



Advocacy Centers ACEs & PCEs Project

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Arizona Child and Family Advocacy Network



NATIONAL
CHILDREN'S
ALLIANCE®

CHAPTER

- **Mission statement**

ACFAN supports the establishment, sustainability and improvement of child and family advocacy centers throughout Arizona

- **Vision**

We will have success when a coordinated multidisciplinary response to victims of child abuse, sexual assault and family violence is the standards throughout Arizona

National Children's Alliance (NCA)

- Membership Organization
- Standards
- Training
- Resources & Support

www.nationalchildrensalliance.org



NATIONAL
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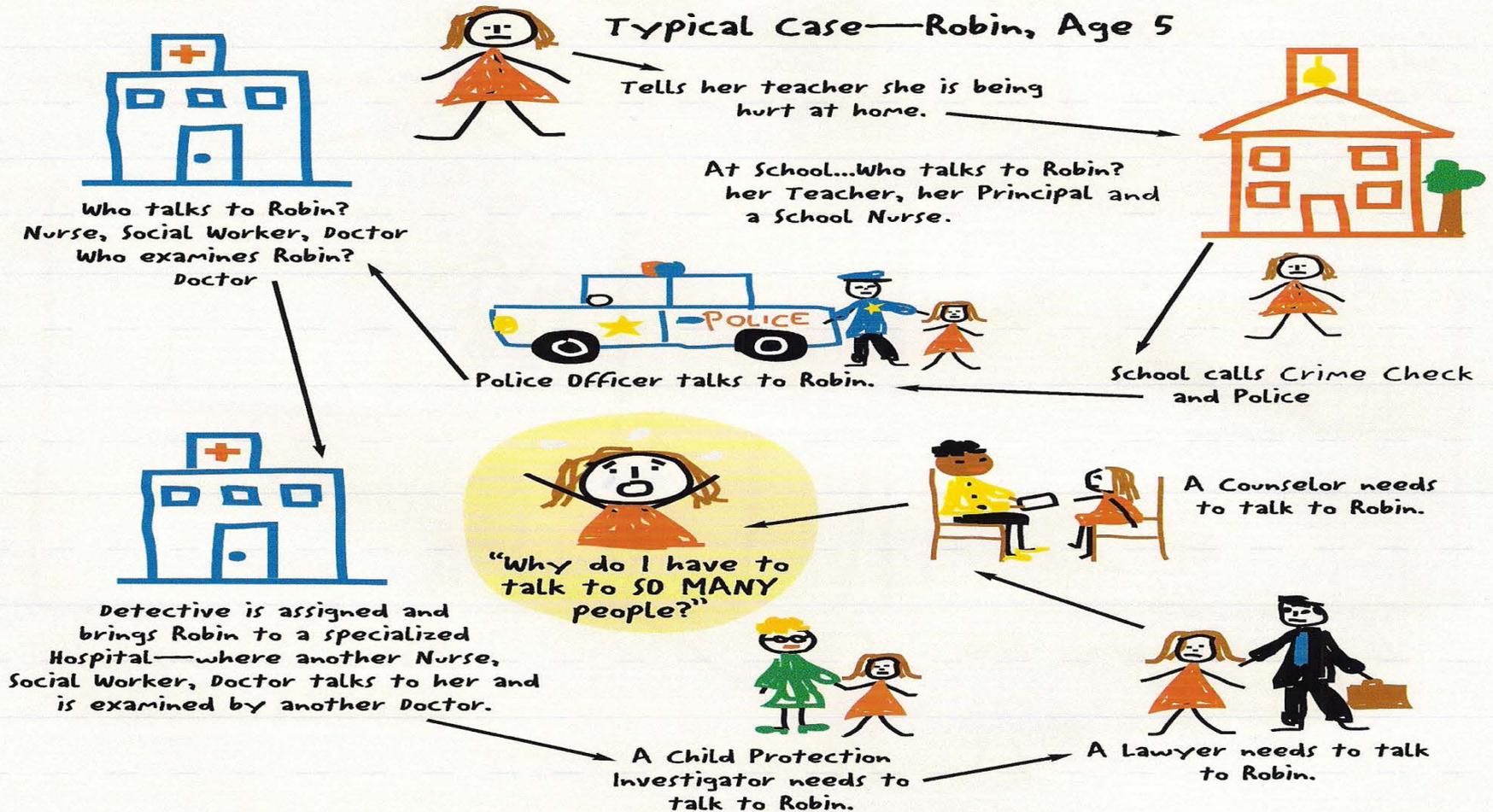
CHAPTER

Definitions

- An ***advocacy center*** is a comprehensive, *victim focused program* based in a facility that allows law enforcement, child protection professionals, prosecutors, victim advocates, forensic interviewers, medical professionals, and mental health providers to work together when intervening and investigating violent crimes against children and adults.

