

COMMUNITIES
SOCIAL ENVIRONMENT

ADVERSE CHILDHOOD EXPERIENCES REPORT

LIVE UNITED



United Way
of East Central Iowa

WE FIGHT FOR FAMILIES

IN EAST CENTRAL IOWA

WHAT ARE ACEs?

Adverse Childhood Experiences (ACEs) are traumatic or disruptive events that occur before age 19. These ACEs can have a tremendous impact on an individual's lifelong mental, behavioral, and physical health and affect their ability to develop, learn, and grow into healthy adults.

The foundational research in this area refers to Dr. Robert Anda and Dr. Vincent Felitti's Adverse Childhood Experiences (ACEs) Study in the 1990s. This study surveyed more than 17,000 adult members of a managed care health consortium and confirmed scientifically that childhood trauma impacts lifelong health. Kaiser Permanente of San Diego, California and the Centers for Disease Control and Prevention in Atlanta, Georgia served as co-sponsors. The survey asked questions about adverse childhood experiences, health behaviors, disease risks and disease, mental health and substance abuse, and other health and social problems. Participants were mostly white, middle class, educated,

had access to care, and ranged 19–94 years of age. The study assessed each participant's exposure to ten different categories of abuse, neglect, and household dysfunction. Adverse childhood experiences, or ACEs, are traumatic events in the categories illustrated in **FIGURE 1**.

The ACE Study findings suggest some experiences create risk factors for leading causes of illness, poor quality of life, and early death (**FIGURE 2**). Prevention of and recovery from the nation's worst health and social problems are likely to benefit from knowledge that many of these arise because of ACEs.

The ACE pyramid in **FIGURE 4** represents the conceptual framework for the study and assesses "scientific gaps" regarding the origins of risk factors. These gaps link ACEs to risk factors that lead to health and social consequences. The ACE pyramid is a life course model, from conception to death, showing how ACEs influence human development in predictable ways and what is predictable is preventable.³

