



**Tom Rawlings**

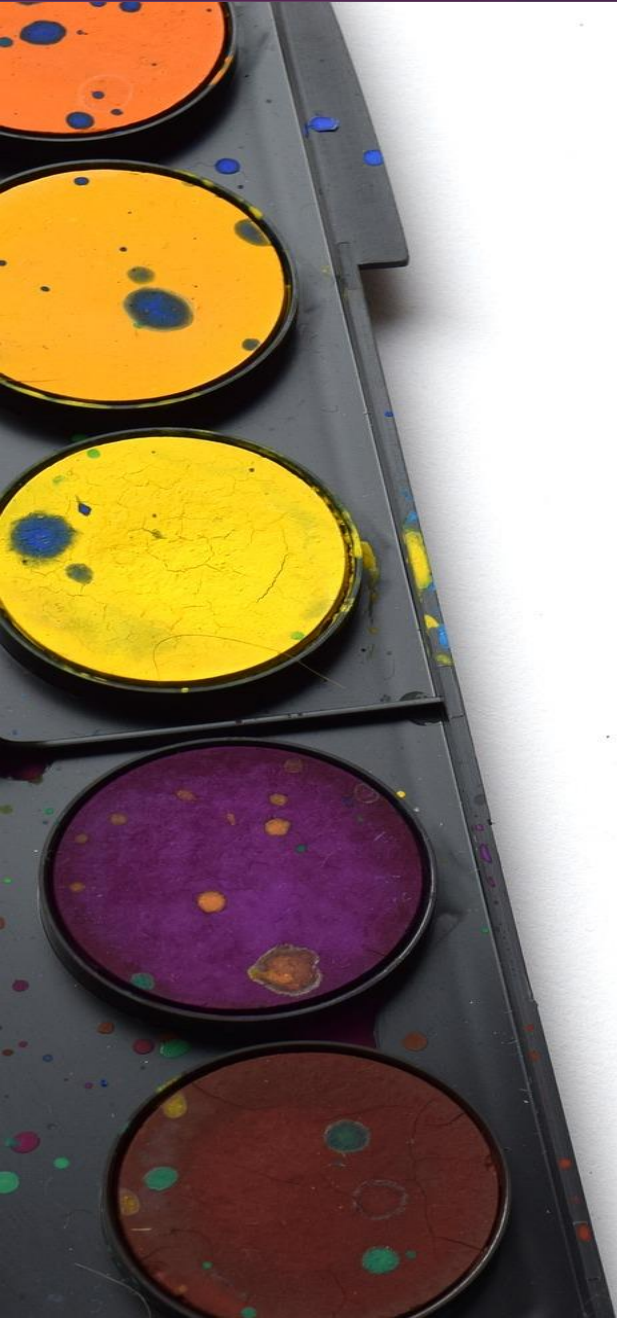
Director

# Prevention of Adverse Childhood Experiences

**Georgia CASA Conference**

**Atlanta, Georgia**

**August 2019**



# PCS Mission Statement

- **Georgia Division of Family and Children Services (DFCS)**
  - Mission: to prioritize the safety of Georgia's children in the decisions we make and the actions we take. We strengthen families toward independence and build stronger communities with caring, effective and responsive service.
- **Prevention and Community Support Section (PCS)**
  - Primary Goal: to work in partnership with community-based organizations committed to reducing the incidence of child abuse and neglect and improving the overall health and well-being of Georgia's children and families.
  - Introduction of Staff: Deborah Chosewood, Deputy Section Director

# The Adverse Childhood Experiences Study

- Conducted at Kaiser Permanente from 1995-1997 with two waves of data collection.
- Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status/behaviors.
- The CDC continues ongoing surveillance of ACEs data by assessing the medical status of the study participants via periodic updates of morbidity and mortality data.



**KAISER PERMANENTE®**



**CENTERS FOR DISEASE  
CONTROL AND PREVENTION**

# ACE Study - Questionnaire

**Adverse Childhood Experience (ACE) Questionnaire**  
Finding your ACE Score ra lbr 10 24 06

**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 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**

## • CHILD

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect

## • HOUSEHOLD

- Loss of parent (divorce, abandonment, foster care, etc.)
- Domestic violence
- Alcohol or substance abuse
- Household mental illness or suicide attempt
- Household member imprisoned



