

# NOT ALL WOUNDS ARE VISIBLE: ACES PLUS OVERVIEW

BRITTANY R. PATTERSON, PH.D.

ASSISTANT PROFESSOR

UNIVERSITY OF MARYLAND  
SCHOOL OF MEDICINE

NATIONAL CENTER FOR  
SCHOOL MENTAL HEALTH

# OBJECTIVES

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- After this presentation, participants will be able to:
  - Describe the potential impact of ACEs in own words
  - Identify two “expanded” ACEs
  - Name two strategies for supporting youth exposed to ACEs

A rectangular sign with a white border and a red background. The text "ORIGINAL ACES RESEARCH" is centered in white, uppercase letters. The sign is mounted on a light gray wall above a wooden floor.

ORIGINAL ACES  
RESEARCH

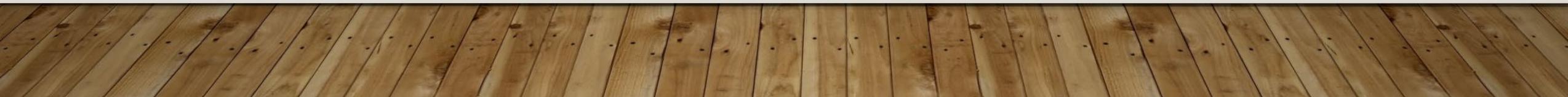


# THE ORIGINAL ACES RESEARCH

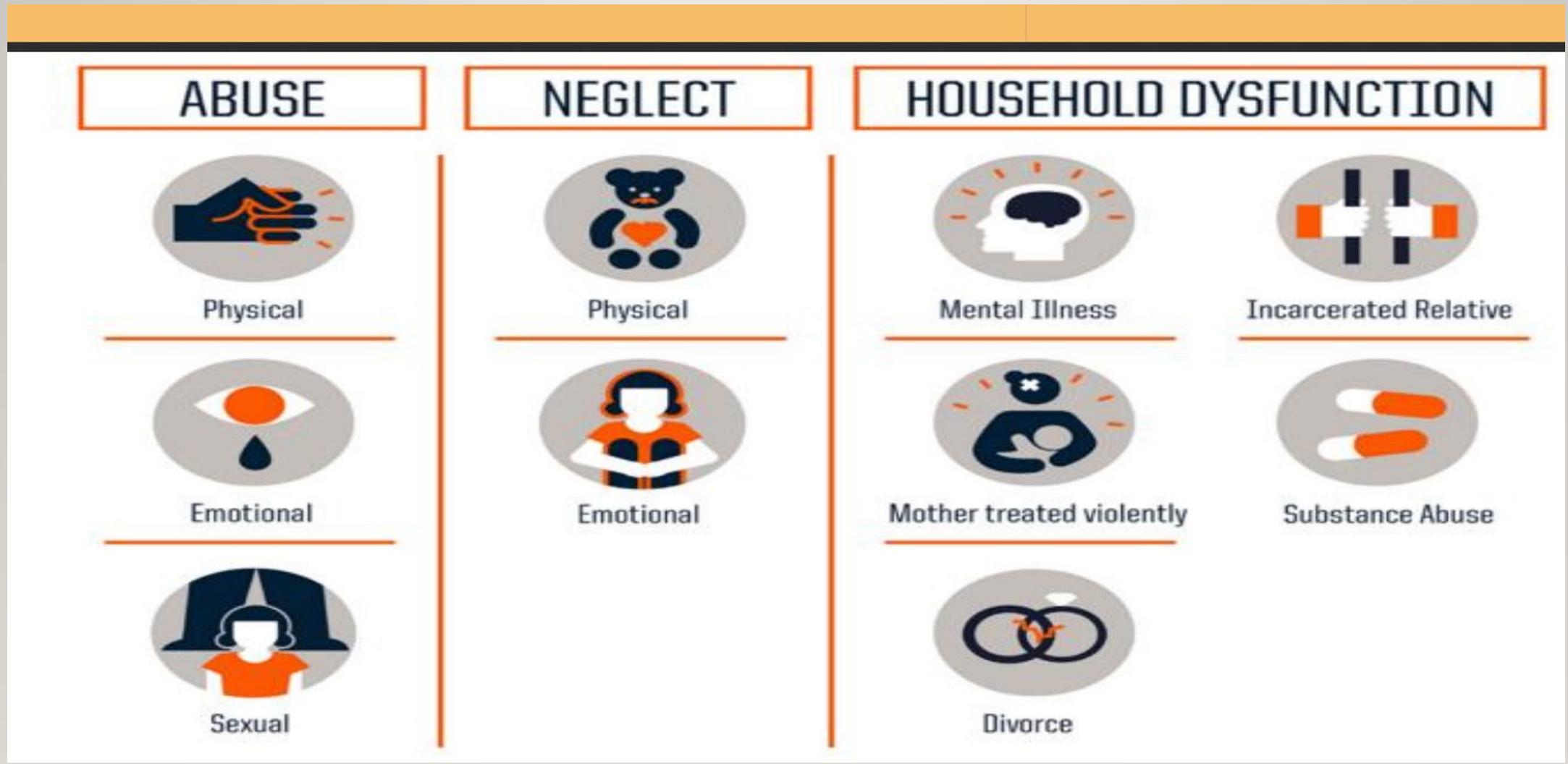
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- Kaiser Permanente collected survey data from 1995 – 1997
- 17,000+ participants were asked to respond yes/no to experiencing 10 specific ACEs
- Each endorsed ACE was counted as 1-point, regardless of frequency of exposure
  - Daily exposure to domestic violence only counted as 1-point
- Participants were followed for 15 years after initial survey

(Felitti, et al., 1998)