FIGURE 1: THE SOURCE OF ACEs

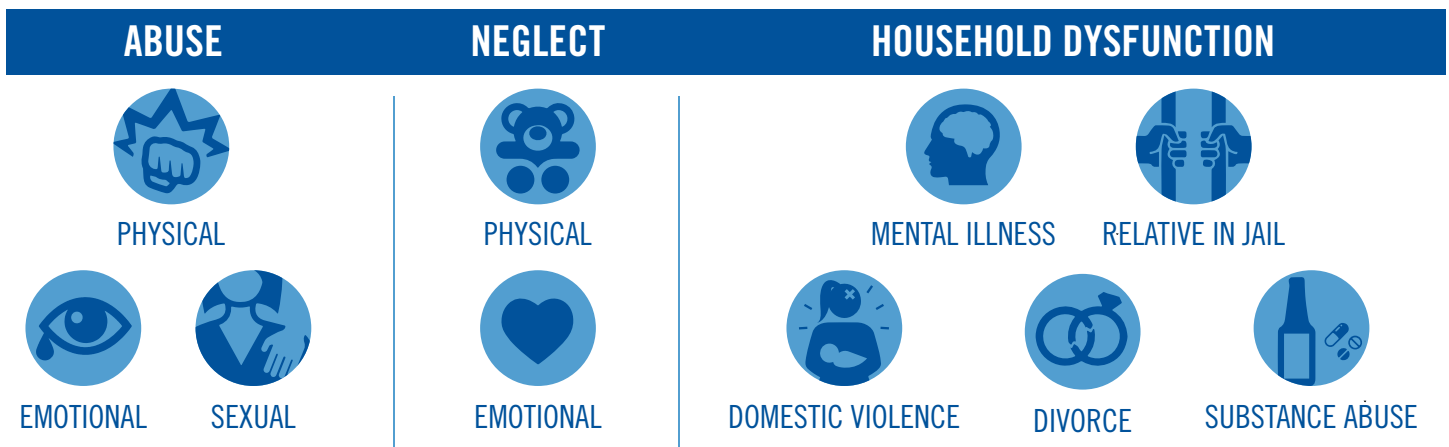


FIGURE 2: THE RESULTS OF ACEs

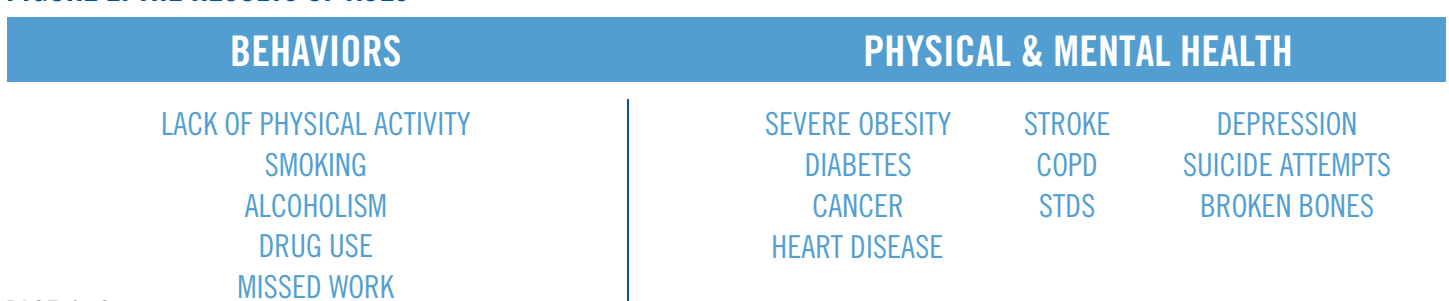


FIGURE 3