# ACE Study – Questionnaire

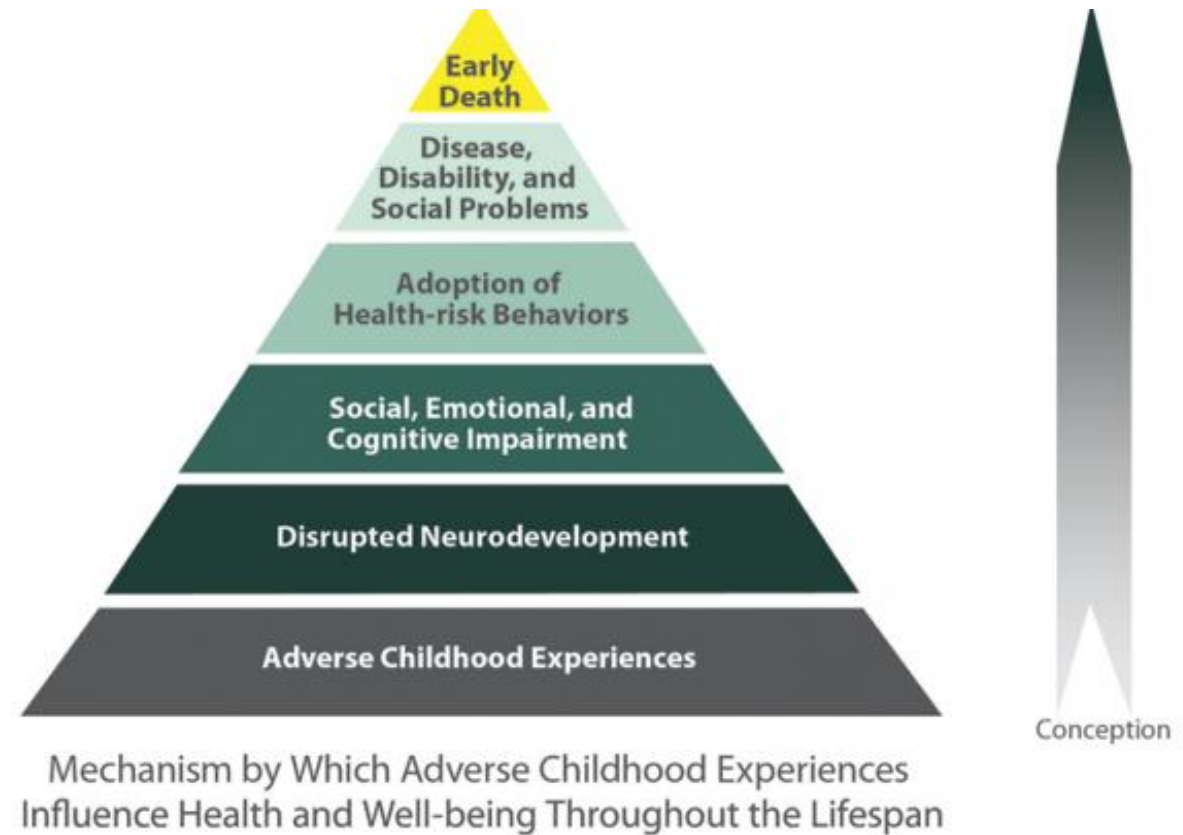
Areas not covered in ACE Questionnaire:

- Poverty
- Homelessness/transiency
- Community violence
- War/refugee status
- Witnessing violent crimes outside of household