# 10 ORIGINAL ACES

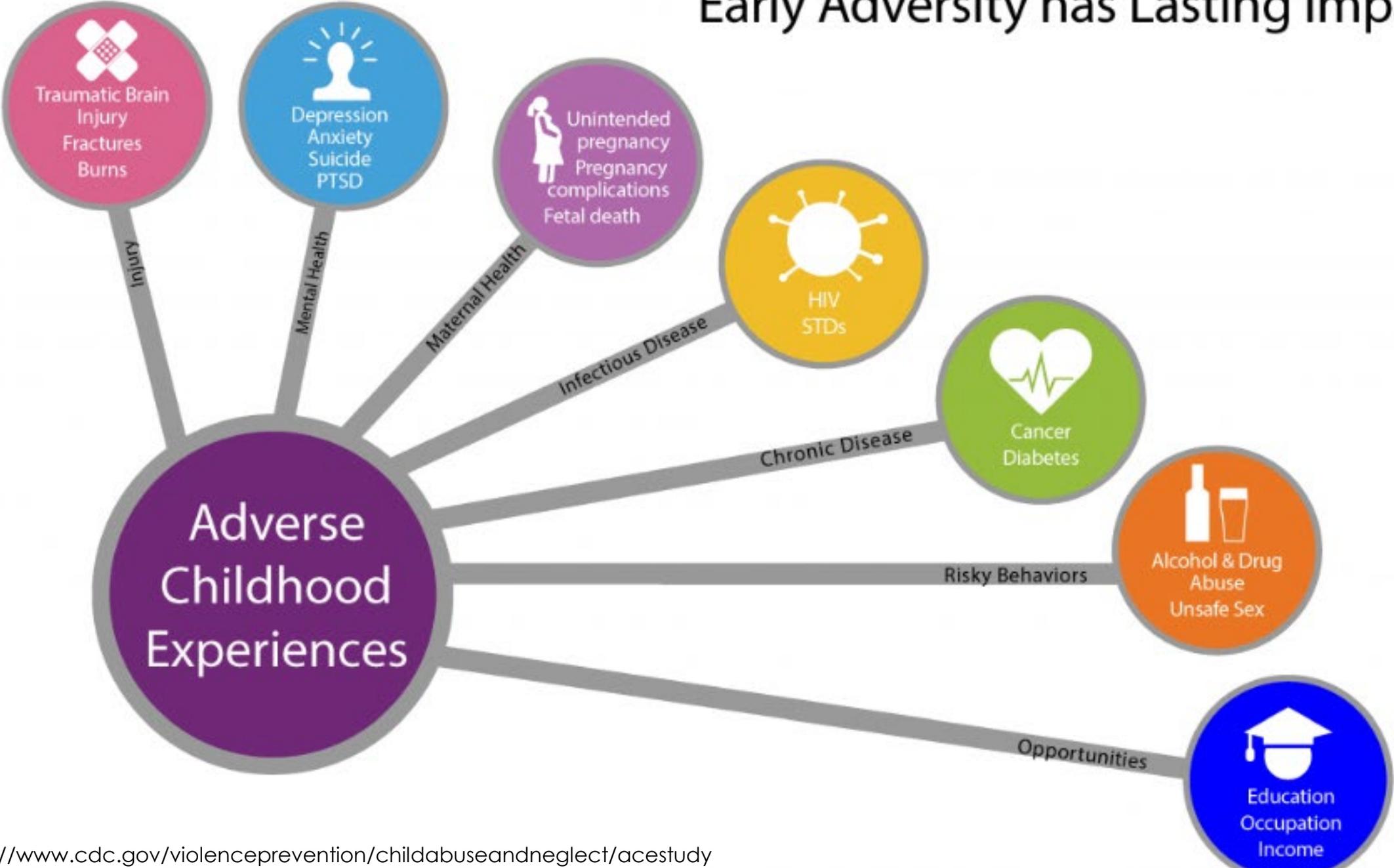




# FINDINGS

- ❑ ACEs are incredibly common (Felitti, et al., 1998)
  - ❑ 67% reported at least 1 ACE
  - ❑ 20% reported 3 or more ACEs
  - ❑ 13% reported 4 or more ACEs
- ❑ Higher ACE scores result in poorer health outcomes (Felitti, et al., 1998)
- ❑ 4 or more ACEs are significantly more problematic (Felitti, et al., 1998)
  - ❑ Increased likelihood of hepatitis (240%), STD (240%), obstructive pulmonary disease (390%)
  - ❑ Increased suicide attempt rate (12X), alcoholism (7X), and illicit drug use (10 times)

# Early Adversity has Lasting Impacts



(<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy>)

# AN IMPORTANT NOTE...

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- Original ACEs relied on data collected from non-representative sample
- Focused on experiences within the home
- Research found that original ACEs were not predictive of expanded ACEs
  - Broadened understanding of ACEs needed to assess the impact of community-level adversities on subgroups
- More recent studies include expanded (community-level) ACEs (Chronholm et al., 2015).

# ORIGINAL VS. EXPANDED ACES

<b>Demographic Variables</b>	<b>Original ACEs Study</b>	<b>Expanded ACEs Study</b>
<b>Mean Age</b>	56	34
<b>Race/Ethnicity</b>	79% White American 5% African American 5% Hispanic American	41% White American 43% African American 12% Hispanic American
<b>High School Graduate</b>	94%	36%
<b>College Graduate</b>	43%	13%
<b>Below Poverty Line</b>	Not measured	25%

Adapted from (Wade,  
2016)

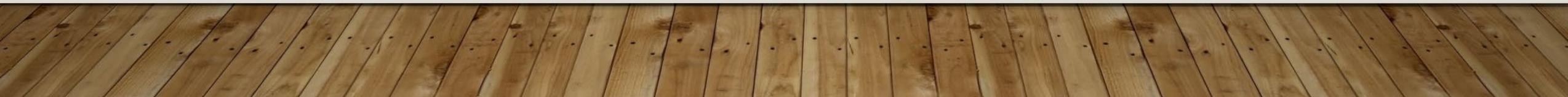
# Philadelphia ACE Study Questions

Conventional ACEs	Expanded ACEs
Physical Abuse	Witnessing Violence
Emotional Abuse	
Sexual Abuse	Living in Unsafe Neighborhoods
Emotional Neglect	
Physical Neglect	Experiencing Racism
Domestic Violence	
Household Substance Abuse	Living in Foster Care
Incarcerated Care Provider	
Mental Illness in the Home	Experiencing Bullying



# EXPANDED ACES

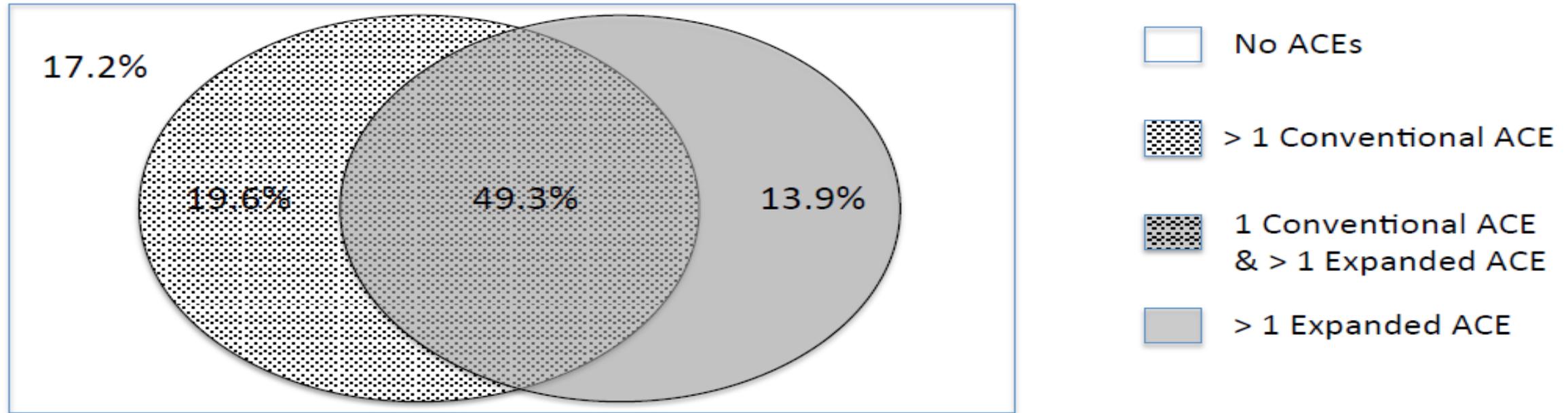
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- 1,784 adult participants were surveyed using original ACEs and five additional community-level stressors (Wade et al., 2014).
  - Socioeconomically and racially diverse urban population surveyed using expanded ACEs measure (Wade et al., 2014).
- 

- 70% had experienced an ACE
- 40% experienced four or more original ACEs
- 40% experienced four or more expanded, community-level ACEs
- **13.9% only experienced expanded ACEs**
- **Children from low-income households experience disproportionate exposure to ACEs**

EXPANDED  
ACES:  
FINDINGS  
(WADE ET AL., 2014)

