



Stumbling Blocks or Stepping Stones

**Findings on Adverse Childhood Experiences (ACEs)
in West Virginia**



January 2018

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"It is easier to build strong children than to repair broken men"
-Frederick Douglass



Introduction

In West Virginia, we care about each other, and we want our children to have long, healthy, happy lives. We all want our children to reach their fullest potential.

We know that our earliest experiences as children are critical in shaping who we become as adults. Positive experiences in childhood can build a strong foundation for learning, strengthen brain development and help us be healthier.

A growing body of research shows that Adverse Childhood Experiences (ACEs) and trauma also have a profound impact and can be a stumbling block to our health and well-being. When negative experiences outweigh positive experiences, it can lead to a physiological response in our bodies, which increases risks of many health issues.

The good news is that research also confirms that the presence of protective factors can buffer the impact of ACEs, so that adversity in childhood does not need to remain a stumbling block, but can be transformed into a stepping stone for a healthy, successful life.

This Issue Brief highlights the linkages between high ACE scores and common contemporary health problems facing West Virginians, including the ongoing opioid epidemic. More importantly, the Issue Brief also highlights effective strategies and protective factors that help prevent childhood adversity and build resilience for those who have experienced trauma.

We know that opportunity and adversity are not equally distributed across our population. Too many families are facing trauma and adversity on a daily basis and have experienced ACEs during their childhoods. We must work to enact policies and implement strategies that build protective factors that can counterbalance the effects of adversity and produce better outcomes, as well as preventing ACEs from occurring in the first place.

About the ACEs Coalition of West Virginia

The ACEs Coalition of West Virginia includes over 70 different organizations and individuals working together to improve the health and well-being of all West Virginians by reducing the impact of ACEs and preventing their occurrence.

The CDC-Kaiser Permanente ACE Study¹ is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. We are working to apply that study and additional ACEs research findings to our work in West Virginia.



The ACE Study gives us a new way to look at health and social issues that we are working to change in our communities - and is inspiring a movement to respond. The ACEs Coalition of West Virginia wants all West Virginians to thrive in a compassionate community that supports lifelong healthy development. To accomplish our mission, the Coalition wishes to inform and inspire individuals, organizations, and communities to respond by implementing trauma-informed strategies to change the outcomes we see in the ACEs data and improve the lives of all children and families across West Virginia.

What Are Adverse Childhood Experiences (ACEs)?

ACEs are traumatic events that occur in a child's life prior to the age of 18. These negative experiences can harm a child's brain and development, which can result in long-term health problems.

Types of ACEs

An ACE is defined as surviving any of the following categories of abuse, neglect, or loss prior to age 18:

- Emotional abuse by a parent
- Physical abuse by a parent
- Sexual abuse by anyone
- Emotional neglect
- Physical neglect
- Loss of a parent
- Growing up with an alcohol and/or drug abuser in the household
- Living with a family member experiencing mental illness
- Experiencing the incarceration of a household member

Why Are ACEs a Public Health Concern?

The initial Adverse Childhood Experiences (ACE) Study² on the long-term effects of ACEs was completed by Robert Anda and Vince Felitti as a partnership between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. Participants completed the Adverse Childhood Experience (ACE) Survey, which asks adults to report how many of ten categories of adversity they recall experiencing when they were younger than 18 years old, resulting in an "ACE score" between 0 and 10.

The study concluded that individuals who experienced a higher number of ACEs were more likely to experience more mental and physical health problems. Individuals with four or more ACEs were found to be substantially more likely to have serious health concerns. ACE scores have also been shown to correlate with poor academic performance, dropping out of high school, self-mutilation, persistent post-traumatic stress disorder, drug and alcohol abuse, increased risk for abuse in subsequent relationships, difficulty in forming meaningful and trusting relationships, cognitive deficits, depression, dissociative symptoms, and suicide.³



The ACE Study, and other subsequent studies, show strong links between high incidence of ACEs and poor health outcomes. High levels of stress in childhood – whether acute or chronic – can flood the developing brain with stress hormones that can alter brain development in children. The parts of the brain that are responsive to threat may be over-developed; meanwhile, the parts of the brain that are needed for learning and healthy interaction can be under-developed. The result is poor mental and emotional health.

