevent ACEs and identify and intervene where children are already experiencing such stressors.

Source: http://www.wales.nhs.uk/sitesplus/888/news/40000:

RECENT RESEARCH PUB April 2019

Public support for asking about traumatic childhood experiences in general practice, suggests initial study

Almost nine out of 10 patients (87 per cent) who provided feedback following a new pilot initiative said a GP surgery is a suitable place to be asked about Adverse Childhood Experiences (ACEs).

Under the pilot initiative, 85 per cent of patients also said it was acceptable to provide information about ACEs to a health practitioner, and four out of five (81 per cent) said it was important for practitioners to understand this information.

Just under a third (30 per cent) of general practice patients reported having experienced two or more ACEs, with these patients more likely to engage in health harming behaviours such as smoking and more likely to be currently living with poor mental health.

However, for just under 60 per cent of those with ACEs, this initiative represented the first time they had told a professional or service about these experiences.

The local pilot initiative, carried out in Anglesey by Betsi Cadwaladr University Health Board, supported by the ACE Support Hub and evaluated by Public Health Wales, provides evidence of public support for questions about ACEs within the context of a supportive relationship with a health professional.

Source
http://www.wales.nhs.uk/sitesplus/documents/888/Asking%20about%20ACEs%20in%20General%20Practice.pdf and
http://www.wales.nhs.uk/sitesplus/documents/888/Infographic%20-%20Asking%20about%20ACEs%20in%20GP.pdf

WHERE CAN YOU FIND MORE INFORMATION ON ACEs

http://www.traumainformedschools.org/programs/misskendraslist.html

http://beaconhouse.org.uk/useful-resources/

https://centerforyouthwellness.org/the-science/

http://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/

https://gallery.mailchimp.com/5c889624b166d3d24a24424d4/files/ea6d260e-e738-4a98-a791-847c77fd185b/YM_Addressing_Adversity_Book_WEB.pdf

ENGLAND/WALES – good resources:

http://www.aces.me.uk/in-england/

SCOTLAND – brilliant resources:

http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences?utm_source=twitter&utm_campaign=ACEsvideo#Animation

http://www.healthscotland.scot/media/1517/tackling-the-attainment-gap-by-preventing-and-responding-to-adverse-childhood-experiences.pdf

https://beta.gov.scot/publications/adverse-childhood-experiences-aces-ministerial-event/ACES%20event%20-%20March%202018%20-%20report%20of%20discussions.pdf?inline=true

FURTHER ACE INFORMATION AVAILABLE ON THE INTERNET

MISS KENDRA ? https://www.acesconnection.com/g/sacramento-county-ca-aces-connection/blog/who-loved-the-miss-kendra-story-from-the-film-resilience-want-to-learn-more or http://traumainformedschools.org/miss-kendra-program/

TED TALK (20 mins) by Nadine Burke Harris - https://www.bing.com/videos/search?q=ted+talk+nadine+burke+harris&view=detail&mid=8EEB605155EB93EE993A8EEB605155EB93EE993A&FORM=VIRE

ACEs Parenting site: https://www.acesconnection.com/g/Parenting-with-ACEs/blog/aces-parent-handouts-and-aces-one-pagers

Not everyone agrees:

It is important to understand that not everyone agrees with the push forward of ACEs. A number of organisations, including NSPCC and individuals, such as Jessica Eaton, have raised concerns linked to the dangers of adopting ACEs – which can be used to stigmatise or label or failure to see potential in ability to thrive. These are real and well-articulated challenges and the key issues need to be understood and strategies put in place to ensure that the adoption of trauma informed practice is not a negative experience for individuals directly or indirectly affected by ACEs.

CIS'*ters* and the documentary decision:

Sexual Abuse is usually invisible but rarely happens in isolation from other forms of emotional/physical harm. In majority of families, something else is already happening (eg domestic abuse, alcohol misuse etc) or something or someone is missing (ie protective factors). At the end of 2017 **CIS**'*ters* trustees made a commitment to adopting ACEs as our 2018/19 and 2019/20 awareness campaign and in January 2018 purchased (using donations) a lifelong licence for the Resilience Documentary.

We still had to raise the funds to then promote the film and deliver screenings across Hampshire and Isle of Wight. We were partially successful in a grant application to our local police and crime commissioner, receiving a small grant for a 12 month period, crossing two financial years. We were also successful in a grant application to Hampshire & IoW Community Fund (Tampon Tax) linked work to this topic.