# Overlap Between Exposure to Conventional and Expanded ACEs



# HIGHER PREVALENCE OF ORIGINAL ACES IN URBAN SAMPLE

Original ACEs	Expanded ACEs Study (N = 1,784)	CDC-Kaiser ACE Study (N = 17,337)
Emotional Abuse	33.2%	10.6%
Physical Abuse	35.0%	28.3%
Sexual Abuse	16.2%	20.7%
Physical Neglect	19.1%	14.8%
Emotional Neglect	7.7%	9.9%
Substance Abusing Household Member	34.8%	26.9%
Mentally Ill Household Member	24.1%	19.4%
Witnessed Domestic Violence	17.9%	12.7%
Household Member in Prison	12.9%	4.7%

Adapted from (Wade, 2016)

# WHAT DOES THIS TELL US...

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- While ACEs are common, some populations are at increased risk of experiencing adversarial events or traumas
- Conceptualization of ACEs must be more expansive and should include acute, chronic and historical traumas
- Trauma involves an emotional response to:
  - Exposure to an experience involving horror, terror or fear
  - Threat to your safety or the safety of those around you
  - A change in the way you view yourself or others



# CATEGORIES OF TRAUMA

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- Acute Trauma: Event that occurs at a particular time and place and is usually short lived (Guarino)
  - Natural disaster, accident, sudden loss, a single experience of violence
- Chronic Trauma: Experiences that occur repeatedly over long periods of time (Guarino)
  - Chronic abuse/neglect, on-going community violence, chronic homelessness, forced displacement, chronic poverty and deprivation, structural oppression, racism.
- Historical Trauma: The collective and cumulative trauma experienced by a particular group across generations still suffering the effects (Guarino)
  - Violent colonization, assimilation policies, slavery, segregation, racism, discrimination.
  - African Americans, Holocaust survivors, Native Americans,

# CHRONIC TRAUMA

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- Chronic Trauma (Myers et al., 2015)
  - Chronic abuse/neglect, on-going community violence, chronic homelessness, forced displacement, chronic poverty and deprivation, social instability, structural oppression, racism.
  - Stressors based on race, ethnicity, gender identification, immigration, status, income-level
  - Minority groups report exposure to daily subtle and overt discrimination
- Commonly affected populations (Myers et al., 2015)
  - African Americans
  - Hispanic and Latinx
  - Immigrants
  - LGBTQ+
- Impact of chronic trauma (Myers et al., 2015)
  - Higher exposure to discrimination associated with increased anxiety, depression, PTSD and chronic health conditions
  - Disproportionately high physical and mental health disorders



# HISTORICAL TRAUMA

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- Historical Trauma
  - “cumulative emotional and psychological wounding over a lifespan and across generations, emanating from massive group experiences” (Williams-Washington & Mills, 2018)
  - “a person whose culture of origin has a history of oppression or genocide may be living with effects of trauma exposure that occurred not to the individual but to their forebearers” (Williams-Washington & Mills, 2018)
- Commonly affected populations:
  - Skin-tone trauma in African Americans
  - Disrupted attachment in Holocaust survivors
  - Disrupted culture in Native Americans
- Impact of historical trauma (Brave Heart & DeBruyn, 1998)
  - Increased child and domestic violence
  - Alcoholism
  - Mood and trauma-related disorders
  - Health disparities
  - Early death



# TRAUMA IN URBAN SAMPLES

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- 98.5% of urban adolescents reported exposure to violent crimes (U.S. Department of Justice)
- African American adolescents report being victimized at a rate of 67% higher than White American adolescents (Sabol et al., 2004)
- Youth from households earning less than \$15,000 annually are 26.5 times more likely to experience maltreatment (Chibnall, et al., 2003)
- 45% of youth are exposed to two different traumas within the same year
- Poly-victimization is common
- Child abuse increases following exposure to natural disasters (Curtis et al., 2000)

# UNIQUE CHALLENGES ASSOCIATED WITH CHRONIC AND HISTORICAL TRAUMA

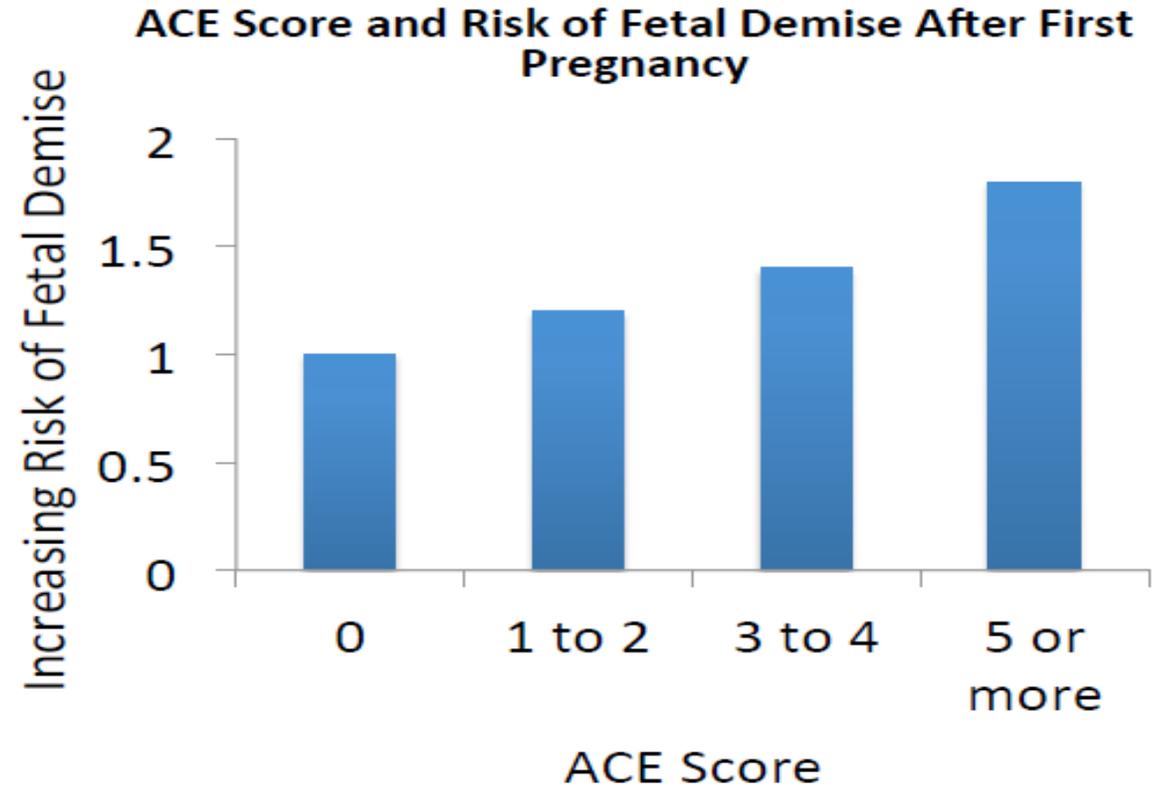
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- Extent of victimization associated with increased PTSD, anxiety, depression and disruptive behavior symptomology (Overstreet and Mathews, 2011).
  - 1/3 of youth exposed to trauma develop PTSD, rates are greater among repeatedly victimized
- Trauma exposure puts youth at risk of cognitive impairments
  - Number of traumatic events and re-experiencing symptoms predict verbal IQ
- Decreased self-esteem and impaired social relationships associated with chronic victimization
- Affected populations suffer disproportionately from toxic stress limiting:
  - Personal resources for trusting others
  - Executive functioning capacities
  - Problem-solving
  - Modulating emotions and behaviors

