



Centra Wellness
NETWORK

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Adverse Childhood Experiences

In the early 1990's the Centers for Disease Control and Kaiser Permanente conducted a study on adverse childhood experiences (ACEs) and the correlation between poor life outcomes. In it they looked at three types of adverse childhood experiences:

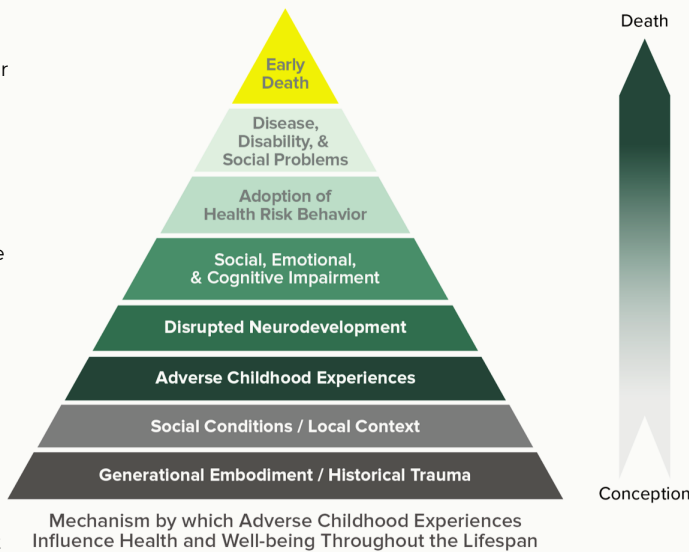
- **Abuse:** Physical, emotional, or sexual
- **Neglect:** Physical or emotional
- **Household Dysfunction:** Mental illness, incarcerated relative, mother treated violently, substance abuse, divorce.

What they found was that these ACEs are quite common, and more than two-thirds of the participants reported experiencing at least one and nearly a quarter experienced three or more. The 17,000 participants in this study were mostly white, middle to upper middle class, college educated, and all had jobs with good health care. However, people with low incomes, limited education, LGBTQIA+, and minorities are actually more likely to experience ACEs.

The biggest take away from this study was the connection between the number of ACEs experienced leading to greater chances of poor outcomes later in life. Since the original study, there have been many more confirming these findings.

It is important to note that the examples of ACEs in the original study are not a complete list of adverse experiences. There are many other traumatic experiences that could impact health and wellbeing—consider things like living in under resourced neighborhoods, frequent moves, or food insecurity. These can all cause significant toxic stress and negatively affect a child's developing brain.

The good news? ACEs are preventable! To do this you must understand and address the risk factors while also increasing the protective factors.



Welcome back!

This is the second volume to the new Trauma-Informed Newsletter! If you missed the first volume you can find it on the Centra Wellness Network website under "news" then "articles and information". You can always reach out to me directly and I will happily provide you with a pdf.

Do you have any thoughts you'd like to share with me regarding the first volume? Or what about ideas for future volumes? I'd love to hear from you! My hopes and dreams are that we can work together to create a healthier community, recognizing and addressing the needs within the community and the reasons why those needs exist.

As always, if you have any questions or would like more information on anything covered, please feel free to reach out!

Thanks for reading,

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Looking ahead:

Next months volume of the trauma newsletter will go further into the risk vs protective factors. I will also cover the next guiding principle of being trauma informed.

Guiding Principles:

Safety

Ensuring physical and emotional safety.

**Trustworthiness/
Transparency**

Decisions are made with transparency, with a goal of building and maintaining trust for all.

Peer Support

Utilizing their stories and lived experience to promote healing.

**Collaboration
/ Mutuality**

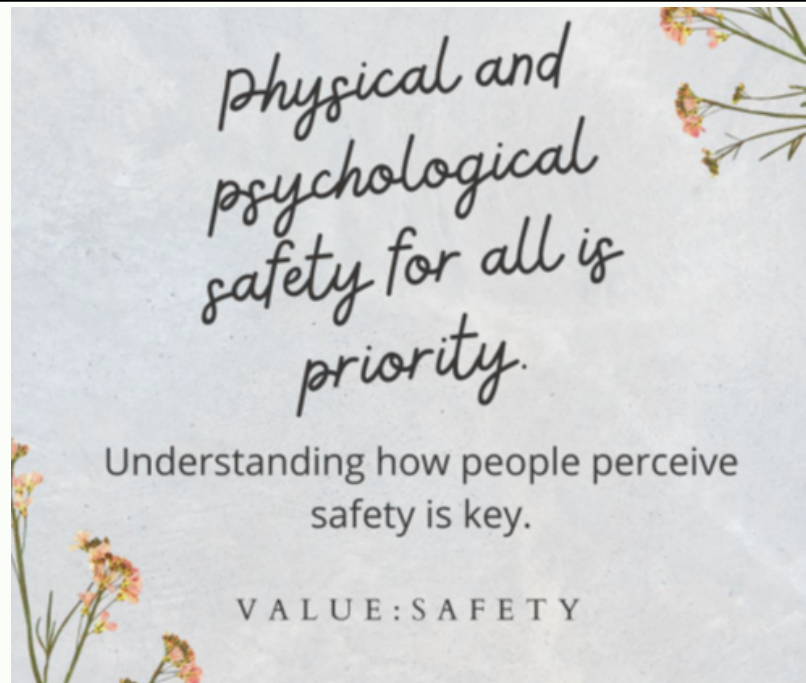
Everyone has a role to play in the healing

**Empowerment,
Voice & Choice**

Individuals' strengths are recognized, built on, and validated.

**Cultural, Historical,
and Gender Issues**

Actively moving past stereotypes and biases, offering inclusive services.



The focus this month will be on the trauma informed care principle of **safety**. It is important to make sure that throughout the organization, staff and people served feel **physically and psychologically safe**. If an individual who has experienced trauma feels physically or emotionally unsafe it may cause extreme anxiety and even has the potential to re-traumatize them. Creating a safe environment is an essential part of being trauma informed and should be considered a high priority.

Safety can look different depending on where you're at and what setting you're in. Below you will find a list of suggestions to think about when considering making your organization safe in a trauma informed way.

Physical

- Welcoming atmosphere, proper lighting, clear signage, inclusive décor
- Consider room layout, clear exits, safe spaces, safety protocols
- Pay attention to sensory issues- sight, sound, smell, touch, taste

Psychological

- Interpersonal contacts, respectful verbal, and non-verbal communication
- All staff are attuned to distress and able to respond
- Known expectations, open sharing, allowing mistakes.
- Being aware of how an individuals culture affects how they perceive safety

Reference: J. Felitti, R.F. Anda, D. Nordenberg, D.F. Williamson, A.M. Spitz, V. Edwards, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study." American Journal of Preventive Medicine, 14, no. 4 (1998): 245-258.