AS THE NUMBER OF ACEs INCREASES,
SO DOES THE RISK FOR NEGATIVE HEALTH OUTCOMES⁴

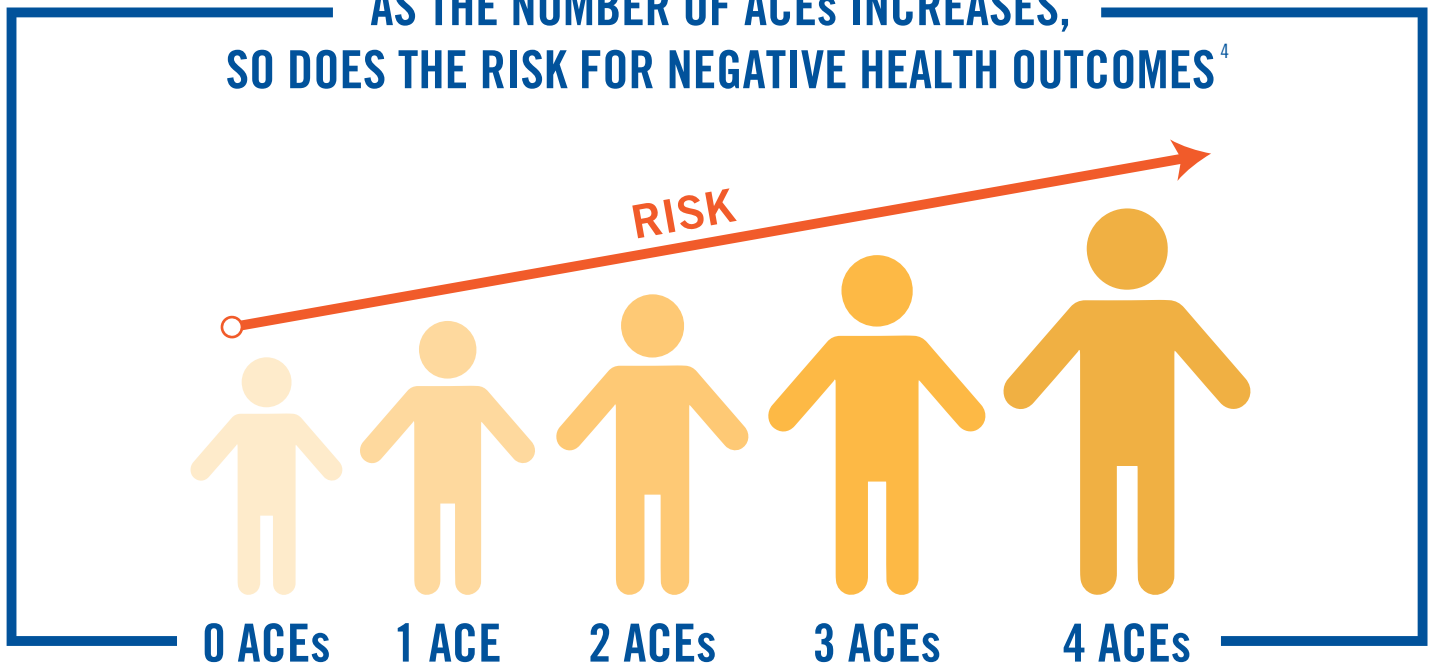
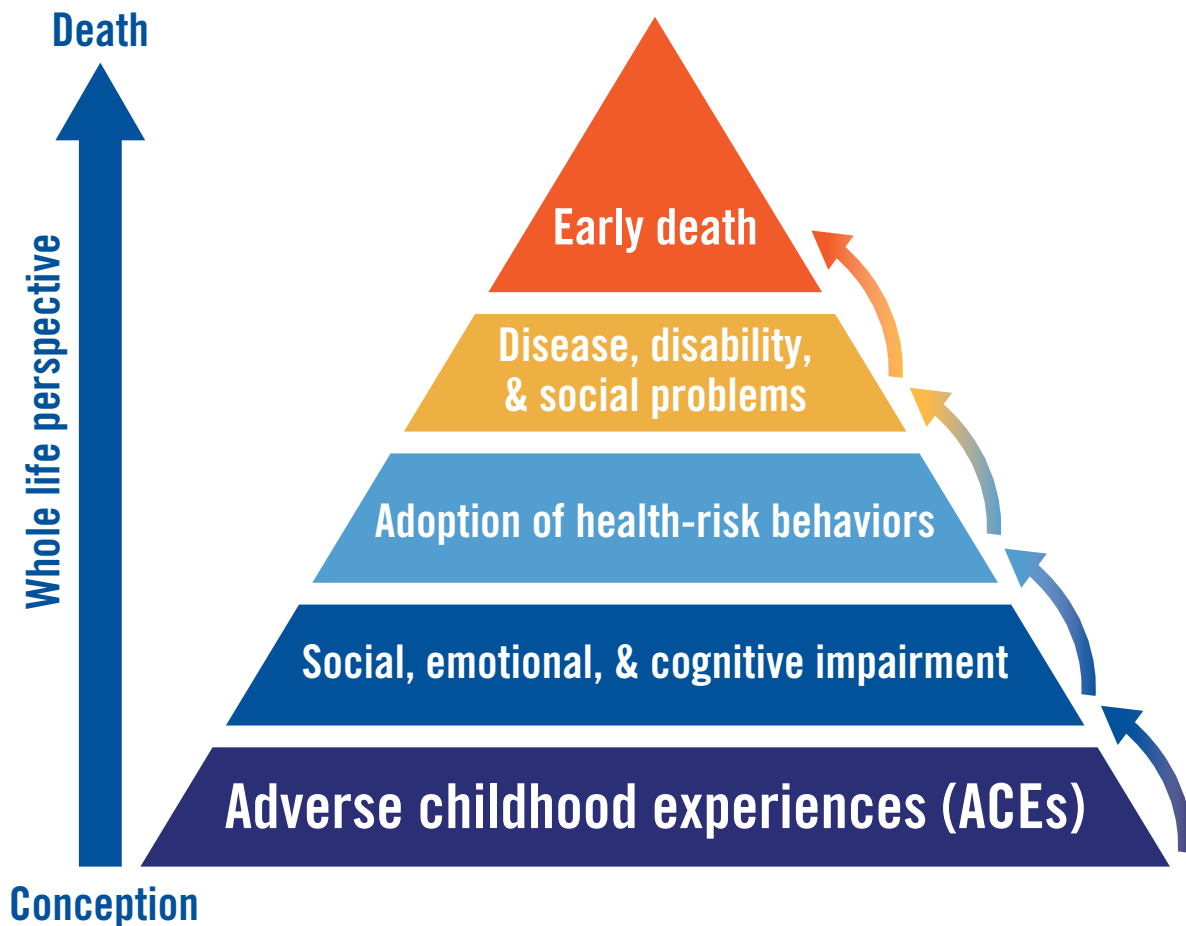