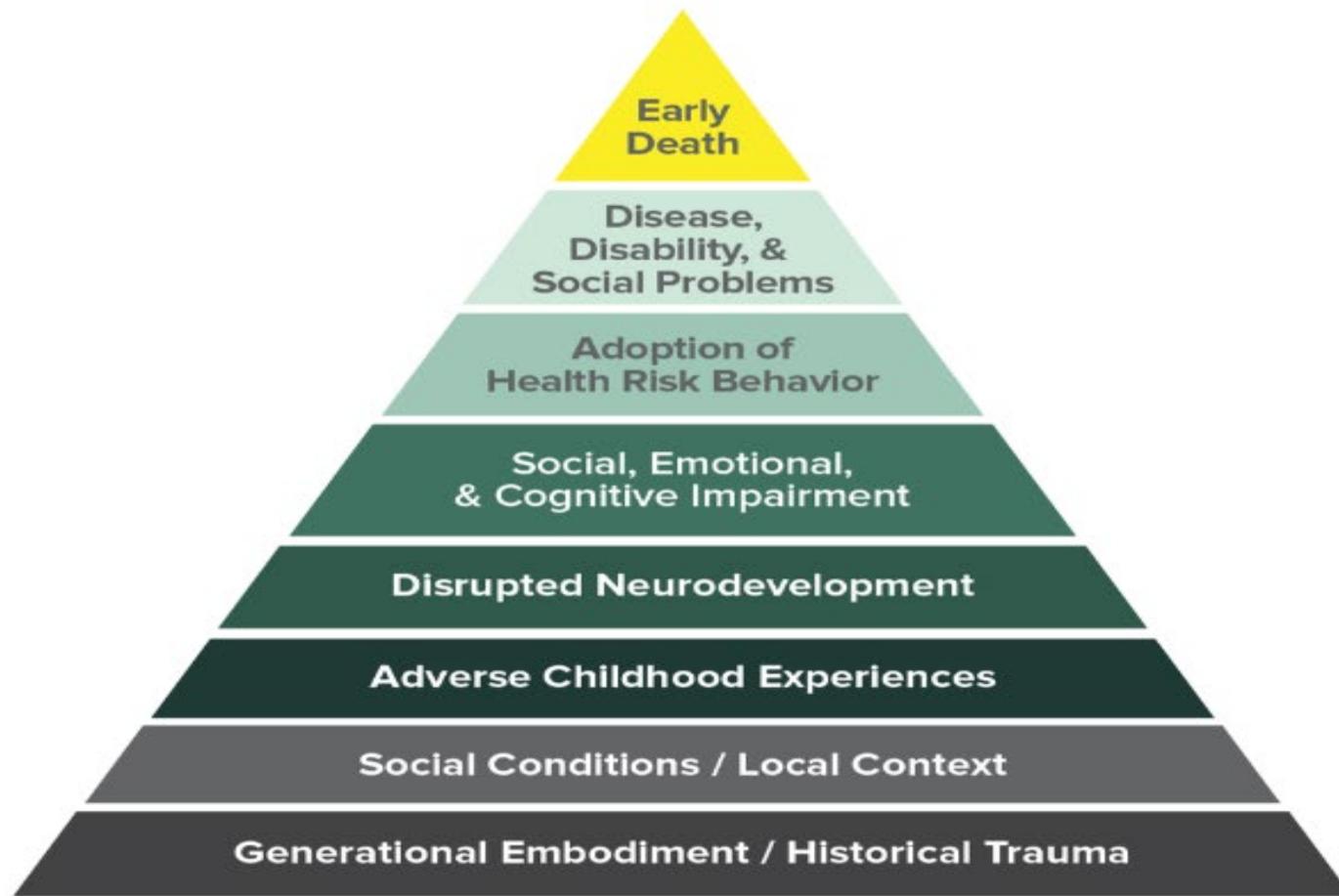
# ACEs are Associated Poor Pediatric Health Outcomes

## Common Pediatric Conditions

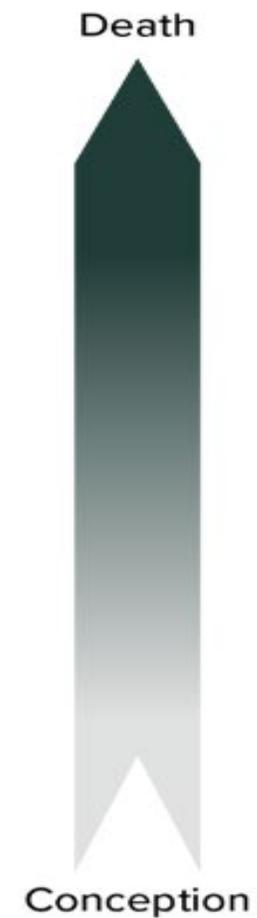
- Fetal death
- Developmental delay
- Cognitive impairment
- Behavioral problems
- Headaches
- Somatic complaints
- ADHD
- Adolescent pregnancy
- Early initiation of sexual activity and smoking



Adapted from Hillis et al., 2004



**Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**



# POLL EVERYWHERE

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- Write your #1 key takeaway from this section of the presentation.
- Two response options:
  - Audience can respond at [PollEv.com/brittanyparh367](https://PollEv.com/brittanyparh367)
  - Audience texts [BRITTANYPARH367](https://www.textnow.com/text/BRITTANYPARH367) to [22333](https://www.textnow.com/text/22333) to join the session

# ACES AND THE BRAIN

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# TYPICALLY FUNCTIONING BRAIN

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Scary Event  
Occurs



Amygdala  
produces  
“alarm”  
signals and  
overrides  
frontal lobe



Response to  
Crisis: Fight-  
Flight-Freeze



Hippocamp  
us: Creates  
Potent  
Memory of  
Event

The changes brought about in the brain as a stress reaction are helpful in the immediate face of danger.

# BRAIN EFFECTED BY ACES



Trauma  
Reminder



Amygdala  
produces  
“alarm”  
signals and  
overrides  
frontal lobe:  
False Alarm



