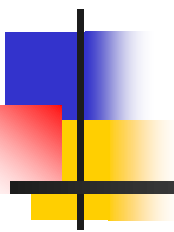


Adverse Childhood Experiences and Developmental Disabilities



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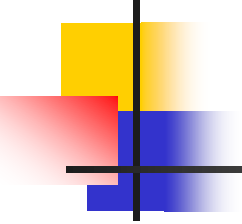
Intro

- This presentation covers:
 - an introduction to ACES
 - Evidence for increased vulnerability to ACES in people with developmental disabilities
and
 - Other related topics
(the notes associated with some slides give more details).



The Adverse Childhood Experiences Study²

- The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan.



What do we mean by Adverse Childhood Experiences?

Experiences while growing up that deeply impact a young person and profoundly affect emotional and physical health later in life.



Categories of Adverse Childhood Experiences

	Category
	Prevalence (%)
Abuse Categories	
Psychological (by parents)	11%
Physical (by parents)	11%
Sexual (anyone)	22%
Household Dysfunction	
Substance Abuse in family	26%
Mental Illness in family	19%
Domestic Violence	13%
Imprisoned Household Member	3%
Loss of parent	23%

The Adverse Childhood Experiences (ACEs) Study



Summary of Findings:

Adverse Childhood Experiences (ACEs)
are very common

ACEs are strong predictors of adult health
risks and disease

ACEs are implicated in the *10 leading
causes of death in the United States*

Adverse Childhood Experiences Score

Number of categories of childhood experiences are summed

ACE Score

Prevalence

0

48%

1

25%

2

13%

3

7%

4

7%



Some key findings

Smoking

Alcoholism

Intravenous Drug use



More Key Findings

- Sexual Risk Behaviors
- Depression
- Teenage pregnancy
- Liver Disease
- Cancer, Chronic Lung Disease, Skeletal Fractures
- Job Functioning

ACES and Developmental Disabilities



- What does our experience and intuition tell us?
- Increased risk?
- Greater impact due to fewer abilities to cope?

- Some of the Research:



Are the Risks of Adverse Experiences Greater in Children with Disabilities?¹²

Neglect	3.76 X
Physical Abuse	3.79 X
Sexual Abuse	3.14 X



Sullivan and Knutson: Further findings

- Age of maltreatment
- Categories of abuse and maltreatment
- Effects on ability to profit from education



Some other studies

- Findings of one study of autistic children⁷
- Risk of sexual abuse before age 18⁸
- Impact of conduct and learning disorders on risk⁶

An Interesting Dissertation:

The effects of child disability on physical discipline: An analog study of abuse potential.

1. Lower Adaptive Behavior=physical discipline risk
2. Use of physical discipline more likely in parents of children with disabilities
3. More family stress and social isolation in parents of children with disabilities
4. More significant disability = more family stress
5. Regardless of level of child's disability there was social isolation
6. Disability had a negative impact on attachment



Recent Review Articles

- Review of 18 studies between 1995 and 2005 in which maltreatment of people with ID was the focus.⁷
 - 8 of those focused on children and adolescents
 - Concluded that although the literature is limited it was clear that the prevalence of maltreatment is higher among people with ID and other disabilities relative to no disabilities

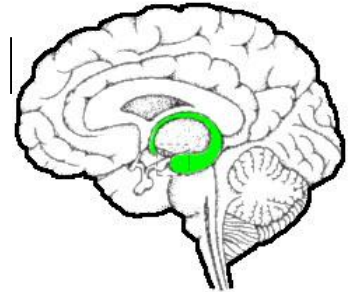


Sullivan, 2009

- Reviewed 50 articles published between 2000 and 2008
 - Concluded that sufficient research evidence exists that children and youth with disabilities are at increased risk to be victims of violence.
 - This was consistent across studies conducted in medical, child-protective, law enforcement, and school settings
 - This is the case in US, Canada, Great Britain, Norway, Australia, and Israel (and probably everywhere else)