Changing the Child Abuse System

WHAT USED TO HAPPEN WHEN KIDS NEEDED HELP FOR ABUSE

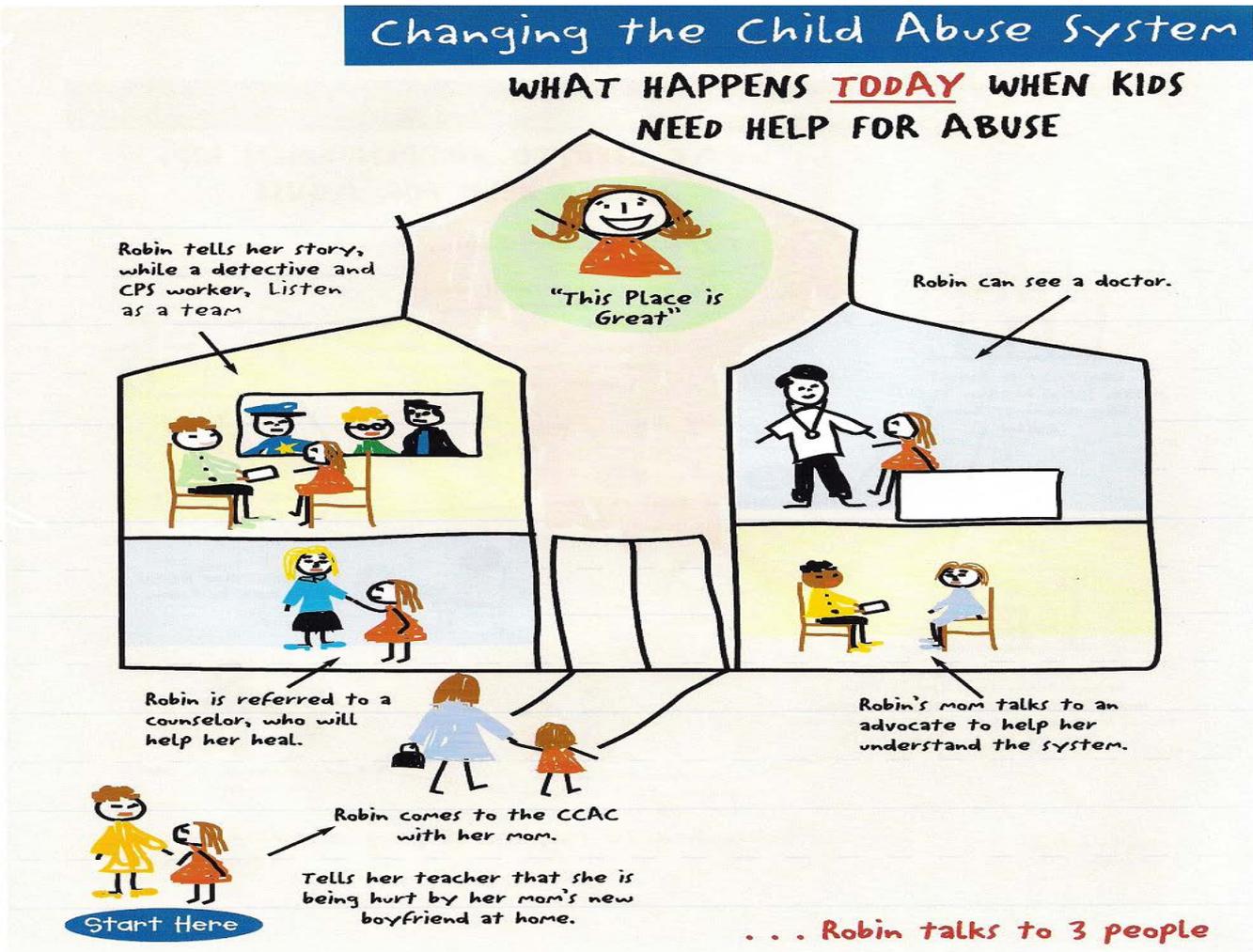


adapted from
Chicago CAC

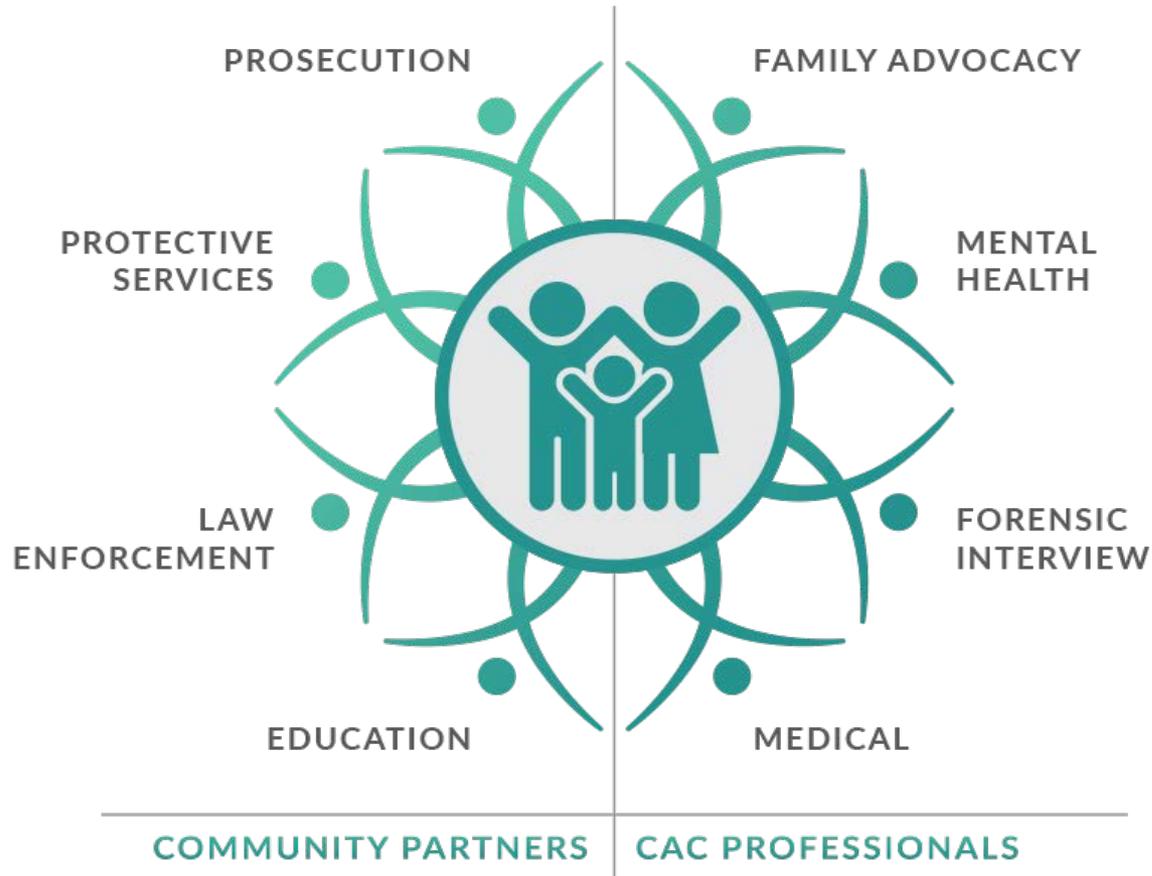
Robin had to talk to 15 people, but now . . .
(turn over)

Changing the Child Abuse System

WHAT HAPPENS TODAY WHEN KIDS NEED HELP FOR ABUSE



Multidisciplinary Team



ACFAN History

- 1974 – US Congress passes the Child Abuse Prevention and Treatment Act (CAPTA)
- 1988 – Congress amends CAPTA to include the Children’s Justice Act (CJA)
- 1989 – AZ receives it’s first CJA grant (\$180,000 est.) Governor Rose Mofford appoints the first CJ Task Force (CJTF)

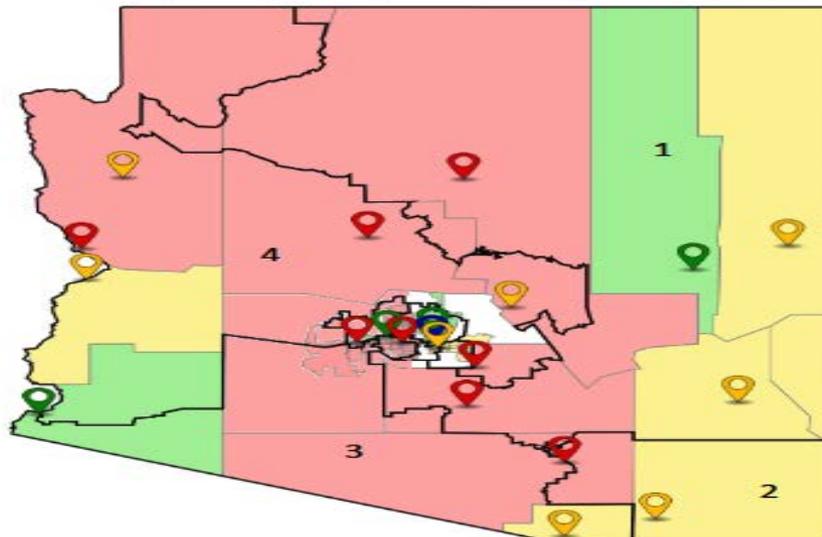
History cont.