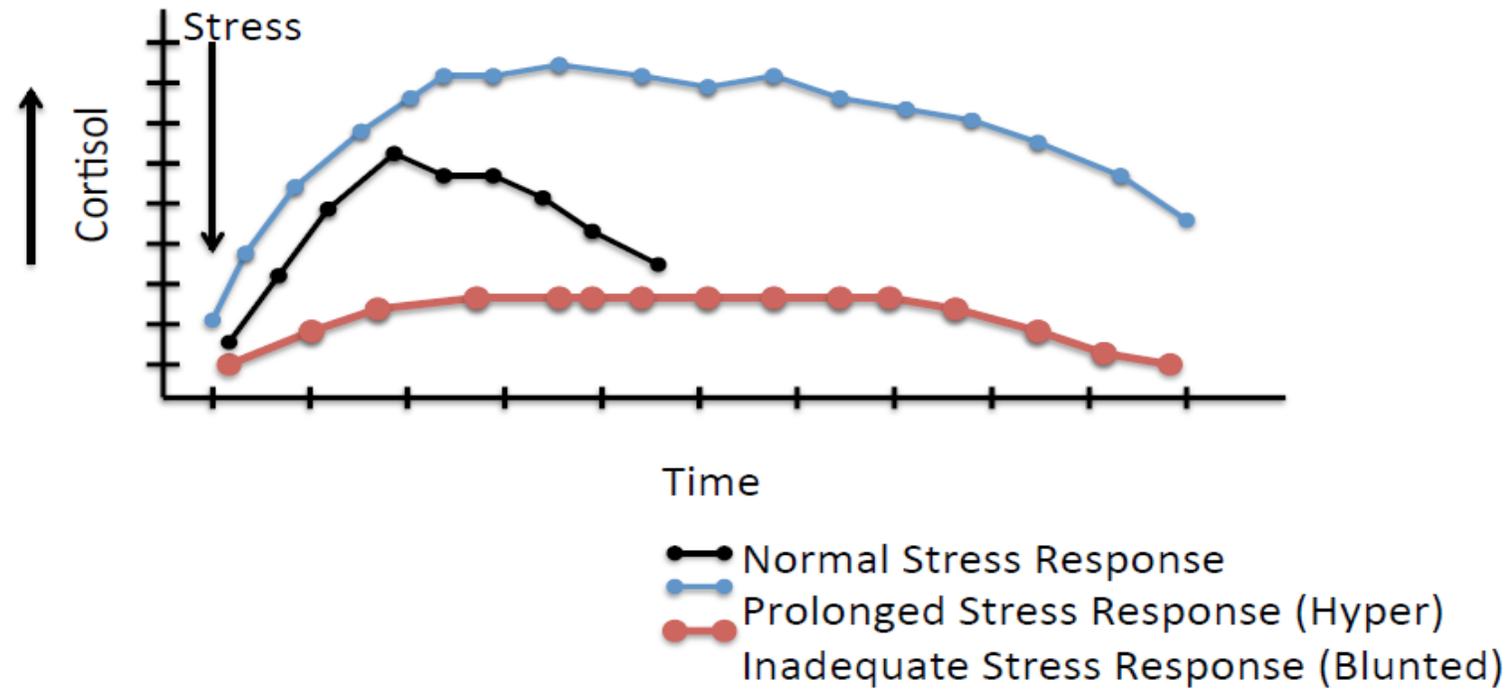
Response to  
Crisis: Fight-  
Flight-Freeze



Hippocamp  
us:  
Reduction in  
size and  
decreased  
ability to  
inhibit  
reactions to  
stimuli

Same reactions on prolonged basis cause brain damage including impaired use of the prefrontal cortex and indiscriminate fear.

# Childhood Trauma Changes Normal Cortisol Stress Response

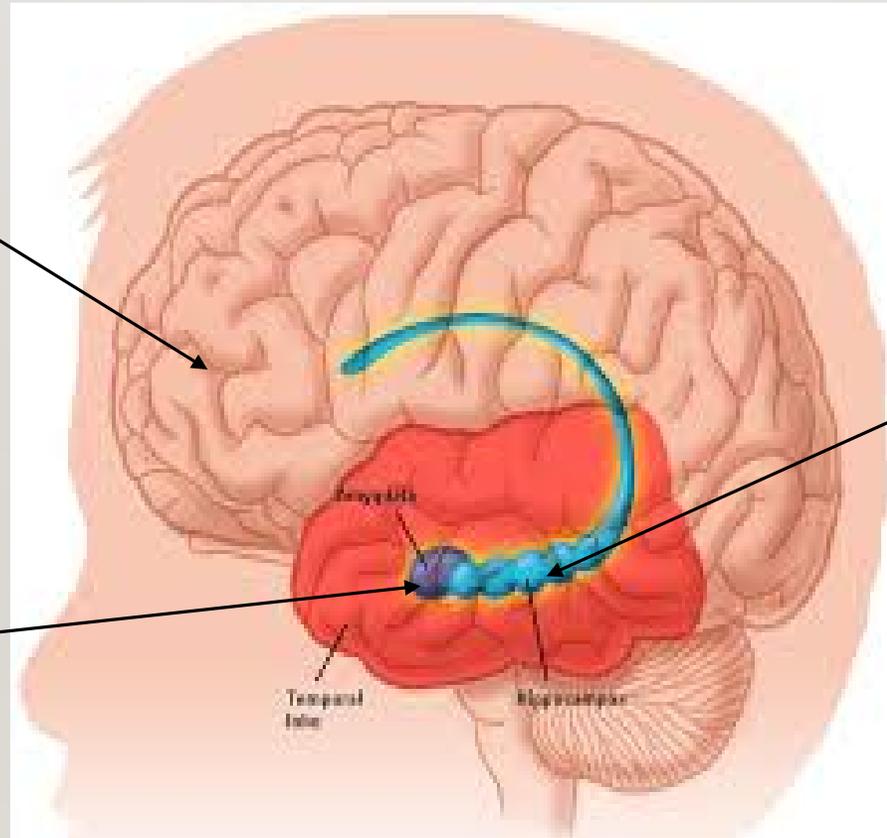


(Wade, 2016)

# NEUROLOGICAL EFFECTS OF ACES ON THE BRAIN

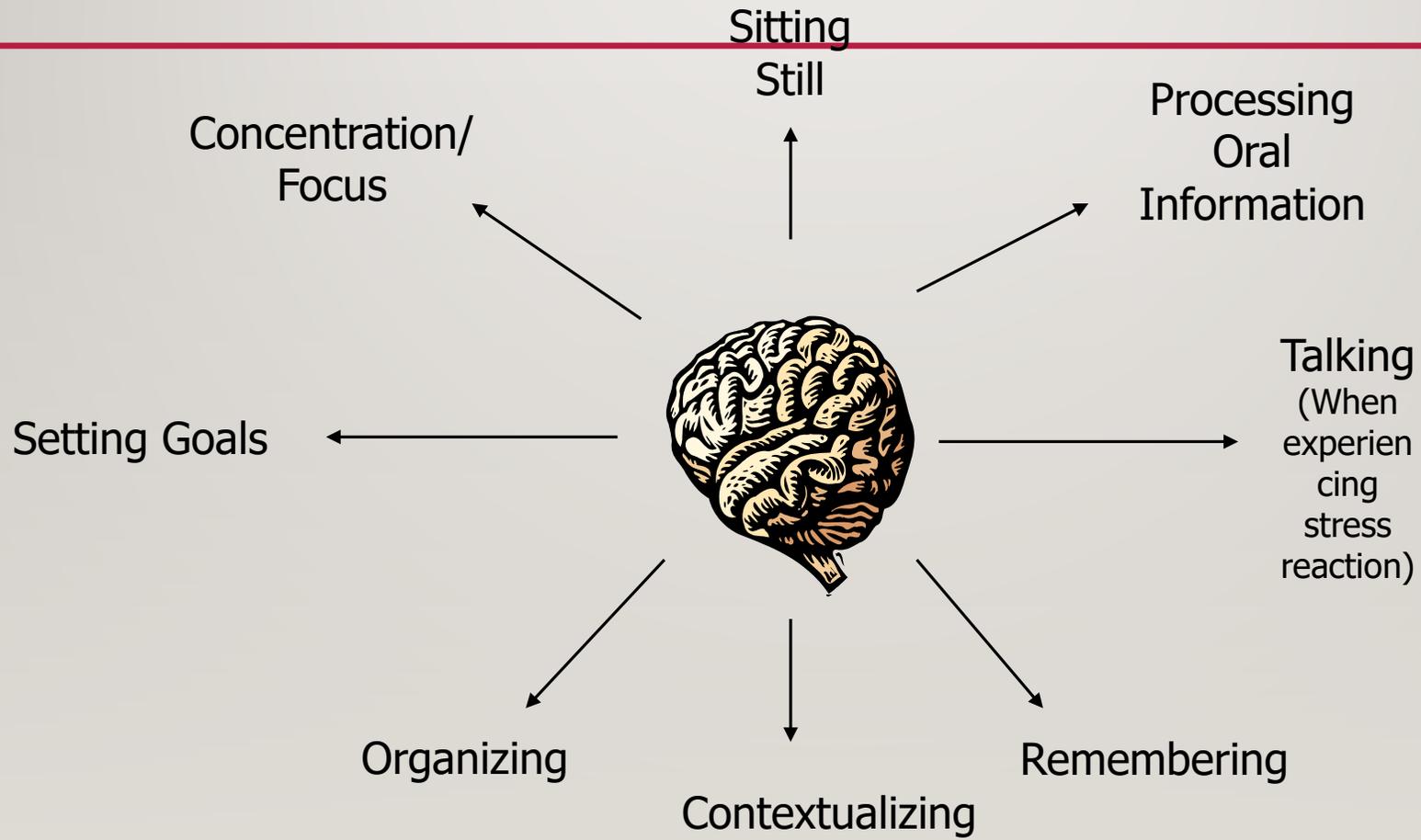
Decreased  
Prefrontal  
Cortex  
Access

