WCSAP
Washington Coalition of Sexual Assault Programs

THE ADVOCACY STATION

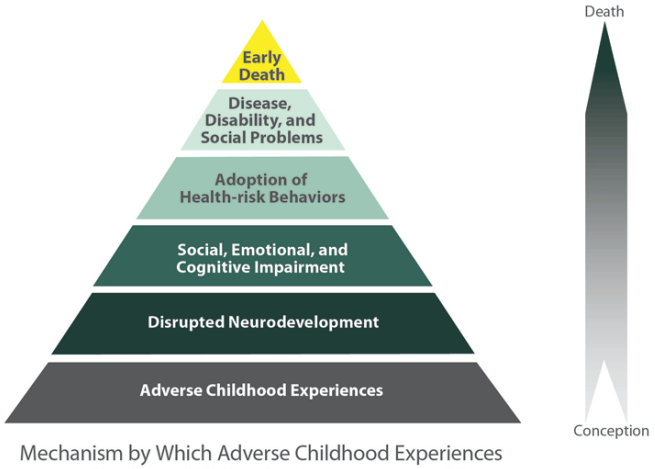
Examining the Adverse Childhood Experiences Study with an Anti-Oppression Lens

The Adverse Childhood Experiences study (ACEs) is a longitudinal study; a research method in which the data was gathered about ACEs over a long period of time. This study also serves as an ongoing tool for measuring the relationship between early life trauma and later life health and wellbeing. This Advocacy Station explores the survey and research findings of the original Kaiser-CDC study.

We will also examine the ways in which the study has been useful to our understanding of early childhood trauma, the ways in which anti-oppression must be considered in this analysis, and how these concepts of trauma translate to our advocacy with survivors of sexual violence.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) is the largest study to date that addresses the impact of early life trauma on lifelong health. The original data was collected by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC).



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

Kaiser-CDC drew from a population sample of clinic patients who were defined as "obese," according to Western medical standards. Kaiser-CDC observed a pattern of patients who experienced early life trauma and toxic stress, and now faced chronic disease and illness as a result. The ACEs study concluded that early childhood trauma leads to later life health issues (like obesity, heart disease, diabetes, and even cancer), addictive behavior surrounding drugs,

alcohol, and smoking, as well as life potential (graduation rates, academic and career achievement) (CDC). Additionally, the study concluded that ACEs are common. Approximately, two out of three adults in the United States have experienced at least one ACE. The CDC continues to monitor data to track ACEs study participants to this day.

The ACEs survey includes 10 questions about traumatic early life experiences:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

Participants answer each of the questions with a "yes" or "no", and add up their ACEs score according to how many questions for which they answered "yes". The higher the ACEs score, or the more early-life traumatic experiences, the

higher the risk to health and wellness concerns later in life. As you may suspect, several of these questions may intersect with each other, creating a higher ACEs score and more complex traumas.

In summary, the initial survey measured traumas of abuse, neglect, and household dysfunction, including parental separation, household members with mental illness or substance abuse, or witnessing violence between household members. Some states have conducted their own ACE studies and have expanded the ACE survey to include additional questions about racism, sexism, bullying, and being a witness to other types of community violence. These more systemic questions are not included in the Kaiser-CDC ACEs survey.

Anti-Oppression Considerations

ACEs has informed our advocacy about the impact of trauma and the brain. As advocates, we have access to so much information about how to conduct "trauma-informed" advocacy because of ACEs! At the same time, there is reason to pause and critically examine ACEs. Why is there not more research and information about the traumatic impact of oppression? What are the demographics of the original (and ongoing) participants? How does systemic oppression impact the research and implementation of ACEs? What questions do we need to explore about oppression as a form of trauma and toxic stress?

Privileged Population

What does privilege, power and access have to do with ACEs? Paul Kivel (2011) explains:

> Whenever one group of people accumulates more power than another group, this group almost inevitably creates an environment that places its members at the cultural center and other groups at the margins.

In their original ACEs study, Kaiser-CDC collected data from a population with social power and privilege. While we don't have access to all of the study participant's data and demographics, we do know some things about their identities. We know that these research participants had access to health care, at least at the beginning of this study. They are primarily white, middle-class United States citizens, with jobs and health insurance (Stevens, 2012). We have placed this privileged group at the center of our ACEs study, and focused on their

experiences and conclusions. We would do well to center the margins by considering the impact of oppression **and** ACEs on marginalized populations.

Research bias

In the context of anti-oppression, we are referring to research bias as a broad systemic phenomenon that inevitably impacts the way researchers collect data, observe patterns in their data, and draw conclusions.