1996

- Mesa Center Against Family Violence
- Safe Child Center
- Southern Arizona Children's Advocacy Center
- First Sexual Assault Nurse Examiner (SANE) training takes place in Tucson
- Advocacy Center Network (informal meetings)
- 1999 ACFAN becomes a 501c3
- 21 FAC/CAC through Arizona, Mobile unit, satellite office

Arizona Children's Advocacy Centers

CAC Locations, Coverage Areas by NCA Membership Status Level, Congressional Districts



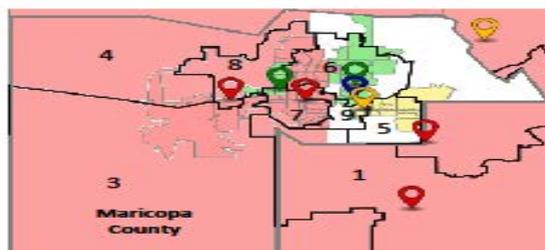
National Children's Alliance Membership Status

- Accredited Member
- Associate/Developing Member
- Affiliate Member
- Non-Member CAC/MDT

Congressional District

- County/Area Served by an Accredited CAC
- County/Area Served by an Associate/Developing CAC
- County/Area Served by an Affiliate CAC
- County/Area Served by a Non-Member CAC/MDT

60% of Counties (9 of 15) Covered by NCA Member CACs
 47% (7) Accredited - 13% (2) Affiliate
 The remaining 40% of Counties (6) are Covered by Non-Member CACs/MDTs

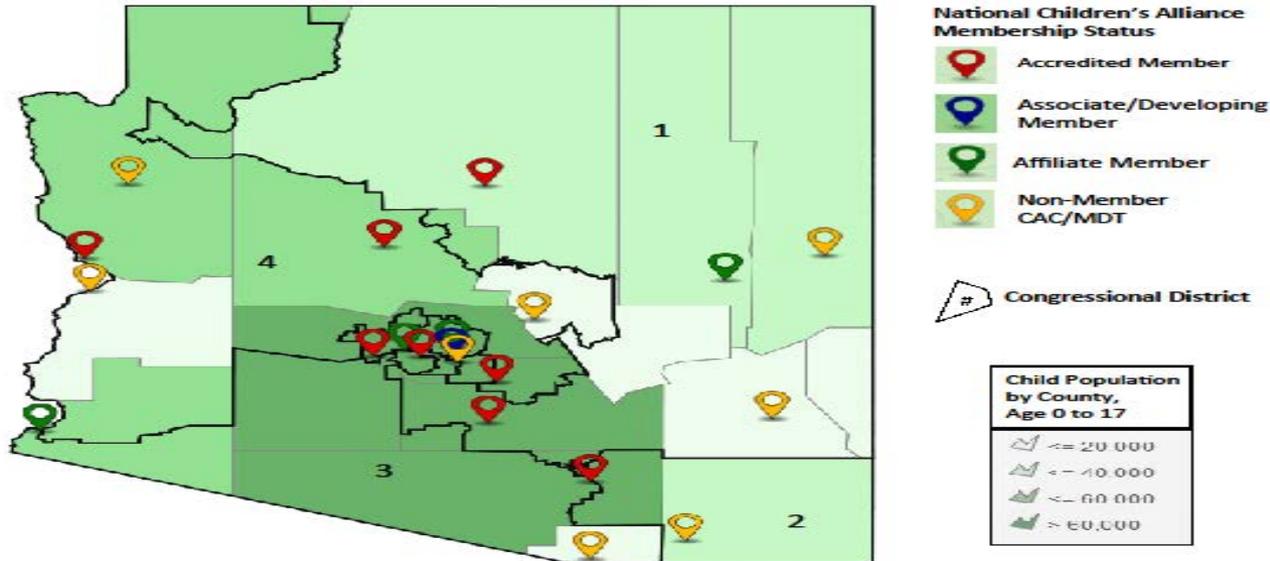


Maricopa County is served by 6 centers that cover specific areas.

- Childhelp Children's Center of Arizona (Accredited - Red) Serves the Municipality of Phoenix
- Southwest Family Advocacy Center (Accredited - Red) Serves the Municipalities of Avondale, Buckeye, and Goodyear, as well as districts served by the West Valley SVU of the Maricopa County Sheriff's Office, covering the western portion of the county.
- The SRPMIC Family Advocacy Center (Associate/Developing - Blue) Serves the Salt River Pima - Maricopa Indian Community
- Glendale Family Advocacy Center (Affiliate - Green) Serves the Municipality of Glendale
- Scottsdale Family Advocacy Center (Affiliate - Green) Serves the Municipality of Scottsdale
- Mesa Family Advocacy Center (Not a Member of NCA - Yellow) Serves the Municipality of Mesa