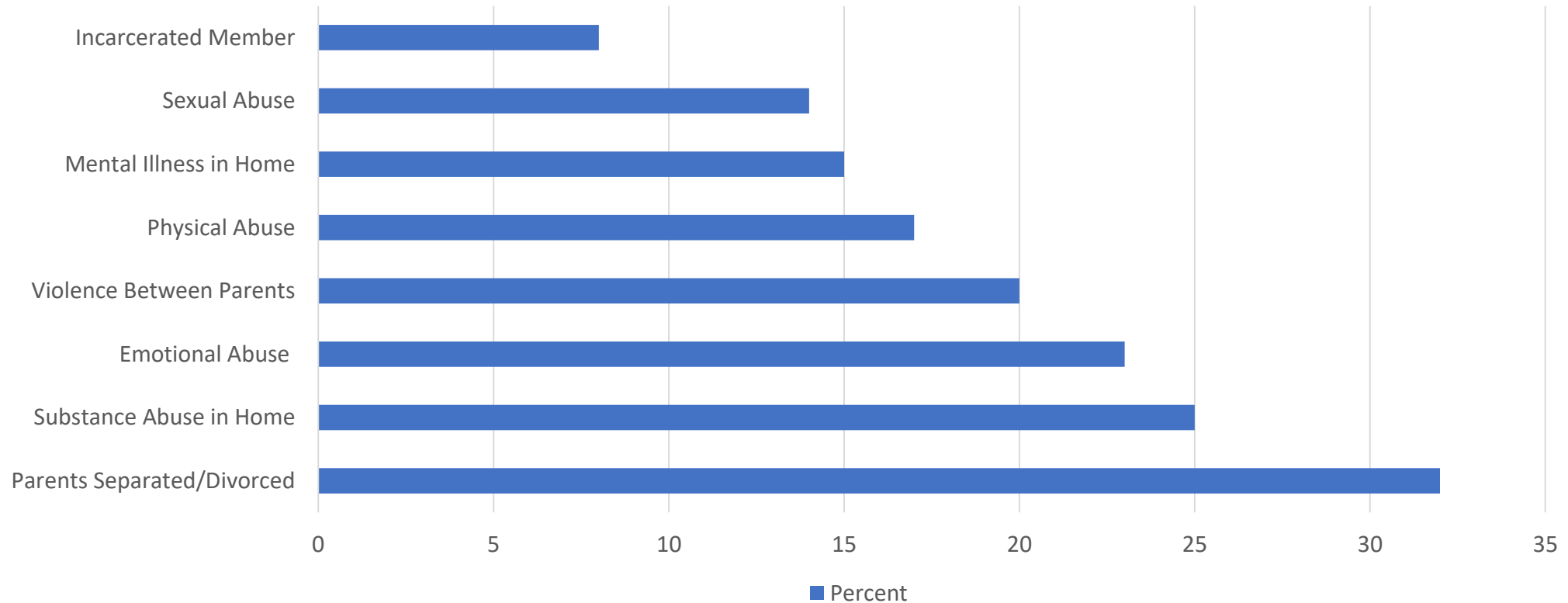
# Major Findings

- ACEs are common:
  - Almost two-thirds reported at least 1
  - More than one in five reported 3 or more
- A dose-response relationship between ACEs and negative health and well-being outcomes across the life course
- As the number of ACEs increases so does the risk of: alcoholism, depression, liver disease, suicide attempts, smoking, heart disease, adolescent pregnancy, illicit drug use, poor work performance, etc...



# What about Georgia?

**ACEs Among Adults 18 Years and Older, Georgia BRFSS, 2016**



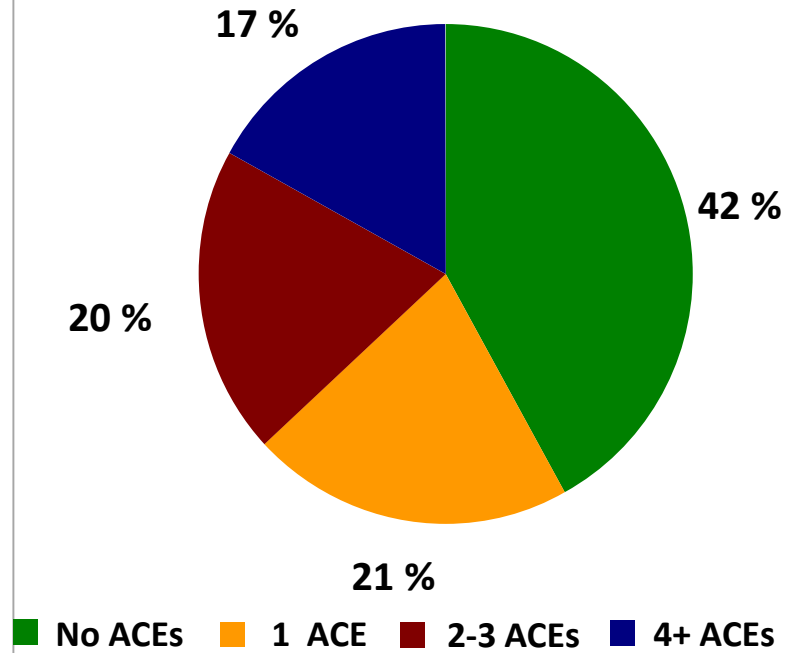


# Adverse Childhood Experiences (ACEs)

Traumatic events occurring during childhood that may have negative, long lasting effects on a person's health and well-being.

## The Georgia ACEs Data

ACE Score among Adults, Georgia  
BRFSS, 2016

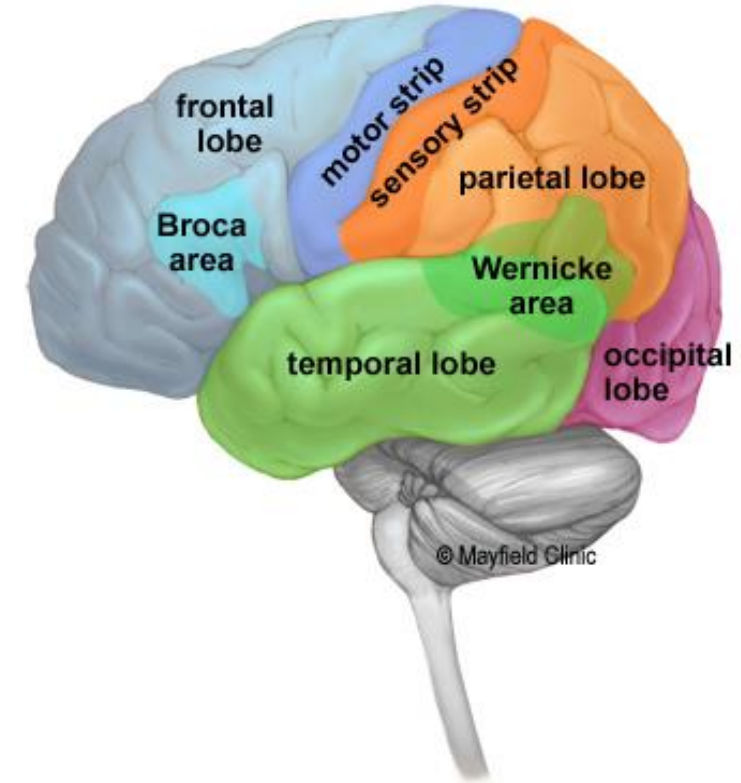


## Adults with four or more ACEs were more likely to:

- Have poor mental health for 14 days or more in the previous month
- Have been diagnosed with depression
- Have difficulty concentrating, remembering, or making decisions due to a physical, emotional, or mental condition
- Engage in HIV risk behaviors