What next:

Within **CIS**'*ters* our belief is that all organisations, across sectors, should be reviewing their policies and services to consider, as a standing agenda item, whether ACEs are a contributory factor and/or whether the policy impacts on them (i.e. whether the policy will help to prevent or mitigate ACEs). "All services need to ask: 'Is what we're doing promoting resilience?' "

Attitudes towards children, and adults, who have been impacted by adversity and trauma need to be more compassionate and understanding (getting to the root cause of issues), and services should be prepared to offer more second chances; and/or extended service.

Workforce development is crucial to developing an adversity and trauma -informed system this involves training and capacity building, and importantly, nurturing and supporting the wellbeing of the workforce to enable people to deliver services in an informed way.

Training on attachment, ACEs, and nurture is important for the whole workforce (e.g. early year's staff, all people working within a school, doctors, judges and police etc.) Many of Hampshire's workforce will have personal experience of childhood adversity and this may influence how they react to issues presented by children or adults, so we need to support our workforce with addressing that.

AFTER THE ACEs Screening Today ?

About ACEs

1. Was there a question you wanted to ask about ACEs, but there wasn't time ?
2. Have you been personally affected by ACEs and/or this event – and would like to talk to someone ?

About Survivors of CSA *(note: we prefer term 'non recent csa' rather than historical)*

3. As a professional and/or survivor did you want to know more about **CIS**'*ters* and what support we offer female survivors of familial CSA ?
4. Or to learn what other services are 'out there' for victim/survivors of Child Abuse ?
5. We also deliver training for workers, across sectors, including bespoke sessions.

TRAINING/AWARENESS SESSIONS – The Wider Role of CIS'*ters*

In addition to the emotional support we provide to 500+ survivors who are members of **CIS**'*ters* (i.e. clients, service users) – we also provide training, including bespoke – and the majority of our training team are individuals with lived experience of ACEs, which includes sexual abuse.

Contact us if you would like to know more about our training events – which are on the wider issues linked to CSA/e and the impact on those that directly experience such crimes.

PLEASE email helpme@cisters.org.uk or leave a clear message and your contact details on 02380338080 and one of the CIS'*ters* Training Team will get back to you.

Contact details for CIS'*ters*

Information about other training events	admin@cisters.org.uk
Services for females age 18+ who, as female children, were sexually abused/exploited	helpme@cisters.org.uk
Helpline – monitored regularly (care is taken when returning calls)	023 80 338080
Website	www.cisters.org.uk
Address	CIS'ters, PO Box 119 Eastleigh SO50 9ZF
Information about future ACEs events etc.	aces@cisters.org.uk

Whats in a name ?

Increasingly others are curious about the name of our small charity. In 1995 our Founder was trying to find a suitable name for the peer group she was setting up (opened Sept 1995). During a long and sleepless night, the name 'popped up' and its meaning is as follows:

Childhood Incest Survivors = C.I.S Whilst the 'ters' is in recognition of her female siblings who were also victims of the same abuser. Since September 1995, **CIS**'*ters* has helped 1,000s of survivors and continues to support as many as it can within limited resources.

Our members (i.e. clients/service users) are females age 18+ who, as female children, were sexually abused/exploited by a member of their immediate/extended family.

We are a survivor led organisation, and our meetings are all peer led.

A final message from **CIS***'ters*

As at 3rd September 2019

IMPORTANT

ACEs is NOT about safeguarding. It is about the promotion of emotional and physical well-being. For some children and/or adults safeguarding might be part of a pathway but it is not ,nor should it be, the primary aim.

We should not assume that everyone directly or indirectly affected by ACEs needs an intervention. We should not stigmatise children, or adults. We should build associated resilience, rather than destroy.

Sometimes a person has already experienced #trauma and we can't change that. Some will be ok, and others less so or not at all. For those adults that are struggling, we need to better understand 'what happened to them' and then determine, with them, what additional help they need to build #resilience .

Important that the existence and underpinning of #resilience is not underestimated and how having a positive influence in life is key to building this, not only in children but also in adults. We can ALL be that positive influence – within every contact we have, in our professional roles, but also socially as well.

Trusted adults (in schools, health, neighbourhoods, families etc.) are people children can turn to and rely on. Having this positive influence in their life is key to building #resilience and reducing the impact of #ChildhoodTrauma. However you came into their life – you can make a difference. You might be a designated 'trusted adult' but that does not mean that a child will trust you. They may seek out an alternative, or trust no one. But in the meantime, you can role model 'trust' and 'caring'.

Information about future ACEs events etc. aces@cisters.org.uk