Arizona Children's Advocacy Centers

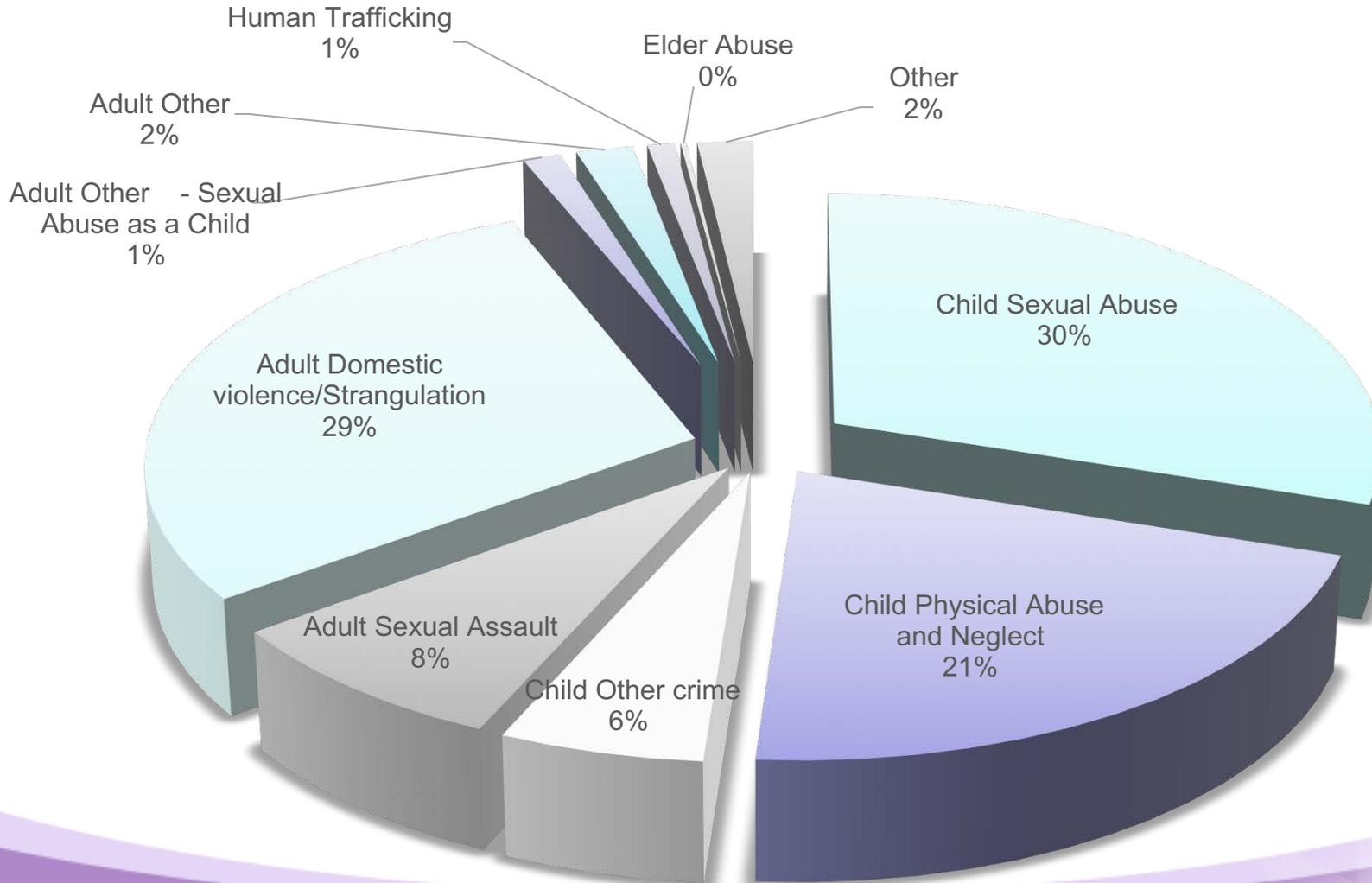
Membership Status, Congressional Districts, Child (Under Age 18) Population by County



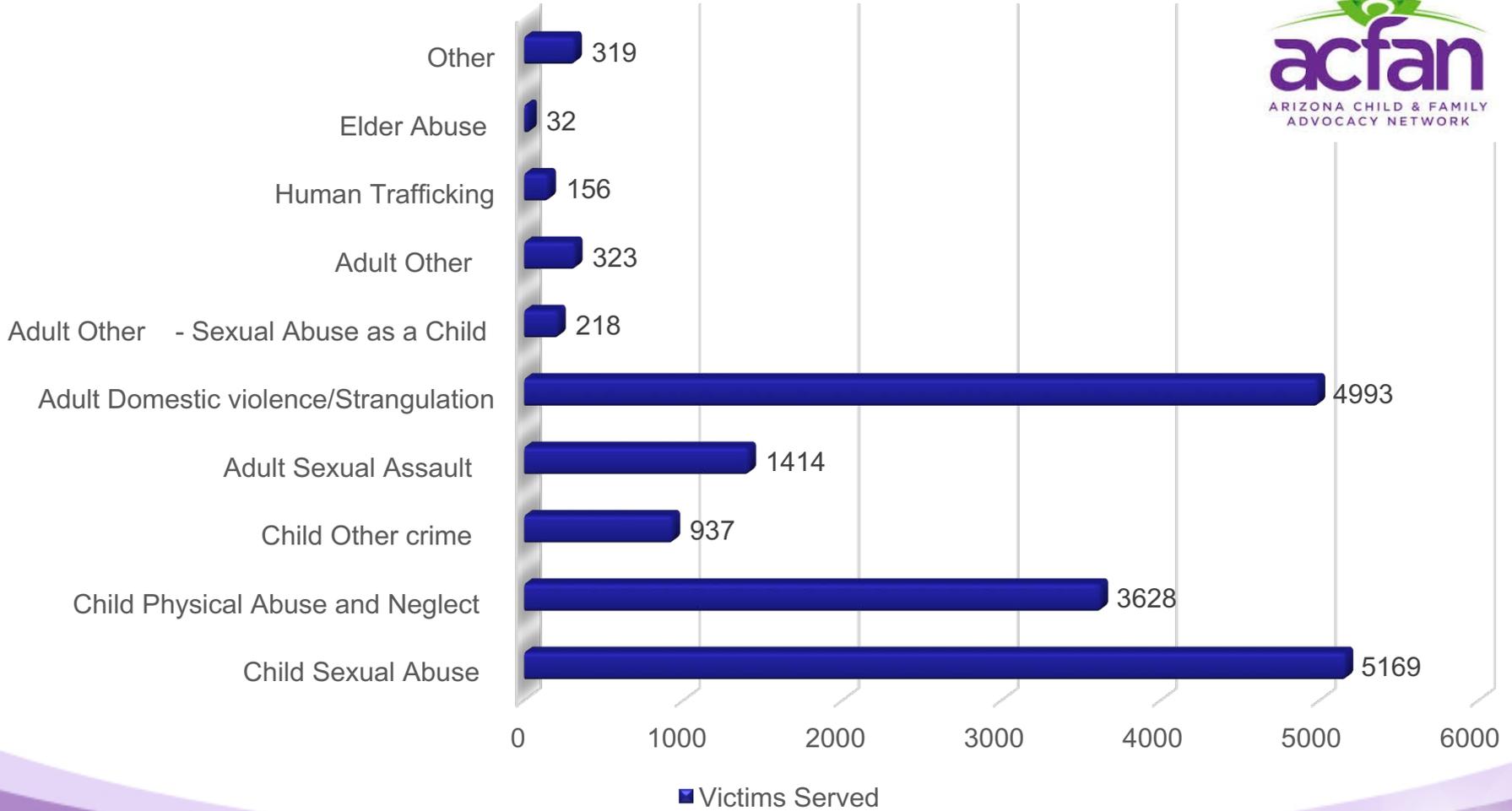
Phoenix Metropolitan Area



Victims Served 2018



17,189 Victims Served in 2018



Mental health service delivery through CACs is growing

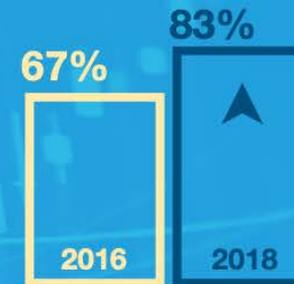
Even in the past two years, CACs have made dramatic strides in offering evidence-based mental health services. But these strides have been the effect of longer-term improvement trends at CACs.