# Why does this matter?

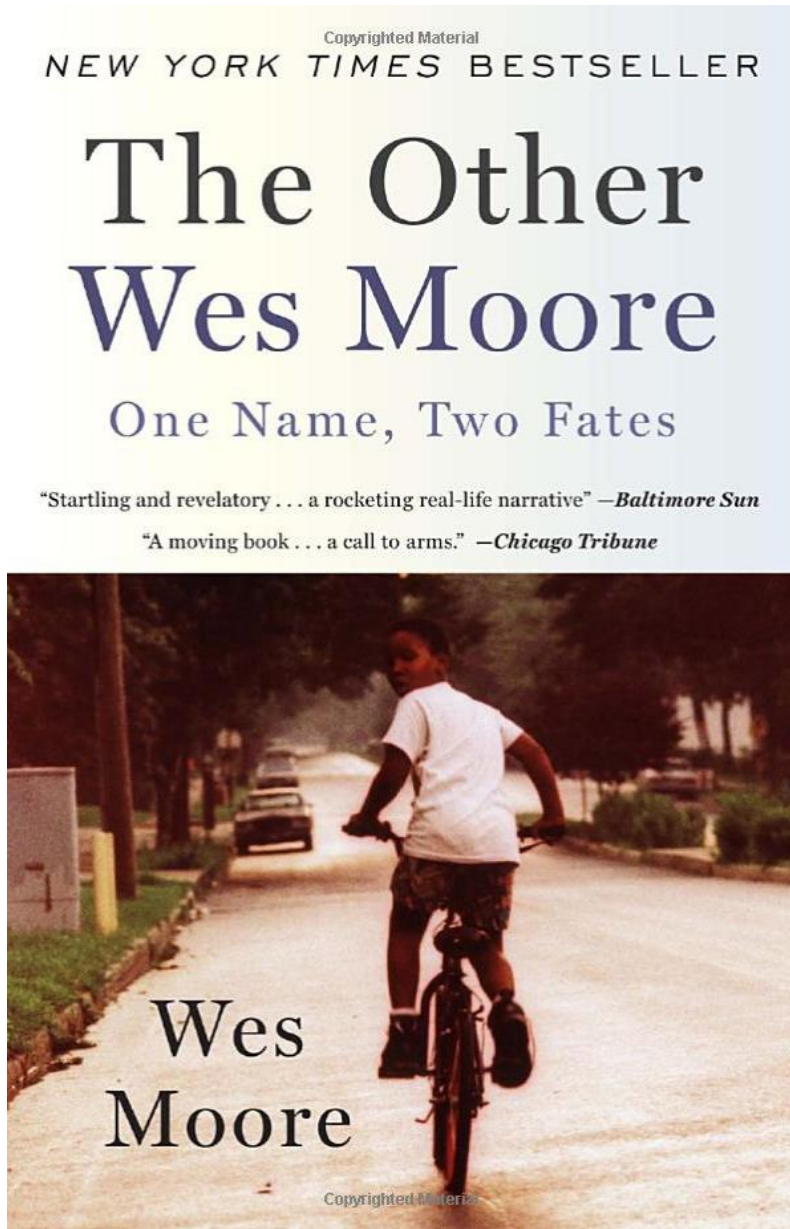
- Experience Influences the Brain
  - Ongoing, enriching experiences essential
  - Developmentally appropriate
  - Challenging but not overwhelming
  - Negative experiences can have damaging effects depending on:
    - Amount of exposure
    - Duration of exposure
    - Timing during development
- Watch:  
<https://www.youtube.com/watch?v=hMyDFYSkZSU>
- For more information, view this BBB video  
[https://www.youtube.com/watch?time\\_continue=157&v=a3EJIAeFxtg](https://www.youtube.com/watch?time_continue=157&v=a3EJIAeFxtg)