Dysregulate  
d  
Amygdala



Hippocampal  
Damage

# MANIFESTATION OF NEUROLOGICAL IMPACT

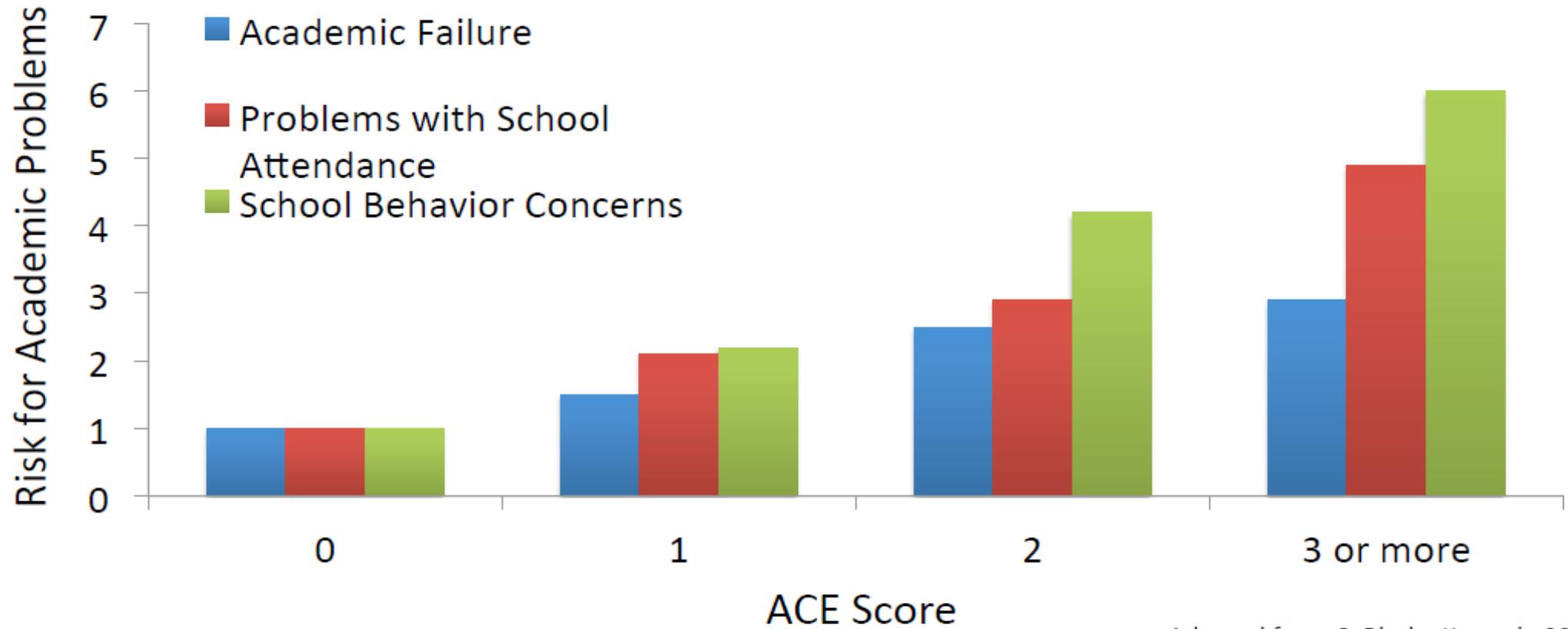


# CONSEQUENCES OF ACES: ACADEMIC FUNCTIONING

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- Increased risk of failing, poor test scores (Guarino).
- More likely to be suspended or expelled
- Higher rates of referral to special education
- 2.5 times more likely to repeat a grade
- Increased likelihood of school failure and drop out (Hinojosa et al., 2019)

# ACE Exposure Associated with Academic Problems



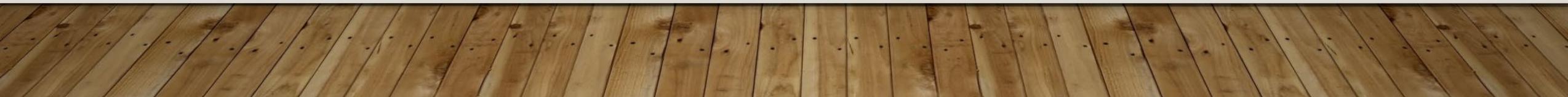
Adapted from C. Blodgett et. al., 2014



# CONSEQUENCES OF ACES: MENTAL HEALTH

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- Increased likelihood of: (van der Feltz-Cornelis, et al., 2019)
  - Post-Traumatic Stress Disorder (PTSD)
  - Anxiety
  - Depression
  - Substance Use Disorders
  - Comorbidities
  - Psychiatric hospitalizations
  - Sexual and general revictimization



# CONSEQUENCES OF ACES CONTINUED

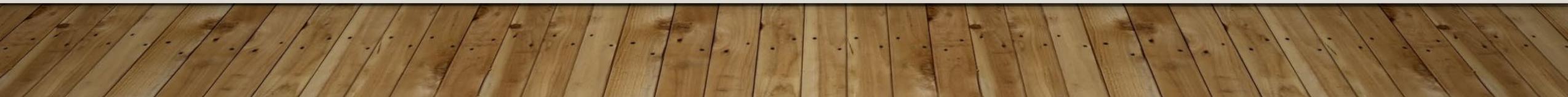
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- Increased likelihood of committing a violent crime (Freeze et al., 2019; Grissom et al., 2019)
- Increased likelihood of interaction with Juvenile Justice
  - 90% of youth in juvenile detention centers have experienced an ACE
  - 30% meet criteria for PTSD



# THE BIOLOGY OF STRESS & THE SCIENCE OF HOPE

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# ENCOURAGING NEWS

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- ALL youth have the capacity to thrive in spite of ACEs
- Specific external characteristics can promote RESILIENCE
- Internal STRENGTHS and SKILLS promote healthy development
- YOU can help foster resilience!