Neurobiological Effects of Psychological Trauma-

- Comprehensive review of trauma- aside from head injury- on brain function
 - Trauma has deleterious effects on brain function that are lasting
 - Loss of hippocampal volume
 - The body's stress response system is altered due to anatomical and functional effects on the brain after trauma





Children with Disabilities in the Child Protective Service System

- Study revealed differences in the response of CPS workers⁹:
 - Perception of workers regarding children with disabilities
 - Empathy with parents
 - Focused services on child
 - Severe abuse did not ameliorate findings



Data probably underestimates problem:

- There is generally underreporting in crimes
- Under-reporting is magnified in sexual assaults
- Under-reporting is further magnified in children and adults with developmental disabilities
- Group is overlooked



Common Characteristics in cases of abuse and neglect in people with developmental disabilities

- Multiple ACE categories common
- More than one offender
- Multiple contacts with health care providers and other professionals who: fail to recognize or respond to abuse, neglect, or exploitation
- Inappropriate use or misuse of prescribed treatments and medications

Common Characteristics in cases of abuse and neglect in people with developmental disabilities (con't)



- Diagnostic Overshadowing
- Being blamed for injuries or conditions
- A lack of concern from professionals and others because of empathy for caregivers' responsibilities
- Rejection of reports of abuse, neglect, and exploitation by authority figures
- May be unable to defend themselves or subsequently report
- May not be considered credible when reporting
- Are not typically considered good witnesses during criminal trials (which may result in systemic inhibition of prosecution)
May not be able (or may have never been taught) to distinguish between appropriate and inappropriate touching



■ **More Common Characteristics**

- Are often taught to be compliant and passive
- May be threatened or coerced by the withholding of needed care
- May be socially isolated
- May rely upon others for assistance with the most intimate of personal hygiene activities (more opportunity for perpetrators)
- May be hesitant to leave abusive situations due to limited availability of accessible transportation and abuse shelters.
- May have limited incomes and therefore believe they lack the financial means by which to leave abusive relationships.
- Lack of understanding about diagnostic picture in intellectual disabilities may lead to no or inadequate treatment

Traumatic Experiences can Result in:



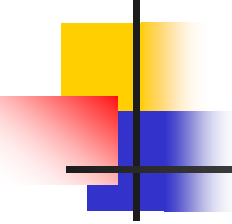
- posttraumatic stress disorder (PTSD)

and also...

- depression
- panic and anxiety disorders
- phobias
- borderline personality disorder
- dissociative disorders
- somatization disorder
- self-injurious behavior
- eating disorders
- substance abuse disorders

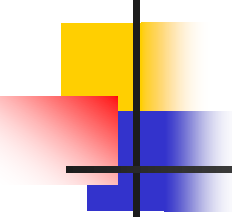
-
- DM-ID

What can we do?

- 
- Institute abuse avoidance training in your agencies
 - Institute group treatment programs across your region Institute offender treatment groups
 - Research all of the above to prove efficacy
 - Join ACES community at UAlbany's School of Social Welfare
 - Join National Association of Dual Diagnosis

Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.

-Elie Wiesel



This world is littered with those cut off in mid-bloom, all this wasted beauty and grace, and it is our humble task to gather as many as we can and replant them. It doesn't matter that they were stomped and torn. That the soil was rocky and poor. We must be the sun and rain. As long as we keep vigilant, as long as we never give up, the blooms can thrive again.

Adapted from The Surrendered, Chang-Rae Lee, 2010, p 397



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Resources

- Local Domestic Violence Hotline: 518-432-7865
- Equinox: 518-434-6155
- Capital Region Child & Adolescent Mobile Crisis Team- Access by county:
 - Gatekeepers: Albany 447-9650; Rensselaer 270-2800; Schen 381-8911
- Child Protective Services: 1-800-342-3720
- Adult Protective Services: 1-800-342-3009 (Press Option 6)
- Commission on Quality of Care: cqcagd.state.ny.us/; For complaints regarding care: 1-800-624-4143
- Albany Law School, Civil Rights and Disabilities Law Clinic 518-445-2311
- Training
 - YAI.ORG
 - THENADD.ORG
 - <http://www.thehealing.ehost.com/overviewarticles.php>