



ADVERSE CHILDHOOD EXPERIENCES (ACE'S)

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ADVERSE CHILDHOOD EXPERIENCES RESEARCH (ACES)

1. **ACEs research**
2. **Trauma informed care – an over-view**
3. **ACEs in primary care?**
4. **Future action & resources**



WHY IMPORTANT?

Experience of ACEs/trauma is one of the strongest predictors of mental health, physical health, addiction & social problems

So: ACEs are a powerful determinant of public health issues



ADVERSE CHILDHOOD EXPERIENCES

1. Physical abuse
2. Sexual abuse
3. Verbal abuse
4. Physical neglect
5. Emotional neglect
6. A family member who is depressed or diagnosed with other mental illnesses
7. A family member who is addicted to alcohol or another substance
8. A family member who is in prison
9. Witnessing a mother being abused
10. Losing a parent to separation, divorce or another reason



DEFINITION OF TRAUMA:

“The lasting adverse effect on a person’s functioning and mental, physical, social, emotional or spiritual wellbeing – caused by events, circumstances or intergenerational historical traumatic experiences”

FIN D IN GS

Over 4 ACEs = twice risk of heart disease and cancer

Over 5 ACEs = 8 x risk of alcoholism

Over 6 ACEs = died 20 years younger

Mental health issues, addiction, victim of violence/sexual assault, crime

Costs for NZ: HUGE i.e. workplace absenteeism, health care costs, social care, truanting, homelessness, criminal justice

“ADVERSE CHILDHOOD EXPERIENCES” PLUS
“ADVERSE CHILDHOOD
ENVIRONMENTS”

Poverty

Discrimination

Racism

Violence

Poor housing

Lack of employment

Loss of connection & loneliness

W H O (KESSLER ET AL. 2010)

52,000 PARTICIPANTS FROM 21 COUNTRIES

The authors estimate that the absence of childhood adversity would lead to a reduction in:

- 22.9% of mood disorders
- 31% of anxiety disorders
- 41.6% of behavioural disorders
- 27.5% of substance-related disorders
- 29.3% of mental health diagnoses overall
- 33% of psychosis (Varese et al. 2013)

RESOURCES :

TED talk: Dr Nadine Burke-Harris “*How childhood trauma affects health across a lifetime*”

Documentary: “*Resilience: The biology of stress and the science of hope*” Jamie Redford

Book: ‘The Body Keep the Score’ by Bessel van der kolk

NZ

Goodfellow Unit: Trauma informed care modules

NEUROLOGICAL, BIOLOGICAL, PSYCHOLOGICAL AND SOCIAL EFFECTS OF TRAUMA.

“Trauma informed care”

Safety

Trustworthiness & transparency

Peer support

Collaboration & mutuality

Empowerment & choice

Cultural, historical & gender issues.

“What’s predictable is preventable”



A C E S I N P R I M A R Y C A R E ?

NOT *“What’s wrong with you?”*

But rather:

“What’s happened to you?”

THE CASE FOR ROUTINE INQUIRY IN HEALTH AND SOCIAL CARE:

Waiting to be told doesn't work.....

- Victims of childhood abuse have been found to wait from between nine to sixteen years before disclosing trauma with many never disclosing. (Read et al. 2006).
- Read & Fraser (1998) found that 82% of psychiatric inpatients disclosed trauma when they were asked, compared with only 8% volunteering their disclosure without being asked.
- Felliti & Anda (2014) report a 35% reduction in doctors office visits and 11% reduction in ER visits in a cohort of 140,000 patients asked about ACEs as part of a standard medical assessment.

ACES IN PRIMARY CARE: DR WARREN LARKIN

<http://www.healthscotland.scot/media/1554/warren-larkin.pdf>*

REACH (Routine Inquiry about Adversity in childhood)

Train staff in primary care

Results are compelling: asking about ACEs shows opportunity for early help

He found: Acceptable, increased frequency of disclosures, better therapeutic alliance, and earlier & more targeted interventions (e.g. parenting skills, counselling)



NZ: NATIONAL MH & A WORKFORCE CENTRES

Te Pou: to be threaded throughout all programmes

- Te Rau Matatini: research: intergenerational trauma for Maori

Le Va: research being undertaken now

Matua Raki: early days - *“to treat addiction treat trauma”*

Werry Whakaruru: Training of Oranga Tamariki staff

- Online modules Goodfellow Unit

<https://www.goodfellowunit.org/courses/trauma-informed-care-childrens-workforce>



Everyone's responsibility for resilience and trauma understanding in NZ:

1. **CONNECT DOTS: National policy across government: e.g. Physical Health, MH&A, Primary Care, Education, ACC, Child/Family services, Police, and Justice etc.**
2. **National public health mass media campaign – knowledge for the public is power**
3. **Training more trauma focused therapists!!**



HUGE ROAD SIGN IN MONTANA, US