# Toxic Stress

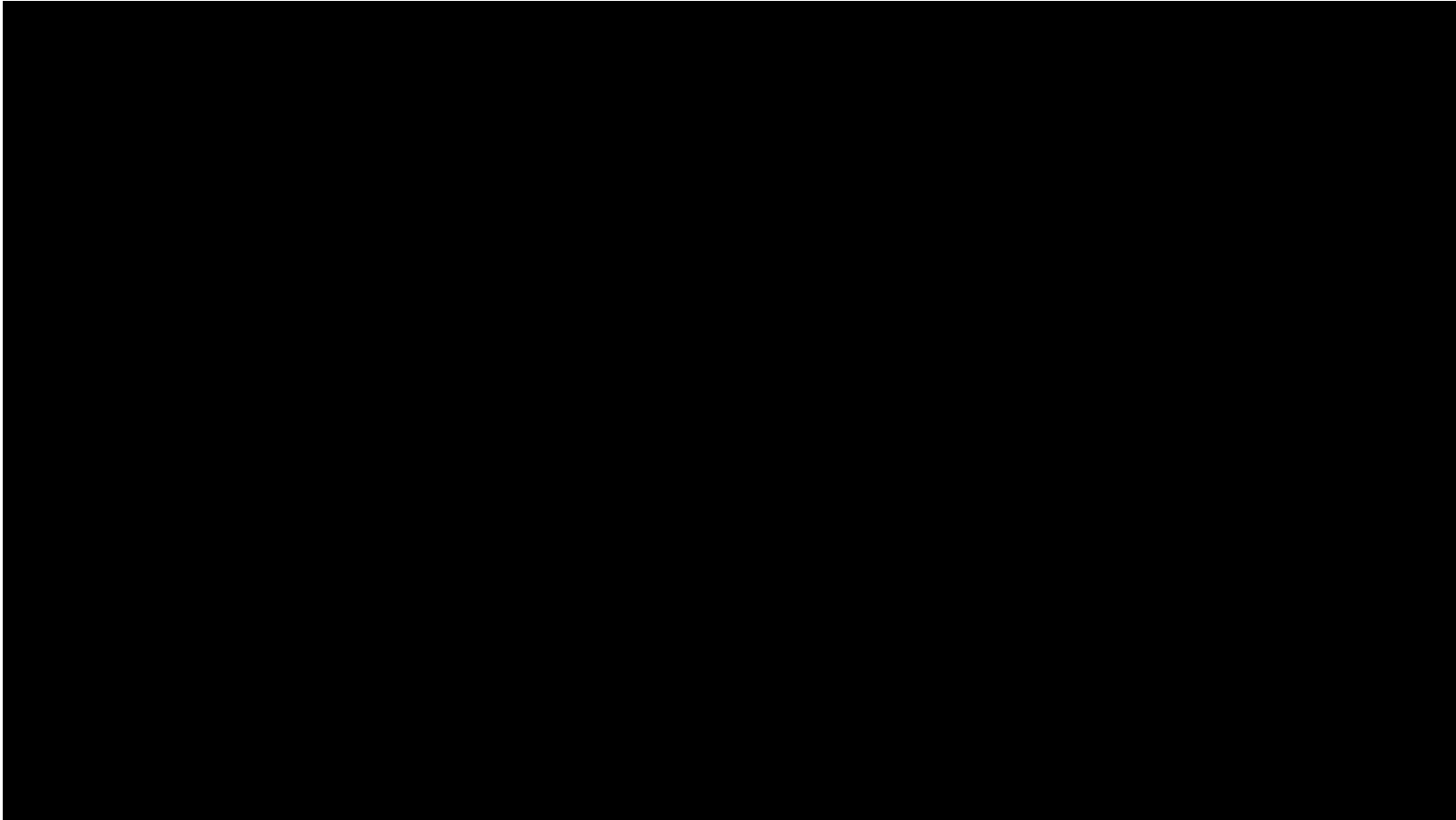
- <https://www.youtube.com/watch?v=rVwFkcOZHJw>





What Makes  
the  
Difference?