Mental Health Services Offered, percentage of CACs
2016 NCA Census vs 2018 NCA Census



Evidence-based treatments

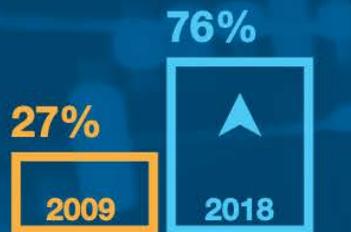


Evidence-based assessments

Back in 2009, when Accredited and Associate Member CACs were surveyed about mental health care services, few reported having adequate mental health personnel, and only around half reported delivering mental health services either onsite or through referrals or linkage agreements. Thanks in part to Victims of Crime Act (VOCA) funding made available to CACs through NCA's federal advocacy efforts, fewer CACs than ever report mental health staffing shortages, and the CAC movement has shown dramatic growth in service delivery, both onsite and through referrals.

How CACs have grown

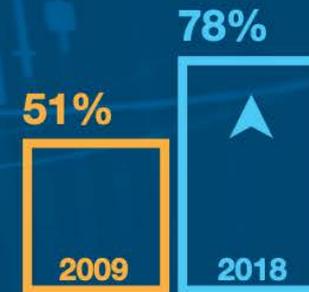
2009 Survey vs 2018 NCA Census



Have sufficient mental health personnel



Offer at least some therapeutic services onsite



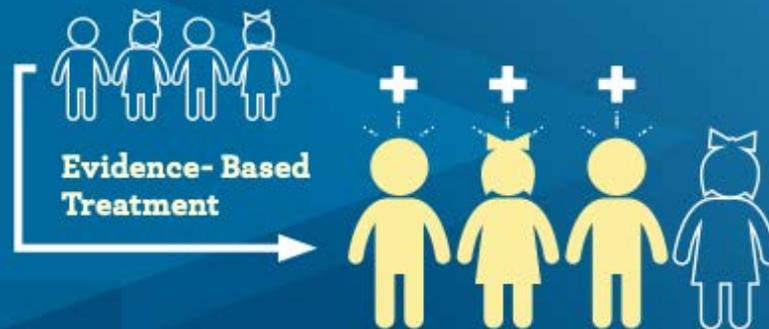
Offer at least some therapeutic services by referral/linkage agreements

We're improving kids lives (and caregivers too). Here's proof

Evidence-based treatments (EBTs) have been designed and tested for treatment of child trauma-related symptoms. It's through the use of those proven techniques that CACs are making a difference in kids' lives—and helping their caregivers, too.

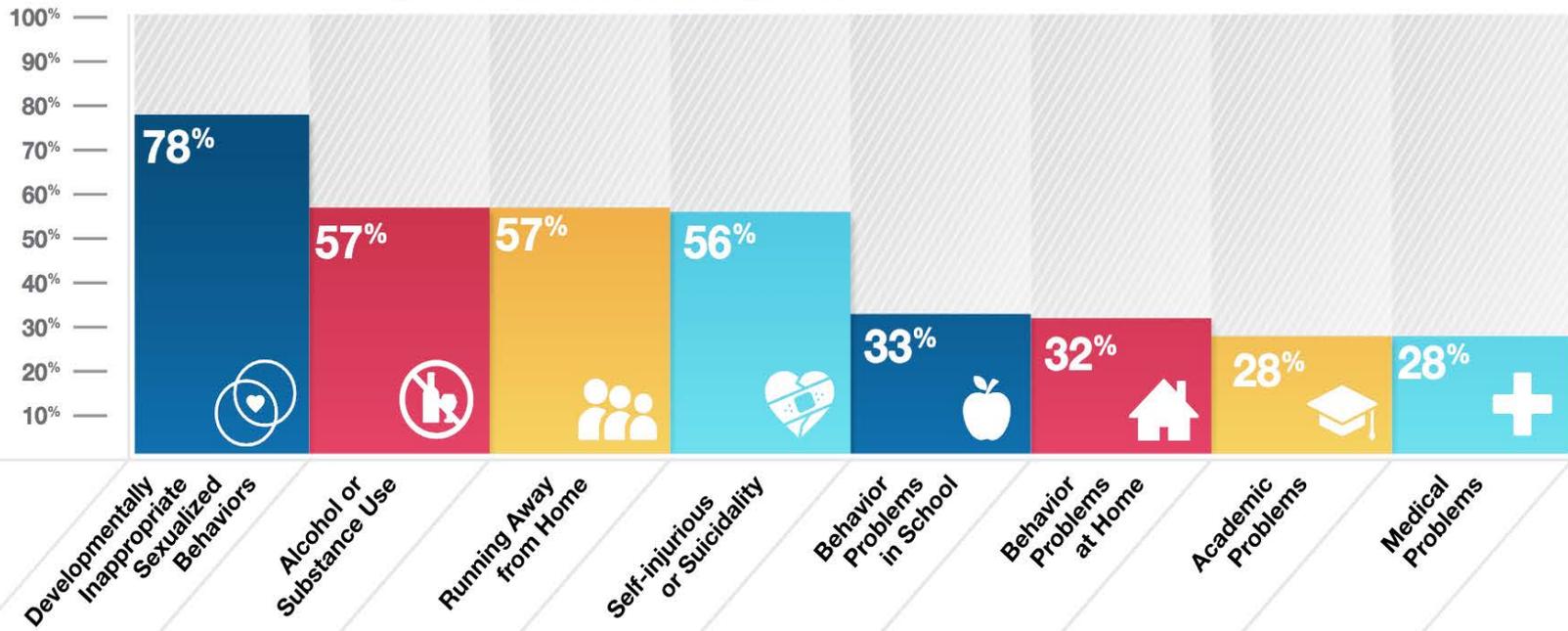
**EBTs can help reduce
trauma symptoms.**

75% of children who had PTSD when they started treatment no longer had PTSD at their last follow-up



Evidence-based treatments (EBTs) improve outcomes for children.

Below are percentages of children who stopped experiencing these major life problems after receiving EBTs.³



Abuse and other forms of trauma are common.