# WHAT IS RESILIENCE?

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- “Good outcomes in spite of serious threats to adaptation or development” (Masten, 2001).
- “Ordinary magic” (Masten, 2001)
- The ability to “bounce back” and thrive

# The Four Rs

A trauma-informed program,  
organization, or system:



Slide 34

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# FOSTERING RESILIENCE USING FOUR R'S

(<https://store.samhsa.gov/>)



# FOSTERING RESILIENCE: REALIZE

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- Systems and organizations realize the:
  - Prevalence of trauma, nationally and in unique populations
  - Impact of trauma on the developing brain
  - Health consequences associated with exposure to traumatic events
  - Potential for healing from exposure to traumas
  - Human capacity for resilience

# POLL EVERYWHERE

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- What percentage of your organization realizes the impact of trauma on the community you serve?
- Two ways to respond:
  - Audience can respond at [Pollev.com/brittanyparh367](https://Pollev.com/brittanyparh367)
  - Audience texts [BRITTANYPARH367](https://www.22333.com) to [22333](https://www.22333.com) to join the session

# FOSTERING RESILIENCE: REALIZE

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- National Child Traumatic Stress Network
  - *What is Child Trauma: Populations at Risk*
  - *Race and Trauma in the Classroom*
- Center for Disease Control and Prevention
  - *Preventing Adverse Childhood Experiences Online Training Modules*
- National Center on Safe Supportive Learning Environments
  - *Trauma-Sensitive Schools Training Package: Understanding Trauma and Its Impact*

<https://www.nctsn.org/>



# FOSTERING RESILIENCE: RECOGNIZE

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- Systems and organizations recognize the signs and symptoms of trauma in:
  - Clients
  - Families
  - Staff
  - Others involved with the system



# THINK-PAIR-SHARE

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- What are potential signs and symptoms of trauma?

# THINK-PAIR-SHARE

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- Non-compliant or oppositional
- Anxious, worried, tense
- Angry, agitated, or irritable
- Withdrawn or depressed
- Sleepy and tired
- Uncomfortable with routine changes/transitions
- Jumpy
- Self-destructive or self-injurious
- Anticipating rejection and abandonment

# FOSTERING RESILIENCE: RECOGNIZE

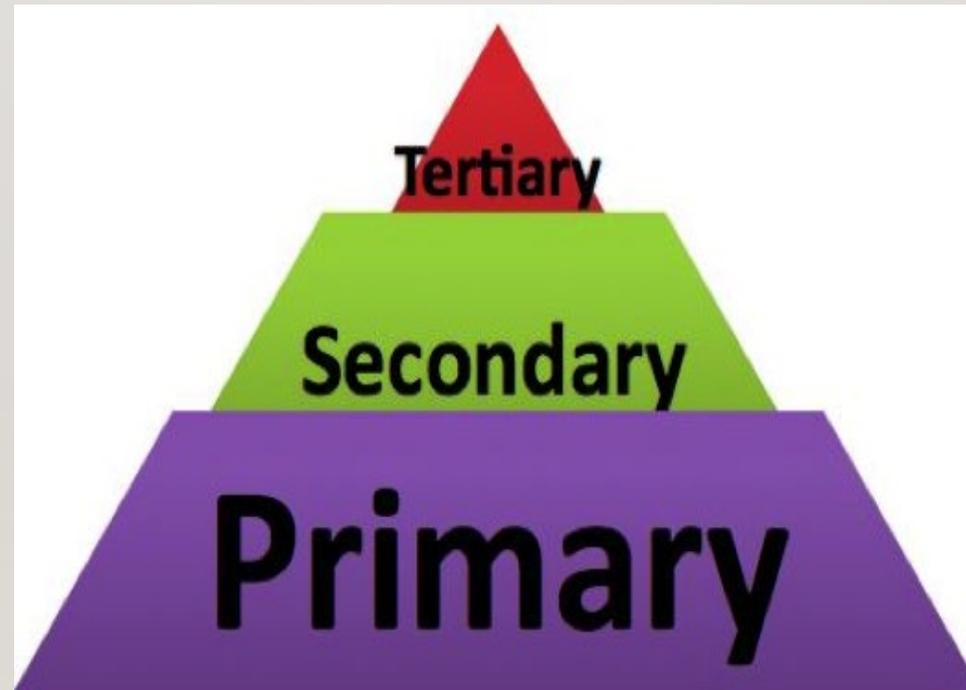
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- The National Child Traumatic Stress Network
  - *Core Curriculum on Childhood Trauma*
  - *Assessment of Complex Trauma by Parents and Caregivers*
  - *Assessment of Complex Trauma Information for Non-Mental Health Professionals*
  - *Assessment of Complex Trauma by Mental Health Professionals*

# FOSTERING RESILIENCE: RESPOND

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- Respond to reduce the impact of Trauma



# FOSTERING RESILIENCE: RESPOND

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- Primary-level supports and services are accessible to all individuals and effective with the majority (80% will thrive and do not require additional supports)
- YOU can help to bolster internal characteristics that foster resilience:
  - Emotional regulation\*
  - Impulse control
  - Optimism\*
  - Causal analysis
  - Empathy
  - Self-efficacy\*

# POLL EVERYWHERE

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- Describe how you MenToR emotion regulation, impulse control, optimism, causal analysis, empathy, or self-efficacy.
- Two options to participate:
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# FOSTERING RESILIENCE: RESPOND

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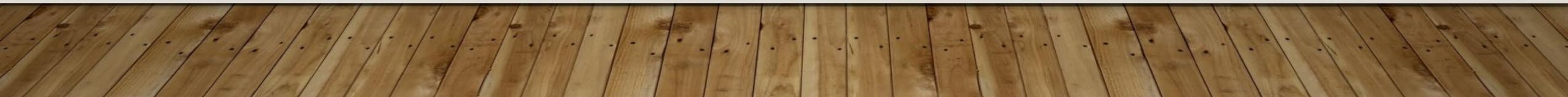
## **Relationships with caring adults are promotive and protective:**

- Teachers
- Coaches
- Extended family
- Community volunteers

## **Mentoring programs increase positive outcomes**

- Skill development
- Academic success
- School and employment outcomes

## **After-school programs increase self-efficacy**

- Strengthen academic and leadership skills
  - Reduce prevalence of crime, violence, and adolescent risk behaviors
- 

# RESPOND: RESOURCES CONTINUED

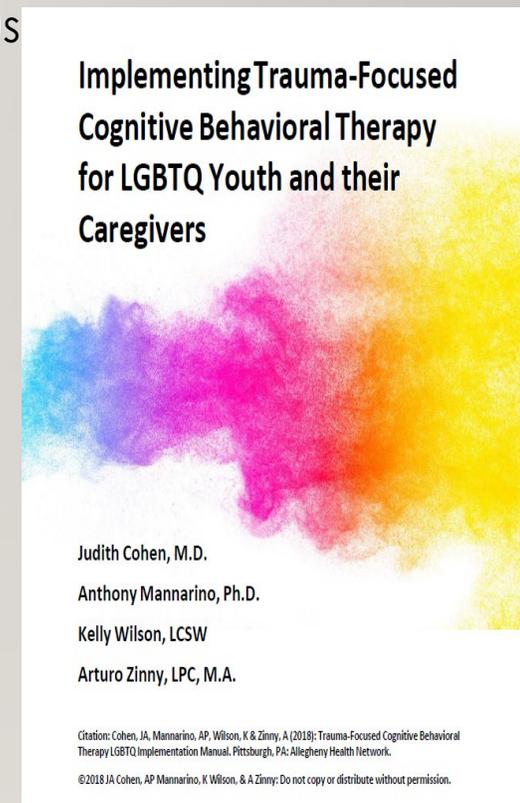
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- Primary-level (Resilience Building Programs)
  - Incredible Years
  - The Good Behavior Game
  - Second Step
  - Strengthening Families
  - Dating Matters
  - Safe Dates
  - Parenting Skills Programs
  - Yoga and Mindfulness