# The Other Wes Moore

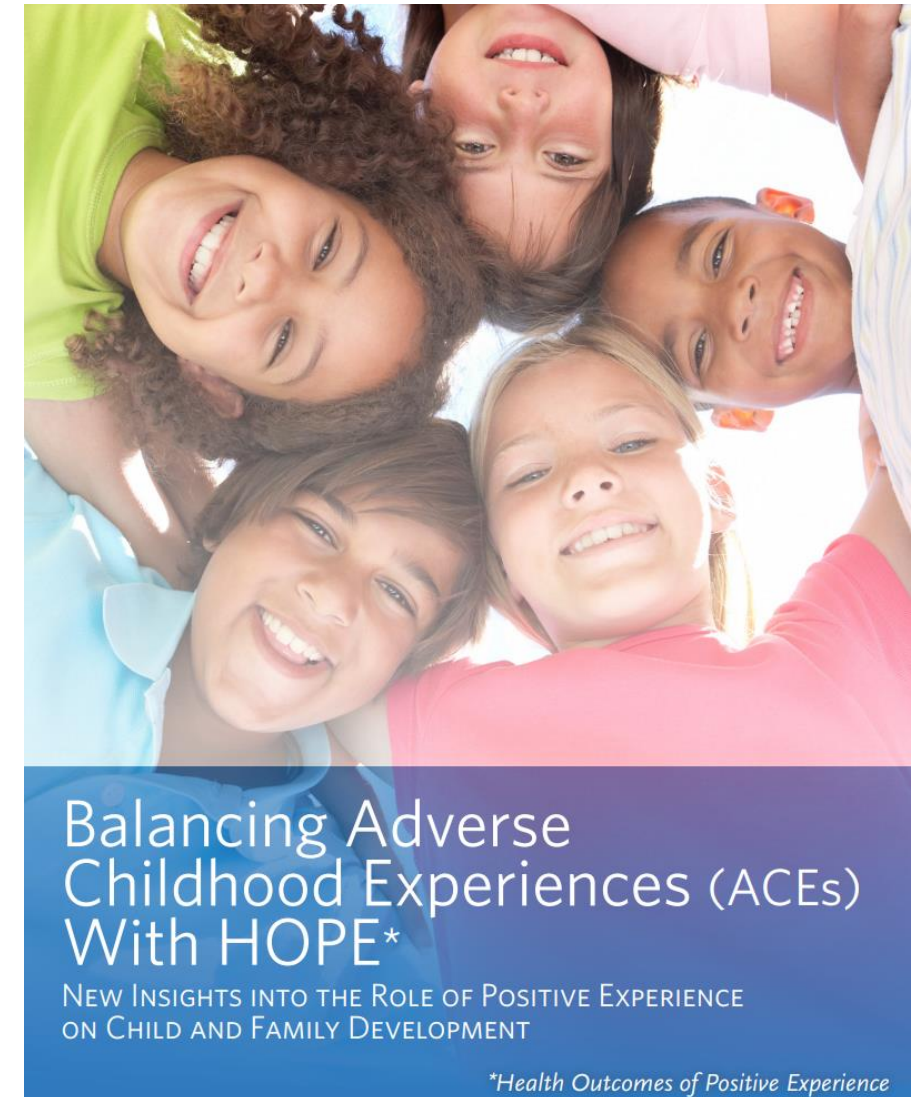




# The HOPE of ACEs

- Healthy Outcomes of Positive Experience
  - Being in Nurturing Relationships
  - Living, Developing, Playing and Learning in Safe, Stable, Nurturing Environments
  - Having Opportunities for Social Engagement and Connectedness
  - Learning Social and Emotional Competence

Source: <https://www.cssp.org/publications/documents/Balancing-ACEs-with-HOPE-FINAL.pdf>



# The 5 Protective Factors

- Parental Resilience
- Concrete Support in Times of Need
- Social and Emotional Competence of Children
- Social Connections
- Knowledge of Parenting and Child Development



# Parental Resilience

Managing stress and functioning well even when faced with challenges, adversity and trauma.

## What it looks like

- ***Resilience to general life stress***
- Hope, optimism, self confidence
- Problem solving skills
- Self care and willingness to ask for help
- Ability to manage negative emotions
- ***Resilience to parenting stress***
- Not allowing stress to interfere with nurturing
- Positive attitude about parenting and child

## Everyday Actions

- Demonstrate in multiple ways that parents are valued
- Honor each family's race, language, culture, history and approach to parenting
- Provide empathetic support that encourages proactive responses to managing stress
- Support parents as decision-makers and help build decision-making and leadership skills
- Help parents understand how to buffer their child during stressful times

# Positive SOCIAL CONNECTIONS

Relationships that provide emotional, informational, instrumental and spiritual support.

## What it looks like

- Multiple friendships and other trusting relationships
- Feeling respected and appreciated
- Accepting help from others, and giving help to others
- Skills for establishing and maintaining connections

## Everyday Actions

- Help families value, build, sustain and use social connections
- Create an inclusive environment
- Facilitate mutual support around parenting and other issues
- Promote engagement in the community and participation in community activities

# Knowledge of Parenting & Child Development

Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.

## What it looks like

- Nurturing parenting behavior
- Appropriate developmental expectations
- Ability to create a developmentally supportive environment for child
- Positive discipline techniques
- Recognizing and responding to your child's specific needs

## Everyday Actions

- Model developmentally appropriate interactions with children
- Provide information and resources on parenting and child development
- Encourage exploration of parenting issues or concerns
- Provide opportunities to try out new parenting strategies
- Address parenting issues from a strength-based perspective



# Concrete Support in Times of Need

Access to support and services that address a family's needs and help minimize stress caused by challenges

## What it looks like

- Seeking and receiving support when needed
- Knowing what services are available for families and how to access them
- Adequate financial security
- Persistence
- Advocating effectively for self and child to receive necessary help

## Everyday Actions

- Respond immediately when families are in crisis
- Provide information and connections to other services in the community
- Help families to develop skills and tools they need to identify their needs and connect to supports

# Social-Emotional Competence of Children

Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

- **What it looks like**

- *For the parent:*
  - Warm and consistent responses that foster a strong and secure attachment with the child
  - Positive perceptions of the child and of being a parent
  - Encouraging and reinforcing social skills; setting limits
- *For the child:*
  - Developing and demonstrating self-regulation
  - Interacting positively with others
  - Communicating effectively

- **Everyday Actions**

- Help parents foster their child's social emotional development
- Model nurturing support to children
- Include children's social and emotional development activities in programming
- Help children develop a positive cultural identity and interact in a diverse society
- Respond proactively when social or emotional development seems to need support



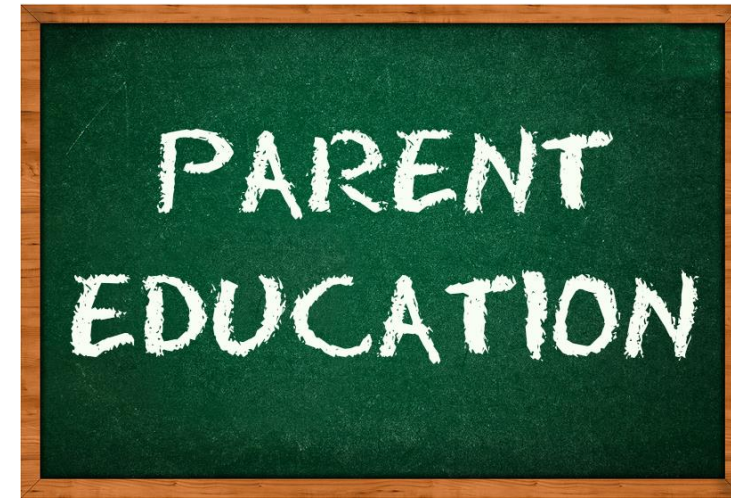
# How Do We Prevent ACEs?