Nearly half of all U.S. children—some 34 million—have experienced at least one type of childhood trauma, while 16 million have experienced two or more types of trauma.¹



Physical Abuse
Sexual Abuse
Psychological Abuse
Community Violence
Domestic Violence
Bullying
Natural Disaster
Bereavement

Abuse carries a heavy cost.

The lifetime cost for each victim is

\$210,012

Each year, total lifetime costs of new cases of child abuse reach approximately

\$124 billion²

Objectives

- ACEs & PCEs
- The Study
- Benefits and Challenges
- Data Usage

THE ACES & PCES

Adverse & Positive Childhood Experience (ACEs and PCEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.

American Journal of Preventive Medicine 14(4), 1998

ACEs are negative experiences or events children are exposed to within their family/household. These common stressful or traumatic events affect (neuro) development in children.

PCE's are factors that increase the likelihood of successful development and are based entirely on secure attachment in early childhood

Resilience vs Adversity

PCEs

As the child grows, exposure to spoken language and having the presence of safe, stable, nurturing relationships and environments are important factors for optimal development

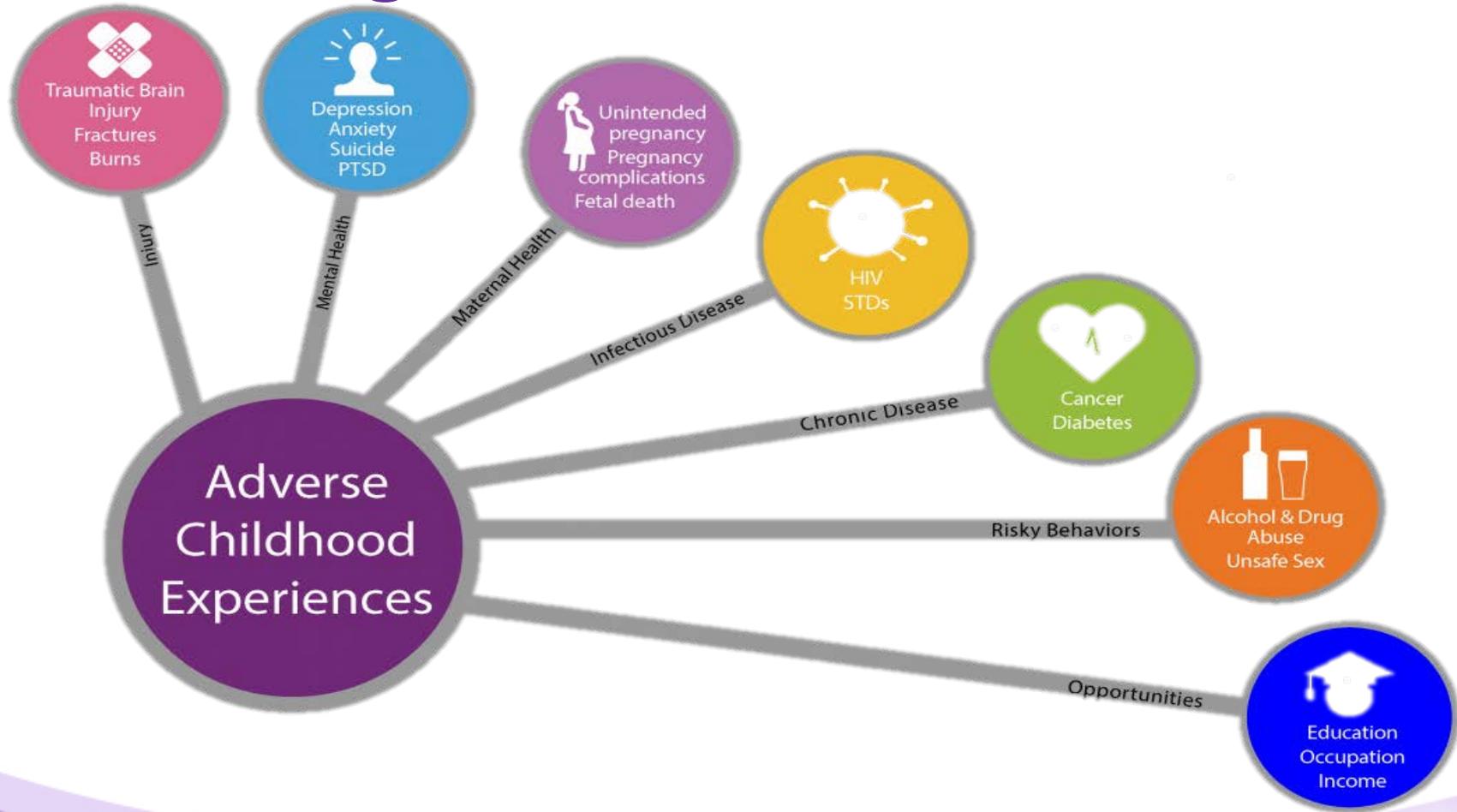
ACEs

Children with ACEs are at risk for observable changes in brain anatomy, gene expression, and delays in social, emotional, physical, and cognitive development lasting into adulthood

The ACE & PCE Study

- Strong relationship between childhood adverse events and reduced health and well-being throughout life
 - **If one ACE exists there is an 87% likelihood that there is more than one ACE**
 - **Dose response**
 - **The higher the ACE score, the worse the outcome**
- **6 or 7 PCE's**
 - **72% less likelihood of depression**
- **3-5 PCE's**
 - **50% less risk of depression**

Negative Health Outcomes



ACEs in AZ Adults

Prevalence of Adverse Childhood Events (ACEs)

- 9%** **Sexual Abuse**- Anyone at least 5 years older than them or an adult ever touch them sexually, tried to touch them or forced to them have sex at least once
- 9%** **Incarcerated Household Member**- Lived with anyone who served time or was sentenced to served time in prison, jail or other correctional facility
- 12%** **Drug use in household**- Lived with anyone who used illegal street drugs or abused prescription medication
- 15%** **Mental Illness among adults**- Lived with anyone who was depressed, mentally ill or suicidal
- 15%** **Violence between Adults**- Parents or adults in their home ever slap, hit, kick, punch or beat each other up at least once
- 16%** **Physical abuse**- Parent or adult in the home hit, beat, kick or physically hurt them at least once (Spanking not included)
- 22%** **Drinking problem in household**- Lived with anyone who was a problem drinker or alcoholic
- 26%** **Parent separation/ divorce**- Parents separated or divorced
- 32%** **Verbal Abuse**- Parent or adult in the home ever swear at them, insult them or put them down at least once