Robin DiAngelo (2018) explains this phenomenon through examining racism and white privilege. The group of people that accumulate the most power, or in this case, white folks collecting data from other white folks, experience the "inevitable absorption of a racist worldview by swimming in racist waters." The research bias of these groups of people is impacted deeply by the foundational and overarching system of racism, thus producing racist patterns of thought. As a result, the researchers are impacted by racist worldviews, which in turn impacts data collection, observable patterns in data, and research conclusions.

We can begin to think analytically about the experiences outside of the default survey questions and population answers. We can think about what sorts of survey questions could be required to address systemic oppression. While we may not be able to change the initial or ongoing research bias in the Kaiser-CDC ACEs study, we can encourage local ACEs researchers to expand their surveys to include the missing stories, pieces, and lived experiences.

Individualism

Brandt (2018) brings an ACEs implementation issue to our attention, by calling out the harm of individualization across disciplines and helping professions:

> It seems to me that the missing picture here is that we are not just silo-ing our treatment, we are silo-ing those we are treating. When we are talking about Adverse Childhood Experiences, we are talking about inter-generational trauma. We are talking about families. And yet what I see in the programs that are being created, and the research that is being done, is a child-centered focus. The mother, when mentioned, only exists to "buffer" the child, and the father does not exist at all ... Further, all the systems that perpetuate trauma matter. If we are not looking at creating change from an intersectional, social justice informed framework, we are just spouting the same bullshit that the privileged upper class have been spouting for eons, about how those poor mothers are responsible for all the evils of the world. We must acknowledge the systems of oppression that lead to inter-generational trauma. Then we must tear those systems down, and re-build.

We do harm to survivors from marginalized populations when we value individualism as a research and advocacy trait. Jones and Okun (2001) identify individualism as a characteristic of white supremacy culture, in which traits are not pro-actively selected or often identified. Individualism is a characteristic that isolates, competes, and prioritizes individual recognition and credit over cooperation. Brandt (2018) is naming the harm that occurs to survivors, disciplines, and communities when ACEs maintains a culture of individualism.

Advocacy Application

How does a critical understanding of ACEs impact our advocacy services? We know from our Advocate Core days that the root cause of sexual violence stems from oppression. We know, not only theoretically, but from our observations as advocates, that oppression contributes to a culture where people are made less human and treated as objects. Living in this oppression is toxic and traumatizing. We live in a culture of power, where systems and structures are intentionally imbalanced, unequal, and foundationally oppressive. With this understanding about trauma and oppression, what can we do to empower survivors and their loved ones to heal and claim their power?

Humanize the Trauma Experience

As advocates, we have the honor of sitting in solidarity and collaboration with survivors of sexual violence. While understanding trauma is useful, we must avoid clinical jargon and language that may come across as condescending. We can center the world view and experience of survivors by sitting with our own discomfort when/if they express themselves in ways that are unfamiliar to us. We can think in ideas that are illogical or nonlinear to us, and express emotions that are deep and intense. Name and reflect these ideas and emotions aloud when appropriate, and honor them silently through intentional body language.

Resiliency Building

Resiliency is the trait observed as "bouncing-back" after toxic stress and trauma. It is often characterized as a strengths-based skill that can be built over time. Resiliency is a topic of research often paired with ACEs, but there is no trauma to resiliency "ratio" or resiliency formula for treatment. Thus, in our advocacy, we can explore making-meaning of resiliency with survivors directly. We can explore support networks: internal strengths, connection to self (sense of self), external motivators, connection with loved ones, and connection to something greater than oneself.

Grasping at the Roots

In order to address childhood trauma and sexual violence equitably, we must begin at the root causes of sexual violence. We must accept the invitation to explore privilege and oppression with more depth and application to our lives and our advocacy. As advocates, we are often overwhelmed by the crises of our daily work. However, the changes we can make are small and sustainable shifts that bring about large impacts to our communities over time.

Adrienne Maree Brown (2017) encourages us to create change in these small and sustainable ways, while "grasping at the roots" of change, and inviting us to ponder what depth requires. I will close this advocacy station with these poignant considerations of Brown's:

> … We would understand that the strength of our movement is in the strength of our relationships, which could only be measured by their depth. Scaling up would mean going deeper, being more vulnerable and more empathetic. What does depth require from me?

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Reading, Resources & Tools

- ACEs Too High: www.acestoohigh.com
- Community Resilience Initiative: https://criresilient.org/
- Multiplying Connections: Trauma Informed Toolkit. http://www.multiplyingconnections.org/become-trauma-informed/tools-become-trauma-informed
- The Amazing Brain Series: http://www.multiplyingconnections.org/become-trauma-informed/amazing-brain-series