## 1. Evidence-Based Programs

- <http://www.cebc4cw.org/> (Child Welfare)
- <https://homvee.acf.hhs.gov/> (Home Visiting)

## 2. Population-Based Approaches

# Evidence-Based Programs



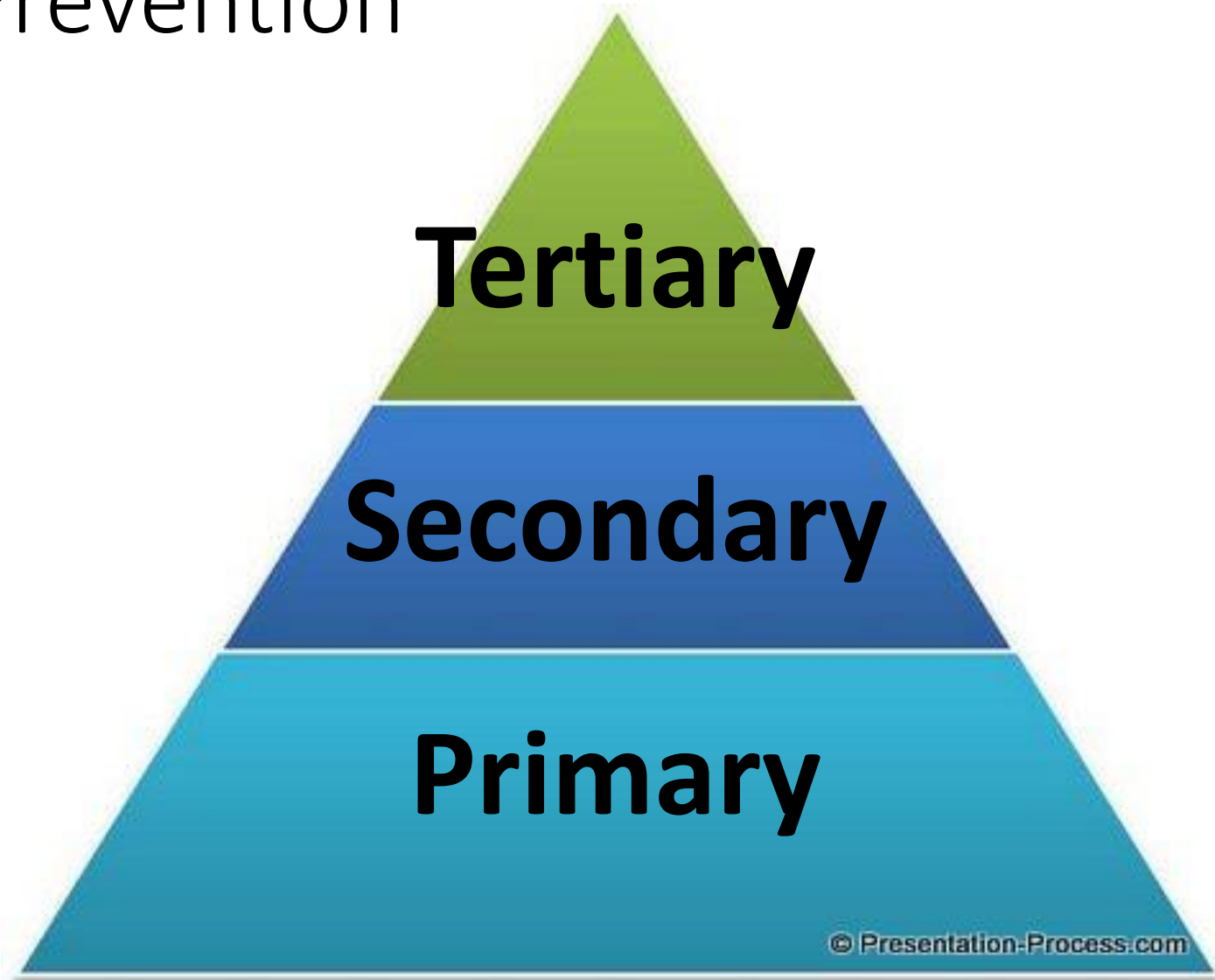




## Population-Based Campaigns



# Levels of Prevention



# Primary Prevention

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs.



# Fisherman's Tale

<https://vimeo.com/61834701>



# Secondary Prevention

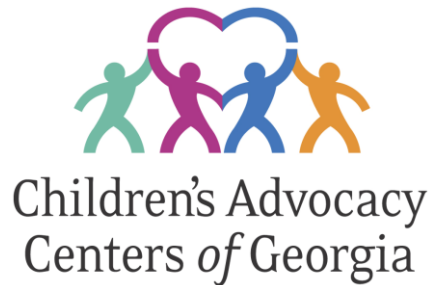
Secondary prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment.