Arizona Children, 0 – 17

- At least 1 ACE – 23 %
- 2 or more – 27 % (*National average - 22 %*)
- 3 or more – 18 %
- Ethnic minority children have disproportionately higher share of **6+** ACEs
- Estimated 69,213 have **5+** ACEs

Childhelp Non-offending Parents/CG's

Number of ACEs	National	Arizona	Childhelp
0	38.5%	52%	6.7%**
1	23.5%	18%	20%
2	13.4%	12%	10%
3	8.8%	18%	10%
4 or More	15.8%	Not Collected	53.3%*

ACE	National	Arizona	Childhelp
Emotional Abuse	34.4%	35%	54.8%**
Physical Abuse	17.9%	19%	32.2%**
Sexual Abuse	11.6%	12%	35.5%**
Physical Neglect	Not Available	Not Available	32.3%
Emotional Neglect	Not Available	Not Available	45.2%
Parental Divorce/Separation	27.6%	30%	61.3%**
Mother Treated Violently	17.5%	19%	25.8%
Substance Abuse	27.6%	12%	38.7%* (AZ only)
Mental Illness	16.5%	16%	38.7%**
Familial Incarceration	7.9%	9%	32.3%**

THE STUDY

Collecting ACEs at the Advocacy Centers



Higher Risk
Population
than general
public



Higher average
ACE score



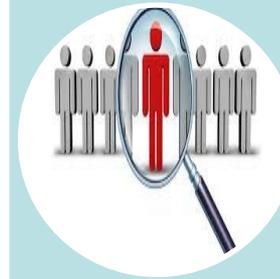
Inform our
procedures
and services



Helps us gain
buy in from the
population we
serve



Create
targeted
referrals and
resources in
our victim
advocacy
program



Screen for
risks for future
problems and
challenges



Design

- Adults: Self/Family members/Caregivers
 - **Complete the Adult ACEs questionnaire while they or their child is being seen at the center**
 - **Adult focused resilience questions (PCEs)**
 - **Complete the questionnaire during an advocacy appointment for resources and referrals**
 - **Use the score and the data to help the adults understand their own risks, needs, and strengths**
- Data is used to
 - **Screen for specificity in the referral process**
 - **Document the level of Risk and Resiliency Factors**
 - **Communicate with victims/caregivers the importance of seeking holistic services**

Outcomes: Immediate Goals

Communicate with our population how important it is to get help so that we stop the tide and heal

Tailor our resources and referrals to their specific needs

Warm-Hand Offs

Connect with all local community Partners to create opportunities

IMPROVE OUTCOMES😊

Data Use

Long-term goals

- Funding
- Policy
- Legislation
- Publication

The Administration Process

- This will be unique to many of the sites as each site runs their advocacy/referral & resource appointments differently
- During VA introduction and consent process, they mention the ACEs and PCE as a method to assess the needs and strengths
- During the VA session, they discuss Resiliency and ACEs, identify why it is important to discuss these items, and how it will help us do a better job with identifying and linking them to needs
- Then gain consent for research (Still DO ACE/PCE even if they don't consent to research if they want to)

Data

- No Identifying information will be collected
- If agencies want to opt out of reporting, that is fine
- The data will get reported to each agency individually
 - **If the agency chooses, the data will be added to the aggregate**
 - **The agency can chooses if they do not want their data to be part of the final publications**

DATA OUTPUT

- Monthly & the end of the year:

Number of ACEs	Your Site
0	Percentage of folks with this score
1	
2	
3	
4 or More	

ACE	Your Site
Types of ACEs	Percentage of folks that said yes

- You will receive the information for the folks who said yes (i.e., gave consent) for their information to be used

APPLICATION

WHAT THE HECK ARE WE SUPPOSED TO DO???

Using ACEs to assess needs in parents/CG's: Ghosts in the Nursery

A Good Enough Parent understands how their own history impacts how they parent

- particularly if that history includes trauma or a significant number of adverse childhood experiences

Parenthood can resurrect complex feelings affecting how parents react to our children

- An awareness of their own score can help parents understand the root of their behavior
- This enables them to seek help

Using ACEs to assess needs in Adult Victims

- The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.
- Research on kids' brains found that toxic stress physically damages a child's developing brain
- **Fortunately**, brains and lives are somewhat plastic - asking for help, developing trusting relationships, forming a positive attitude, listening to feelings — can help decrease the risk associated with ACEs

Explaining the ACEs & Resilience

- The ACE score is meant as **guidance**.
- ***ACE scores don't tally the positive experiences***
- “There are people with high ACE scores who do **remarkably well**” - [Jack Shonkoff](#), Center on the Developing Child at Harvard University
- Resilience builds throughout life – IT IS ON-GOING
- **Close relationships are key**

Explaining the ACE

- Use handouts to explain what the ACEs are and how it impacts them
- An ACE is something significant and scary that happens to us in childhood that has long lasting impacts on our well-being (physical and mental health)

Adverse Childhood Experiences

Understanding ACEs

ACEs (Adverse Childhood Experiences) are serious childhood traumas that can result in toxic stress. Prolonged exposure to ACEs can create toxic stress, which can damage the developing brain and body of children and affect overall health. Toxic stress may prevent a child from learning or playing in a healthy way with other children, and can cause long-term health problems.

The infographic features a central illustration of a child with a brain diagram showing various colored regions and a red heart on their chest. Arrows point from text boxes to these areas, describing the effects of ACEs. A speech bubble from the child says, 'I can't hear you! I can't respond to you! I am just trying to be safe!'.

Lower tolerance for stress, which can result in behaviors such as fighting, checking out or defiance.

Increases difficulty in making friends and maintaining relationships.

Increases stress hormones which affect the body's ability to fight infection.

May cause lasting health problems.

Increases problems with learning and memory.

Reduces the ability to respond, learn, or figure things out, which can result in problems in school.

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcohol and drug abuse
- Asthma
- Depression
- Heart disease
- Intimate partner violence
- Liver disease
- Sexually-transmitted disease
- Smoking
- Suicide

ACEs (Adverse Childhood Experiences) can include:

- Abuse: Emotional/physical/sexual
- Bullying/violence of/by another child, sibling, or adult
- Homelessness
- Household: Substance abuse/mental illness/domestic violence/incarceration/parental abandonment, divorce, loss
- Involvement in child welfare system
- Medical trauma
- Natural disasters and war
- Neglect: Emotional/physical
- Racism, sexism, or any other form of discrimination
- Violence in community

1 SURVIVAL MODE RESPONSE

Toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority.

ACEs Connection WITH SUPPORT FROM **Family Hui**

Parents and caregivers can help. Turn over to learn about resilience.

Explaining Resilience



Help children identify, express and manage emotions.



Create safe physical and emotional environments (home, school, community, systems).



Understand, prevent and respond to ACEs.