# RESPOND: RESOURCES CONTINUED

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- Secondary-Level: Supports and services for **some** students at-risk of developing serious behavioral, social- emotional, behavioral, and mental health challenges (~15%)
  - Safe Environment for Every Kid (SEEK)
  - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
  - Support for Students Exposed to Trauma (SSET)
- Tertiary-Level: Services and Interventions for a **few** students with identified, serious behavioral, social- emotional, behavioral, and mental health needs (~5%)
  - Bounce Back
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
  - Multisystemic Therapy (MST)



# FOSTERING RESILIENCE: RESIST RE-TRAUMATIZATION

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Seeks to actively resist re-traumatization:

- Sounds or loud noises
- Crowds
- Being touched
- Particular smells
- Yelling and arguing
- Perceived blame, rejection, hostility
- Expressed beliefs

# POLL EVERYWHERE

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- What can be done to actively resist re-traumatization related to historical trauma?
- Two ways to respond:
  - Audience can respond at [PollEv.com/brittanyparh367](https://PollEv.com/brittanyparh367)
  - Audience texts [BRITTANYPARH367](https://www.textpoll.com/BRITTANYPARH367) to [22333](https://www.textpoll.com/22333) to join the session

# FOSTERING RESILIENCE: RESIST

NCTSN The National Child Traumatic Stress Network

NCTFCJ NATIONAL COLLEGE OF JUVENILE AND FAMILY COURT JUDGES

**NCTSN BENCH CARD FOR JUVENILE COURT JUDGES**  
Newcomer Immigrant Youth in Juvenile Justice Court Proceedings: A Trauma-Informed Approach

**What Do Judges Need to Know?** *No one puts their children on a boat unless the water is safer than the land. —Warsan Shire, Home*

**NEWCOMER IMMIGRANT YOUTH & TRAUMA**

This bench card focuses on a subset of recently arrived immigrant children, including refugee children, asylum seekers, and unaccompanied children, to whom we refer as "newcomer immigrant youth."

Many newcomer immigrant youth come to the United States because of extreme adversity in their countries of origin. Some youth come with parents or family members, while others make the arduous journey alone.

Exposure to severe stressors and trauma is commonplace for newcomer immigrant youth. This exposure can occur before, during, and/or after migration to the United States. It is important to note that many of these stressors and traumas may occur for months or years, spanning multiple stages in the migration experience.

<b>BEFORE MIGRATION</b>	War and political conflict; lack of food, water, shelter, and medical care; forced displacement; gang violence; threats of physical and sexual violence or murder; death of a loved one
<b>DURING MIGRATION</b>	Extreme deprivation of food, water, shelter, and medical care; hazardous travel, often long distances by foot or unsafe transportation; death of—or prolonged separation from—a caregiver, family member, or other important person; direct or indirect exposure to physical and sexual violence; gender-based violence; human trafficking and financial exploitation
<b>AFTER MIGRATION</b>	Federal immigration detention; extreme poverty; discrimination/bullying/hate crimes based on race, ethnicity, sexuality, religion, or native language; separation from family members; drug exposure; community violence

**THE IMPACT OF TRAUMA ON NEWCOMER YOUTH: LIVING IN SURVIVAL MODE**

Youth who have experienced such traumas often live in "survival mode" in order to protect themselves and others. Youth in survival mode may isolate themselves and become emotionally numb or shut down. They may also be constantly on guard and ready to react to danger with "fight or flight" responses, including aggression, avoidance, and reckless actions, which is best described as "survival coping."

Living in survival mode may be helpful in the face of acute safety threats, but can inadvertently lead to further exposure to danger, conflict in relationships with peers, family, and school officials, and contact with law enforcement and the juvenile justice system. Breaking the cycle of trauma and escaping survival mode is the key to true rehabilitation for all youth who are involved in the juvenile justice system.

**ENGAGING NEWCOMER IMMIGRANT YOUTH**

The Court's acknowledgment that youth in survival mode are attempting to regain safety provides a basis for engaging newcomer immigrant youth and helping them find constructive ways to live in their new communities.

Specifically, understanding newcomer youths' trauma histories, cultural backgrounds, and personal strengths enables judges to craft effective orders and avoid potential pitfalls. Showing interest in and respect for youths' cultural heritages, traditions, and support systems can establish mutual respect and engage valuable sources of rehabilitation from the youth's culture and community. In addition, knowledge of youths' past and current threats to their safety and their personal and/or communal fear

NCTSN The National Child Traumatic Stress Network



**Understanding Refugee Trauma: For Child Welfare**

**1 Who are refugees and immigrants?**

People leave their home countries to come to the United States (US) for a variety of reasons. Although not exhaustive, some of the reasons include war or political violence, fear of persecution, and/or pursuit of employment or educational opportunities. Migration is typically distinguished as either forced or voluntary displacement.

There are many terms to describe persons who migrate to the US. Certain terms indicate specific legal protections; providers should know and consider these common terms:

**Refugee:** Children who are "outside any country of [their] nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion . . . ."

**Immigrant:** A person who has come to live permanently in another country. INA, 8 U.S.C. § 1101(a)(42) (2012).<sup>1</sup>

# FOSTERING RESILIENCE: EXERCISE SELF-COMPASSION

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# INDIRECT EXPOSURE TO ACES HAS CONSEQUENCES

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- Secondary Traumatic Stress/Compassion Fatigue (Guarino)
  - Presence of PTSD symptoms caused by at least one indirect exposure to traumatic material
- Vicarious Trauma (Guarino)
  - Changes in a helper's inner experience over time as a result of responsibility for an empathic engagement with traumatized clients



# SELF-CARE IS IMPORTANT

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- Engage in consistent, daily self-care!
- Frequently assess emotions, behaviors, and needs
  - Professional Quality of Life Scale (ProQOL)
- Seek support/consultation if you begin to notice changes
  - National Center for PTSD: *Provider Self-Care ToolKit*

# THANK YOU

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Brittany R. Patterson, Ph.D.

Assistant Professor

University of Maryland School of Medicine

[bpatterson@som.umaryland.edu](mailto:bpatterson@som.umaryland.edu)



# REFERENCE LIST

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<https://www.youtube.com/watch?v=0Qtn2ZFx6ZM>

Media coverage of community racial trauma and civil unrest can cause children to experience fear, worry, sadness, confusion, and anger. Your child can be exposed through a variety of media such as TV, radio, newspapers, the internet and social media. Community racial trauma and civil unrest may include; law enforcement shootings of -- and violence towards -- African Americans and people of other minority ethnic groups, or community protests responding to these incidents of violence. Protests may be peaceful and orderly or may include violence towards police officers and protesters alike, weapons, tear gas, and military-type vehicles; damaged buildings and burning cars. While all children can be distressed by this media coverage, children of minority racial groups may be even more impacted. This is because children of minority or racial groups may identify with the people hurt by police, may wonder if they will also be hurt, and may have seen or heard about similar experiences in their own lives. As a parent, you can help reduce distress caused by media coverage through three main strategies: 1. Encourage Dialogue. 2. Establish a Sense of Safety. 3. Promote Positive Coping Skills. And finally...Know when and how to get help. If you or your child are feeling overwhelmed or isolated help is available. Contact the Disaster Distress Helpline to talk with a trained crisis counselor: 1-800-985-5990 or text TalkWithUs to 66746. This video was developed through a collaboration with the following organizations: University of Missouri Disaster and Community Crisscross Center <http://dcc.missouri.edu> Center for Child and Family Traumatic Stress at Kennedy Krieger Institute <https://www.kennedykrieger.org/patien...> Children's Advocacy Services of Greater St. Louis <http://www.stlouiscac.org/> Family-Informed Trauma Treatment Center - University of Maryland <http://fittcenter.umaryland.edu/>