

## INCREASING EDUCATION IN AN EFFORT TO PREVENT CHILDHOOD MALTREATMENT

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According to the most recent report on child maltreatment data collected by the National Child Abuse and Neglect Data System (NCANDS), there were 686,000 child and adolescent victims of abuse in the United States in 2012.<sup>1</sup> Approximately 78 percent of these individuals were neglected, 18 percent physically abused, 9 percent sexually abused, and 8.5 percent psychologically abused. These statistics are astounding and likely represent an underestimation of the true incidence of maltreatment. The data come from state child protection service (CPS) agencies, and it is unlikely that every case of abuse and neglect is reported. While this public health crisis is being partially addressed by improvements in early detection and treatment, there is much to be gained in the long run by focusing on prevention efforts before abuse ever occurs. This will require a concerted effort that includes teaching families how to decrease risk and increase protective factors for their children, as well as strengthening community resources that are in place to support these families.

The results of the Adverse Childhood Experiences (ACE) Study<sup>2</sup> by Dr. Vincent Felitti and colleagues underscore the value of focusing on the prevention of childhood trauma. This landmark study began with observations in an obesity clinic after some patients successfully lost significant amounts of weight and went on to suffer intense emotional distress. Upon further inquiry, this distress was found to be associated with various types of childhood traumatic events. Referred to as ACEs, these experiences include physical, verbal, and sexual abuse, physical and emotional neglect, a parent with alcoholism or a serious mental illness, a mother who was a victim of domestic violence, a family member in jail, and the disappearance of a parent through divorce, death, or abandonment. By examining the incidence of ACEs in a large general population (quantified by an ACE score, attained by adding the number of different types of experiences, not the absolute number of traumatic experiences), and the effect that they had on individuals over time, the study demonstrat-

ed a graded association between the amount of stressful childhood experiences and the future risk of medical and mental health morbidity and mortality. For example, there was an increased risk for heart and pulmonary disease with higher ACE scores even when risk factors such as smoking were controlled for. Additionally, at an ACE

score of 6 or higher, there was a 4,600 percent increased likelihood of injection drug use and a 31-50 times greater likelihood of attempted suicide than at an ACE score of 0.<sup>3</sup> While illustrating the gravity of the long-term effects of childhood trauma, this study also implies the potential yield of primary prevention strategies.

Only when the prevention of childhood maltreatment is seen as the responsibility of everyone in our society will prevention truly stand a chance of being possible. Clinicians in all specialties, but particularly in the mental health field, are in a position to lead this effort. By seeking greater

understanding of the risks of child abuse and neglect, practitioners can become better equipped to carry out improved patient screenings and earlier interventions. Clinicians who educate themselves about the ACE Study and the sequelae of childhood maltreatment will also be able to share this knowledge with parents, helping to empower them as caregivers, and to point them towards supportive resources. Additionally, in cases where community resources are found to be lacking, providers can advocate for the creation of these resources, using their expertise on children and their families as their guide. This will be best accomplished with the help of local community leaders, including those from politics, education, and spirituality.

Even with appropriate community supports in place, however, parents and primary caregivers ultimately have the most significant influence over what their children are exposed to at home and in the environment. With this in mind, the ACE Study can be used to provide a different way to approach the topic of child abuse prevention, particularly because most of the ACEs are modifiable and can become targets for behavioral change. It is possible, for

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instance, that after learning about ACE Study results and available resources, parents may be newly motivated to decrease abuse and neglect risk factors faced by their children. This could take the form of a parent seeking his or her own treatment for alcoholism or mental illness. In light of the crucial role that caregivers have in their children's lives, the more proactive they are in limiting their children's exposure to ACEs, the more likely this epidemic can be attenuated.

Behavioral change is rarely simple, however, and often people aren't ready to do the "what" even after they understand the "why." In the case of childhood trauma, therefore, it might prove beneficial to teach parents about one of the theories of "how" by explaining neurodevelopmental effects of toxic stress. These effects, which can occur as a result of prolonged abuse and neglect in early life, center around brain plasticity and dysregulation of the hypothalamic-pituitary axis' stress response system and have been shown to lead to damaging effects on learning, behavior, and health.<sup>4</sup> By explaining to parents that toxic stress disrupts the healthy development of brain architecture, the topic of child abuse prevention can move away from being an often shame-inducing discussion to describing a practical way to protect against pathophysiological changes in the youngest members of society. In this way, parents' motivation to decrease their children's exposure to ACEs and other traumatic events may be no different than the motivation they have to immunize their children against life-threatening infections or to shield them from second-hand smoke.

Using ACE scores for parents themselves may help address intergenerational transmission of abusive behavior. In some instances, parents have themselves been exposed to significantly adverse experiences in their childhood and unhealthy patterns of behavior have seemingly become normalized. This often means that the risks associated with trauma are severely minimized and that children are even more vulnerable. These parents find themselves interacting with their children in the way in which

their caregivers interacted with them simply because it is what they know.

Education about ACEs and the neurodevelopmental effects of toxic stress is vital in these situations, as it will allow parents to better understand the pathological nature of their own upbringing and the unfortunate trajectory for their children if their exposures remain the same. It can also be encouraging by helping parents appreciate their own resilience and strength. In order to successfully protect their children, however, parents who themselves endured maltreatment will require additional education and intense support. Community programs that teach skills related to healthy child development or secure parent-child attachments, for instance, may help them begin to establish and maintain protective factors for their children. These parents are also likely to benefit from mental health services that allow them to process and recover from their own trauma.

### Conclusion

New insights into the neuroscience of child development, toxic stress, and data from the ACE Study have begun to provide a better understanding of the psychopathology associated with the long-term sequelae of childhood trauma. As research continues to explain these sequelae, greater psychological and pharmacological treatments for affected individuals will likely be developed as well. Nevertheless, the most effective method for mitigating the effects of abuse and neglect will be primary prevention, and education will have an important role to play in this.

### Take Home Summary

The prevention of childhood maltreatment is the responsibility of all members of society. Clinicians should familiarize themselves with ACE Study results and the neurodevelopmental effects of toxic stress in order to share this knowledge and promote positive behavioral change for community and family constructs.

### References

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