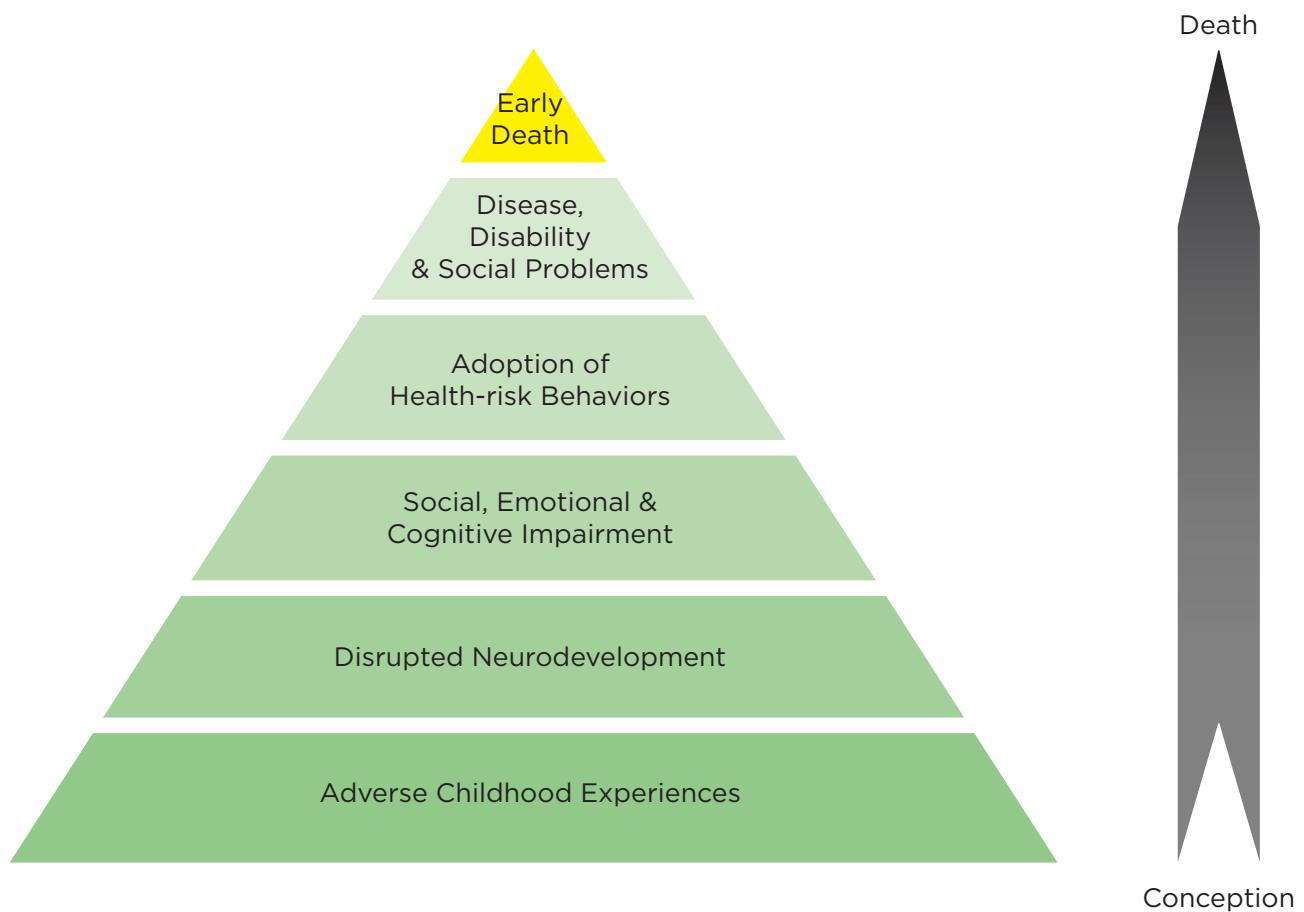
There is also a link between childhood adversity and poor physical health. Cardiovascular disease, hypertension, diabetes, asthma, lung disease, liver disease, and obesity are more prevalent in adults who experience early childhood stressors. Many of the health risks are associated with coping behaviors—for example, an individual may self-medicate with drugs and alcohol to manage emotional pain or anxiety. Other physical health outcomes may be directly influenced by the impact of stress on the developing brain and body.