FIGURE 4

ACEs PYRAMID⁵



WHAT DOES THIS MEAN FOR US?

It is important for communities to assess and respond to individuals and families with ACE-related risks in their community. Localized data and cross-sector participation in research and reporting motivates communities to change. It also helps community partners to improve practices to reduce health issues, service needs, and subsequent service costs.

ACEs in Iowa



The Central Iowa ACEs360 Coalition commissioned an ACEs study and began serving Iowans in 2012. The findings, gathered in 2012–14 and published in the 2016 report, show 56% of adults report at least one ACE and 14.5% experienced four or more ACEs, signifying a significant level of stress in childhood.⁶

Iowa residents answered a survey about their experience before age 19 in the areas of: emotional, physical, and sexual abuse; substance abuse in the home; separation/divorce; family members with mental illness; domestic abuse; and incarceration of a family member.

- One in four Iowans have experienced emotional abuse and experienced substance abuse in their childhood home.
- Iowans with four or more ACEs are six times more likely to have a depression diagnosis. They also reported engaging in limited activities because of physical, mental, or emotional problems.

- There is a correlation between a higher ACE score and increased binge drinking and smoking.
- Iowa youth are experiencing stress at a level that suggests similar outcomes as Iowa's current adult population:
 - The Iowa Youth Survey identified 16 risk factors around questions related to drinking, drug use, having thoughts of suicide, being bullied, having a happy home, and feeling connected to the community.
 - About 25% of Iowa youth had three risk factors; 8% had six-plus risk factors.

With four or more ACEs compared to those with zero you are:

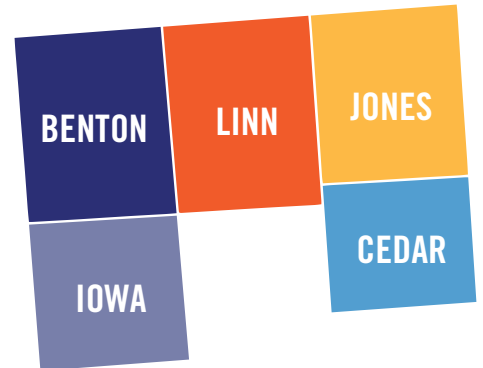
- Twice as likely to rate their own health as “poor” or “fair”
- Two and a half times as likely to rate their mental health (including stress, depression, and problems with emotions) as “not good”
- Two and a half times as likely to report activity limitations because of physical, mental or emotional problems
- 2.2 times more likely to have a heart attack
- 3.3 times more likely to smoke
- Six times more likely to have depression

A national study showed those with four or more ACEs were 2.3 times more likely to report serious financial problems, two and a half times more likely to have absenteeism, and 3.6 times more likely to have serious job problems than those with zero ACEs.

The data confirms what the original study showed: ACEs are common, highly interrelated, and have a cumulative impact on well-being

ACEs in Our Community

The Community Resilience Coalition of East Central Iowa compiled data on indicators of high ACE scores to better assess ACEs in UWECI's five-county service area in Benton, Cedar, Iowa, Jones, and Linn Counties.