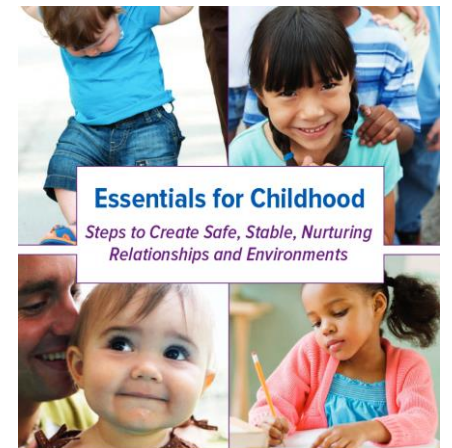


# Tertiary Prevention

Tertiary prevention activities focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.

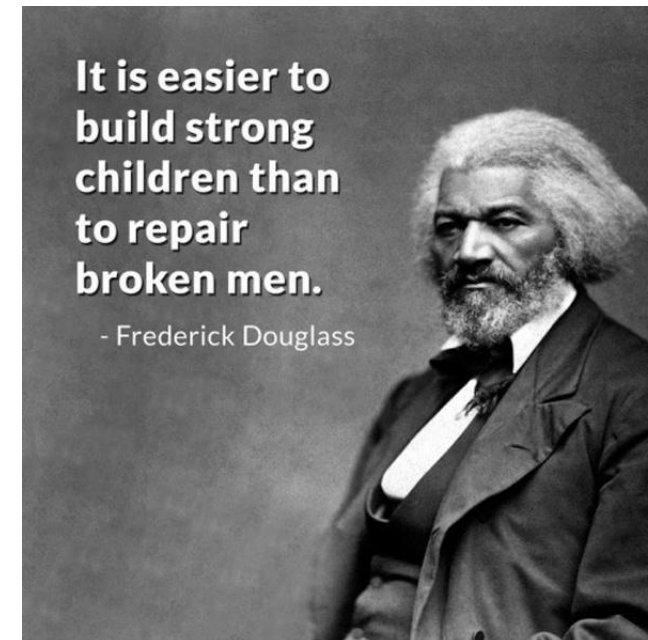
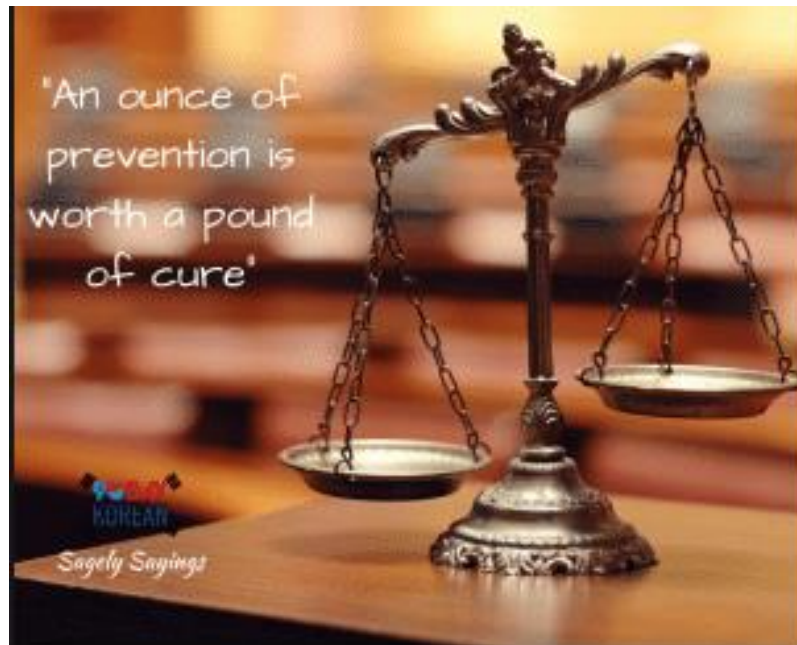


# Statewide Initiatives



# What is most effective?

- An ounce of prevention...



# Connecting the Dots



- All forms of violence are interconnected
- Primary prevention of CAN ➡ prevention of other forms of violence
- Stemming the early development of violent behavior can reduce many types of violence later in life



# Family First Prevention Services Act

- Child welfare agencies are responsible for developing service array to keep families out of foster care.
- Title IV-e funds
- Must be evidence-based or promising practice
  - In-home parent skill-based programs.
  - Mental health services and substance abuse prevention and treatment services.





# Pros and Cons of Evidence-Based Practices



## Pros

- Proven outcomes
- Cost efficient in use of resources
- Easier to secure funding and resources
- Community buy-in
- Helps with recruitment and retention
- Availability of cost-benefit information



## Cons

- Rigorous evaluation needed
- Best evidence not always available or evaluated
- Costly programs
- Little room for adaptation or flexibility
- Lack of availability to meet needs



- An action-based social network
- For professionals, providers, and concerned citizens
- To share resources, research, best practices, lessons learned, and success stories utilizing the Adverse Childhood Experiences (ACEs) science

**Get Connected!**  
[acesconnection.com/join](https://acesconnection.com/join)

# DIVISION OF FAMILY & CHILDREN SERVICES











# DIVISION OF FAMILY & CHILDREN SERVICES



# DIVISION OF FAMILY & CHILDREN SERVICES







# We Can All Help Prevent ACEs





# How Can We Improve?