"Children with ACEs find 'resilience' because an adult provides a safe environment – in which they feel known, validated."

Donna Jackson Nakazawa
Author of *Childhood Disrupted: How Your Biography Becomes Your Biology & How You Can Heal*

What is resilience?

Research shows that if caregivers provide a safe environment for children and teach them how to be resilient, that helps reduce the effects of ACEs.

What does resilience look like?

Having resilient parents and caregivers who know how to solve problems, have healthy relationships with other adults, and build healthy relationships with children.

Building attachment and nurturing relationships:

Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

Building social connections.

Having family, friends, neighbors, community members who support, help and listen to children.



Meeting basic needs:

Provide children with safe housing, nutritious food, appropriate clothing, and access to health care and good education, when possible. Make sure children get enough sleep, rest, and play.

Learning about parenting, caregiving and how children grow:

Understand how caregivers can help children grow in a healthy way, and what to expect from children as they grow.

Building social and emotional skills:

Help children interact in a healthy way with others, manage emotions, communicate their feelings and needs, and rebound after loss and pain.

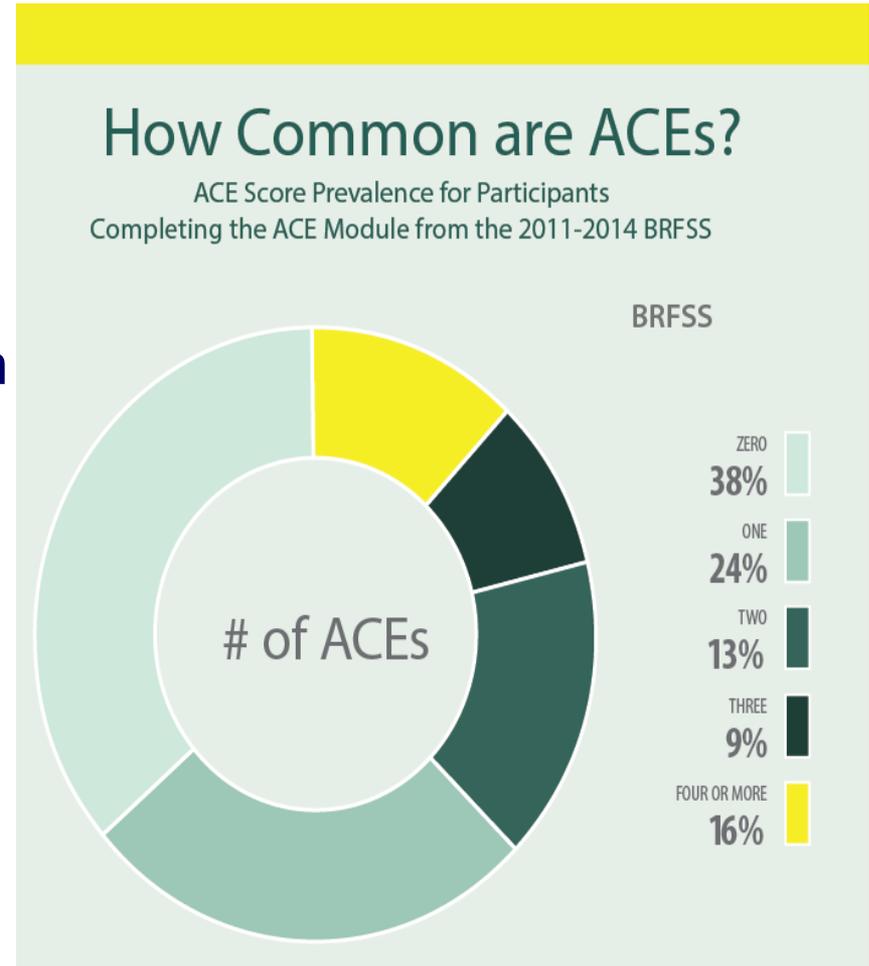
Resources:

-  ACEs Too High
-  ACEs Connection
-  Resource Center
-  Parenting with ACEs

- Protective factors and resilience factors decrease the impact of negative childhood events have on you and your kids
- What are your resilience factors?
- What are your kids?

The Scores

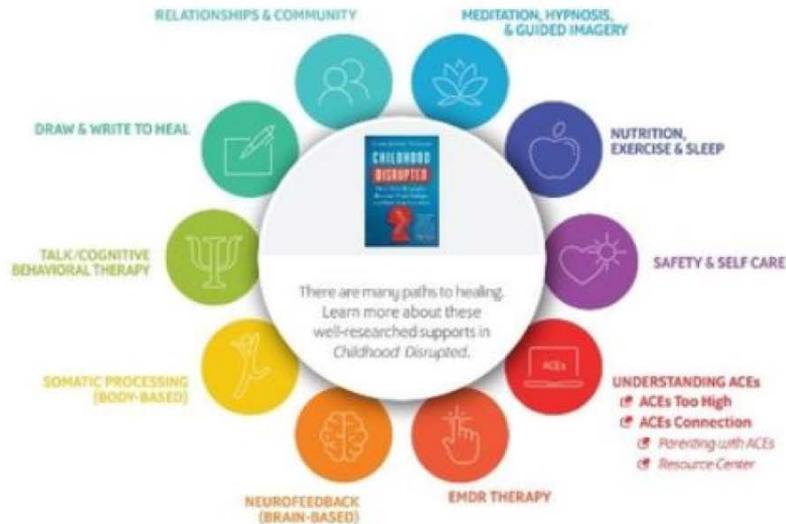
- ACEs
 - 3 or less - Mild risk for
 - Health issues
 - Emotional challenges
 - 4 or more - Moderate to high risk for
 - Poor physical health
 - Relationship troubles
 - Parenting challenges
 - Occupational successes
- Resilience
 - The more the better
 - Let's boost resilience



How to treat ACEs for Parents

Support for parents with ACEs

"The best thing we can do for the children we care for is to manage our own stuff. Adults who've resolved their own trauma help kids feel safe." —Donna Jackson Nakazawa



"Learning about ACEs is a start but sometimes we need more. Many people with ACEs have never had their pain validated. Understanding that there exists a biological connection between what they experienced in childhood, and the physical and mental health issues they face now, can help set them on a healing path, where they begin to find new ways to take care of themselves, and begin new healing modalities."

—Donna Jackson Nakazawa

- Seek Support
- Get Psychoeducation on how trauma affects kids
- Seek therapy for your own ACEs
- Find and keep healthy relationships
- Meditation, Mindfulness, Guided Imagery

How to treat ACEs for Adult Victims

- Begin writing to heal
- Practice mindfulness meditation
- Yoga
- Therapy
- Rally community healing
- Identify what you can change in your life for the better