- In 2015, Linn County Department of Human Services data reflected 491 cases of physical neglect (denial of critical care), 108 physical abuse, 38 sexual abuse, and three emotional abuse cases.
- Domestic violence police calls for services accounted for 8% of all calls per Cedar Rapids Police Department in 2015. These calls impact approximately 500 women annually in the department's coverage area.
- Household substance abuse is overwhelmingly alcohol-related, but shows there have also been increasing amounts of drug paraphernalia and possession of prescription drugs. It also influences the number of Linn County DHS cases with presence of illegal drugs in a child's system.
- In 2015, 12% of whites (non-Hispanic), 11% of Hispanics, and 9% of African Americans experienced divorce.

WHAT WORKS?

Use a Trauma-Informed Approach

A trauma-informed approach recognizes the impact of trauma on all aspects of a person throughout their lifespan and addresses the consequences of trauma while also facilitating healing, relationship building, and increasing the capacity for resilience.⁷

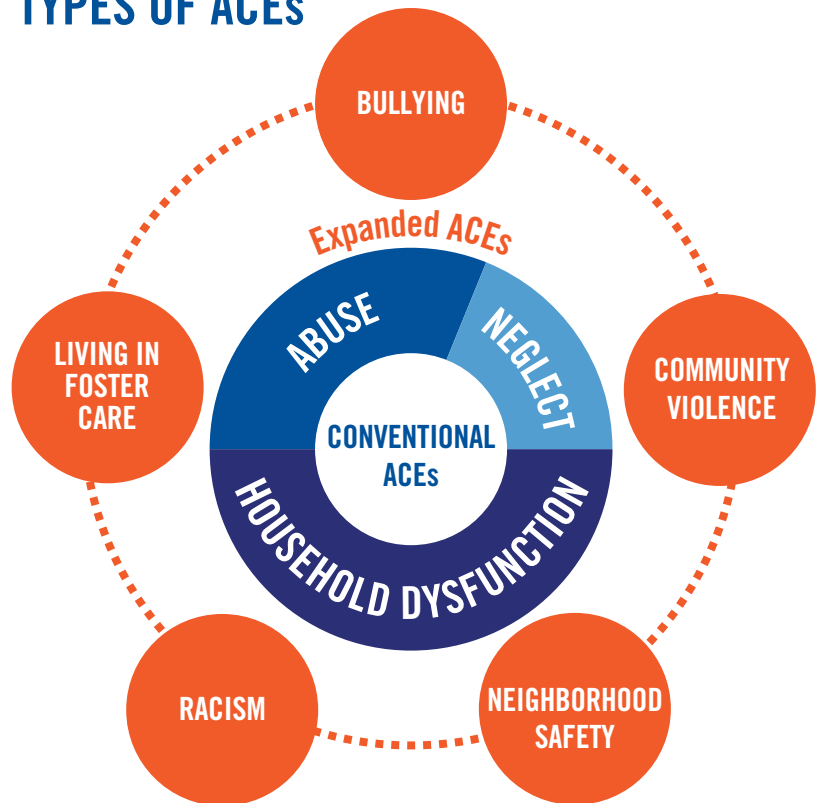
As trauma-informed organizations realize widespread impact and understand the varied pathways that lead to recovery; they also must recognize symptoms and signs of trauma in clients, families, staff, and communities. The organizational response should integrate full knowledge of trauma into policies and practices. Lastly, an organization must actively seek to not re-traumatize.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), there are **six key principles of a trauma-informed approach**:

1. Safety is a concept clients should define including both physical and psychological safety.
2. Trustworthiness and transparency means building and maintaining a trusting relationship with a client and conducting all operations with transparency.
3. Peer support is the interaction and collaboration between trauma survivors which helps establish safety and build trusting relationships.
4. Collaboration and mutuality is the recognition every person has a role to play in the trauma-informed approach. Everyone from the secretary to the therapist must share power and collaborate in decision making.
5. Empowerment, voice, and choice mean using strength and empowerment when viewing the agency, clients, and community. It is important to allow both staff and clients to access their power.
6. Cultural, Historical, and Gender Issues in these areas always need consideration as they impact a person's experience of trauma and healing.

