RESPONSES TO VIEWER QUESTIONS
from David Murphey, Ph.D.

July 2018 Dibble Webinar
Adverse Childhood Experiences:
Implications for Policymakers and Practitioners

1. Have there been studies to look at how childhood involvement in faith/religious organizations mediates the consequences of ACEs
   Not that I'm aware of, though that involvement has been identified as a protective factor for some risky behaviors. See https://www.childtrends.org/?indicators=religious-service-attendance

2. How has the violence in video games been viewed?
   There is strong consensus among developmental scientists that simulated violence (e.g., on television or video screens) can contribute to children's own aggressive behavior. Also, "excessive" video gaming has been linked with children's depression. Much of the impact of video violence will depend on individual child characteristics, and the specific context.

3. Do you have data for AI/AN youth?
   Childhealthdata.org has national data on AI and AN youth. Sample sizes are small.

4. Why is physical & sexual abuse and neglect not considered in the questions?
   It was considered but because since parents were reporting, it was not included since they might not be reliable reporters.

5. Have you included any adopted children in the surveys?
   Unfortunately, we don't have this broken out in this data source.

6. I think it is important to discuss "being treated or judged unfairly due to race/ethnicity." Why so low? Does this have something to do with the sample? Non-incarcerated...
   ChildTrends thinks that data is not good. It may be that parents are not the best reporters. Or that children don't process it that way. Parents may not always be aware of what children experience in this regard.

7. What are ages of kids in the survey?
   Birth through 17

8. What are some of the evidence based curricula we may be able to access for training staff working with youth? Likewise, for parents, and youth themes
   There's not a simple answer here. Training is likely to be most effective when it is specific to the needs of a particular group. I would refer you to the National Child Traumatic Stress Network-- https://www.nctsn.org/resources/training--as one resource.

   Dibble Note: *While too new to have any evaluation data, you may wish to review Dibble's program Mind Matters – Building Resilience and Overcoming Adversity (https://www.dibbleinstitute.org/mind-matters/) It is deeply based in the most current neuroscience literature to help young people heal from ACEs and empower them to build healthy, strong lives.*

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9. Does this National Survey look at traumas related to migration, immigration etc.
   No.

10. Are pediatricians aware of this research in evaluating children for ADHD and ADD?
    Probably not enough pediatricians are.

11. Do violent images in movies, on television, and in songs further traumatize people with multiple ACES?
    They have the potential to retraumatize. Parent may want to watch such media with children to provide context and buffer the experience. The parent can also raise alternative approaches.

12. From the data, are you able to determine if ACEs occurred at the same time v. at different times? (e.g. parental divorce at age 2, then economic hardship age 5, as compared to parental divorce and economic hardship at the same age)
    No, unfortunately, this survey did not ask parents to provide the timing of these events.

13. How best can school faculty address students who have high aces
    This answer will be very individualized. It's important not to stigmatize these students (that would only add to their trauma). It may be helpful, if a school collects ACEs data (presumably, anonymously) from students, to share the results with the school population. This can let these kids know that they are not alone. Also, it's important to convey the fact that most kids who experience adversity have positive outcomes—you might say, the adversity makes them stronger. But each child differs in how they react. It's important for adults to be able to offer concrete help—for example, a referral to a mental health specialist—if they think it's needed.

14. Does ACEs mimic ADHD
    Yes, ADHD can be a symptom of excess stress/trauma. But kids react differently, depending on lots of factors. Others may be withdrawn or depressed.

15. Have you heard of 4CA? California Campaign to Counter Childhood Adversity? The organization is directly working with the state legislators to make change and encourage TIC in all state government agencies. They are very successful in influencing, educating and encouraging policy makers to include ACES in their Bills.
    Thanks for the info. Fortunately, there's lots of grass-roots activism on this issue.

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16. Survey- why did they not ask one of the most toxic stress situation - physical and sexual abuse by a relative or an adult?
    Remember, it was a parent reporting on what their child experienced. Because parents (and other family members) are often perpetrators, those who designed the survey thought we wouldn't get reliable data if we asked this question.

17. In the Research Brief it says that Latino children of immigrants may be more buffered from racism than children of native born parents? What does this buffering look like?
    We really don't know at this point. We can speculate that it may be because they've spent relatively less time in the U.S. context of racism, or that their parents are more protective of them. We do know that Latinos highly value family ties. There's also something called the "immigrant paradox," that refers to a general health advantage that immigrants have over native-born—at least initially (it tends to fade over time).

18. Why isn't sexual trauma listed amongst the ACEs?
    See response to #16.

19. Do we see higher ACEs in juvenile that have contact with the justice system?
    Yes.

20. Would it make sense to use the ACEs screener to determine eligibility for specific services for at-risk populations (like child care and after school)?
    It might. But there's good reason to be cautious here. We often don't know when, and for how long, the adversity occurred. Exactly what happened to a child is important to know; it will require an individualized response, which might include mental health therapy, academic help, medical attention, etc. We're just at the "awareness" stage here.

21. what does the literature tell us thus far about the most effective intervention/strategies/policy measures for preventing or intervening on ACES?
    Again, those vary depending on the specific situation. Some strategies are individualized (therapy, medical treatment); others are more institutional/societal; combating poverty, reducing violence, addressing substance abuse.

22. One of the recommendations was to have regular screening for ACES in pediatric well visits. However, I've heard that mental health and other resources for the child and family are difficult to find or not covered by insurance. What needs to be in place in order to truly make this recommendation since we could stigmatize the children if we solely label without providing the resources.
    This is an important point. See my response to #13. There's a thoughtful article on this subject that recently came out: http://unh.edu/ccrc/pdf/CV350-InPress.pdf