These six principles build upon one another and should apply to the agency or system along with staff and clients.⁸ Working within the trauma-informed approach helps build trusting relationships in which individuals feel safe and can begin to heal, build resilience, and find more positive coping skills.

FIGURE 6
TYPES OF ACEs⁹



Expand Our Understanding of Trauma

Since the original ACE Study, some states have expanded the definition of adversity to include community violence, neighborhood safety, racism, foster care involvement, and bullying, as see in **FIGURE 6**.¹⁰

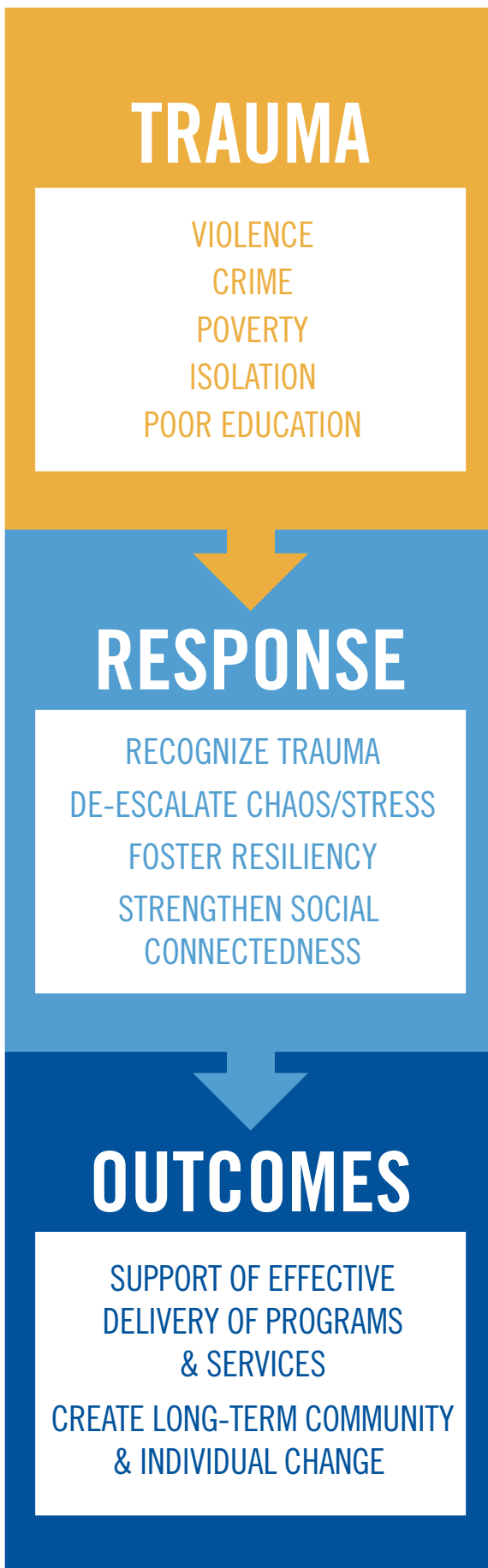
Leverage a Cross-Sector Collaborative Work Group

Interventions focused on reducing ACEs need to be multidisciplinary, multilevel, and multiyear. Collaborative communities help assess and implement ACE-reducing efforts and identify practice-based interventions.¹¹ It is vital for a community to build its capacity to assess, understand, and address the issues most relevant to its residents.

Implement Two Generation Strategies

Maltreatment in childhood is a complicated problem that needs comprehensive and holistic solutions. A parent or caregiver's behavior is influenced by a range of interrelated factors such as how their parents raised them; their parenting skills; their own ACEs; current stressors in their life; and the safety, support, and stability in their community. Because of this complexity, it is critical to invest in multigenerational strategies.

FIGURE 5



WHAT WORKS, CONTINUED

Promote Trauma-Informed Community Building

Trauma-Informed Community Building (TICB) recognizes an entire community can suffer trauma and adversity stemming from issues such as violence, crime, poverty, isolation, and poor education.¹² There are four principles to trauma-informed community building:

1. **Do no harm** highlights the importance of avoiding re-traumatization and how communities may react to trauma with insecurity and distrust.
2. **Acceptance** requires meeting the community and residents where they are and setting expectations accordingly.
3. **Community empowerment** means residents have a choice and role within their community.
4. **Reflective process** in which we continually analyze and evolve strategies.

Following these principles creates an environment where community leaders, agencies, organizations, and residents build a trauma-informed and responsive community accountable for long-term change at all levels.

Trauma presents several challenges to community building. These include a lack of trust, stability, reliability, and consistency. A deficiency in these areas may block a resident's ability to envision the future and obstruct a resident's sense of community ownership. Lastly, communities must meet a great number of both personal and community needs (**FIGURE 5, page 6**).

Using a TICB approach requires only small shifts in perspective, expectations, and activities to achieve positive outcomes. These adjustments consider the reality of community members' lives and emotional experiences to make a powerful and necessary change in approach. It is the sum of the TICB strategies that make the long-term difference. Furthermore, using a trauma-informed approach to community building paves the way for effective delivery of individual, family and community services, as well as providing the foundation for a healthy, sustainable, and thriving neighborhood.¹³

WHERE ARE WE?

Since 2013, United Way of East Central Iowa (UWECI) has convened the Community Resilience Coalition of East Central Iowa, a cross sector coalition of mental health, substance use treatment and prevention programs, youth services, public health, and child welfare and social service providers. The coalition's overall goal is to decrease the number of children impacted by ACEs.

Trauma-Informed Practice in Our Community

To gain understanding of our community's progress in understanding trauma-informed approaches, UWECI surveyed 38 nonprofits in 2016 as part of the Request for Proposal process. These nonprofits provide services to children, adults, and seniors in our community. The following serves as a baseline to measure their progress:

- 63% said they use trauma informed skills, 28% said they are working on this area
- 50% said they integrate all six SAMSHA principles; 47% are working on this area

Community partners continue to become more ACEs- and trauma-informed, as well as responsive, to effectively engage and address the needs of individuals they serve.

In this initial assessment, United Way learned many partners are aware of trauma children and adults face. Most are working to build trauma-informed skills and utilize trauma-informed principles and criteria. Moving forward, it is important for nonprofits to recognize trauma impacts all aspects of individuals, both those they serve and those they employ.

WHAT SHOULD WE DO?

Reducing ACEs or decreasing the impact of these adversities has the potential to significantly impact the well-being of thousands of people in eastern Iowa and positively impact the cost of healthcare and social services.¹⁴

Alongside UWECI, the Community Resilience Coalition of East Central Iowa works to build an equitable, accountable, and responsive community that can build resilience, coordinate efforts, and leverage resources to break the cycle of ACEs. The resulting priorities include building family resilience through parent engagement and support, building resilient and compassionate communities through engagement, and building more responsive and healing environments and practices by promoting changes within systems and organizations.

In addition to the priorities mentioned above, the coalition has adopted the recommendations of other successful communities:

- 1. Strengthen and facilitate greater collaboration between agencies and community.** Recruiting diverse multi-sector stakeholders to create more opportunities for shared learning and utilization of data and trainings.
- 2. Use Trauma-Informed Care beyond direct practice.** Recognizing that trauma affects not just the individual or family system, but the entire community.
- 3. Increase awareness and community knowledge of ACEs.** This improves awareness of available resources, reduces stigma, and builds capacity for resiliency. Collection and assessment of ACEs related data is critical to building community awareness, understanding, and action.
- 4. Champion changes to culture in critical institutions and systems.**
- 5. Create a shared training database.** Sharing opportunities between agencies cuts down costs and strengthens collaboration.
- 6. Collaborate with agencies to implement multi-generational strategies to reduce ACEs and build resiliency.** Work with parents to mitigate the effects of ACEs in their lives, and both educate and support parents to use positive parenting practices to increase protective factors and build resilience factors.
- 7. Begin evaluating Trauma-Informed Care practices in our community.** Tracking and sharing this data fosters collaboration and builds trainings specific to our community and residents. The coalition identified a significant gap in training appropriate for non-therapeutic environments. Youth development agencies engage with children who have experienced multiple ACEs, but staff have often not received formal ACEs or trauma-informed training or skill building. These agencies may also experience consistent turnover in staffing, resulting in excessive training costs which may not include trauma-informed practices. Trauma-informed skills are essential in this environment, but must be flexible and easy to incorporate into delivery systems.
- 8. Follow Trauma-Informed Community Building practices.** Assess and address barriers and measure progress to become a trauma-informed community.

CITATIONS

- ¹ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245-258. doi:10.1016/s0749-3797(98)00017-8
- ² Source: Centers for Disease Control and Prevention, Infographic: The Truth About ACEs. Robertwood Johnson Foundation
- ³ Felitti, V. J., Anda, R. F., et al.
- ⁴ Source: Centers for Disease Control and Prevention, Infographic: The Truth About ACEs. Robertwood Johnson Foundation
- ⁵ Felitti, V., Anda, R., Nordenberg, D., Williamson, D.F., Spitz, A. M., Edwards, V., Koss, M. P., Marks, J.S. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* 14, no. 4 (1998):245-258.
- ⁶ Central Iowa ACEs Coalition. *Beyond ACEs: Building Hope & Resiliency in Iowa*. 2016
- ⁷ Substance Abuse and Mental Health Services Administration. *SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No.(SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014
- ⁸ Substance Abuse and Mental Health Services Administration. *SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No.(SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014
- ⁹ The Adverse Childhood Experiences Study and the Philadelphia Expanded ACE Study the Philadelphia Urban ACE Survey, 2013; the data were prepared by the Research and Evaluation Group at PHMC, Health Federation of Philadelphia.
- ¹⁰ The Adverse Childhood Experiences Study and the Philadelphia Expanded ACE Study the Philadelphia Urban ACE Survey, 2013; the data were prepared by the Research and Evaluation Group at PHMC, Health Federation of Philadelphia.
- ¹¹ Judy Hall , Laura Porter , Dario Longhi , Jody Becker-Green & Susan Dreyfus (2012) *Reducing Adverse Childhood Experiences (ACE) by Building Community Capacity: A Summary of Washington Family Policy Council Research Findings*, *Journal of Prevention & Intervention in the Community*, 40:4, 325-334, DOI: 10.1080/10852352.2012.707463
- ¹² Weinstein, E., Wolin, J., & Rose, S. (2014). *Trauma informed community building: A model for strengthening in trauma affected neighborhoods* (pp. 1-24, Publication). San Francisco, CA: BRIDGE Housing Corporation.
- ¹³ Weinstein, E., Wolin, J., & Rose, S. (2014). *Trauma informed community building: A model for strengthening in trauma affected neighborhoods* (pp. 1-24, Publication). San Francisco, CA: BRIDGE Housing Corporation.
- ¹⁴ Hall, Judy et al. "Reducing Adverse Childhood Experiences (ACE) by Building Community Capacity: A Summary of Washington Family Policy Council Research Findings." *Journal of Prevention & Intervention in the Community* 40.4 (2012): 325–334. PMC. Web. 19 June 2017.