According to the Centers for Disease Control and Prevention, ACEs are associated with the following risk factors, chronic disease, and health outcomes:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Risk for intimate partner violence
- Liver disease
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Shorter life expectancy



ACES Pyramid⁴



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

Link Between ACEs and the Opioid Epidemic

One of the most urgent reasons to address ACEs is the link between opioid addiction and early childhood adversity. West Virginia is facing a devastating public health crisis with the current opioid epidemic, which is ravaging our state. West Virginia suffers from the highest rate of drug overdose mortality in the United States, with 884 drug overdose deaths in 2016 (WV Health Statistics Center, Vital Statistics System, 2016 preliminary data). We must address this epidemic with a comprehensive, multi-faceted approach.

There is strong evidence of the correlation between opioid addiction and traumatic experiences, particularly early childhood adversity. The Campaign for Trauma-Informed Policy and Practice (CTIPP) urges those involved in developing responses to opioid addiction to incorporate a trauma-informed component into their strategies. In a recent Issue Brief⁵ CTIPP notes that research indicates the most effective way to prevent and treat opioid addiction is to begin by understanding its origin in adverse childhood experiences.

More recent studies demonstrated a correlation between the number of traumatic experiences and increased risk of prescription drug misuse. A 2016 study⁶ found that individuals who reported 5 or more ACEs were 3x more likely to misuse prescription pain medication and five times more likely to engage in injection drug use. Another study found that over 80% of the patients seeking treatment for opioid addiction had at least one form of childhood trauma, with almost two-thirds reporting having witnessed violence in childhood⁷. Among the different forms of ACEs, sexual abuse and parental separation (for women) and physical and emotional abuse (for men) appear to be particularly highly correlated with opioid abuse⁸.

According to follow-up research by Felitti and Anda in 2010⁹, male children with 6 or more ACEs are 46x more likely to become intravenous drug users as adults than boys with zero ACEs. Reducing or mitigating the prevalence of ACEs will reduce the likelihood of future opioid and other substance abuse, other serious behavioral risks, social dysfunction, and probability of early death.

The evidence linking ACEs with opioid use emphasizes the importance of early interventions and programs designed to help families at risk. Effective programs like early childhood home visitation programs, Trauma-Informed Elementary Schools (TIES), and The Martinsburg Initiative help break the cycle at the most fundamental level. The programs help identify early signs of trauma and work to build resiliency in these children and families. Additional information about these initiatives is included in the Building on Progress section of this report.



How ACEs Were Studied in West Virginia

Following the lead of more than 20 other states, West Virginia included questions about ACEs in the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire in 2014. This data was published by the WV Health Statistics Center (HSC) in 2017 in the *West Virginia Behavioral Risk Factor Surveillance System Report 2014*¹⁰, and in *HSC Statistical Brief #30, Adverse Childhood Experiences*¹¹.

The BRFSS survey is conducted by telephone (including cell phone numbers) by the HSC, in collaboration with the CDC in Atlanta. The CDC provides standardized survey methods including wording of the survey questions. All 50 states participate along with D.C., Guam, Puerto Rico and the Virgin Islands. West Virginia has used the BRFSS since 1984 to measure a range of risk factors that can affect our health. By including the ACEs Module in the BRFSS, we can correlate ACE scores with health risks and outcomes measured by the survey.

Note, WV BRFSS data may underestimate the Kaiser-Permanente ACE scores since it measures 8 categories instead of the 10 ACEs measured by the original ACE Study.



ACEs Questions Used in the BRFSS Survey

The following categories and questions were used in the ACEs Module for the WV BRFSS. Each individual respondent has a score of 0 to 8 depending on how many of the ACE categories they recall having experienced prior to their 18th birthday.

Mentally Ill in Household – “Now, looking back before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?”

Substance Abuse in Household –

- a. Alcohol Abuse in Household - “Now, looking back before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?”
- b. Drug Abuse in Household – “Now, looking back before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?”

Incarcerated Household Member – “Now, looking back before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?”

Separated or Divorced Parents – “Now, looking back before you were 18 years of age, were your parents separated or divorced?”

Domestic Violence – “Now, looking back before you were 18 years of age, how often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?”

Physical Abuse – Answering “more than once” to the question “Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.”

Verbal Abuse – “Now, looking back before you were 18 years of age, how often did a parent or adult in your home ever swear at you, insult you, or put you down?”

Sexual Abuse –

- a. “Now, looking back before you were 18 years of age, how often did anyone at least 5 years older than you or an adult, ever touch you sexually?”
- b. “Now, looking back before you were 18 years of age, how often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?”
- c. “Now, looking back before you were 18 years of age, how often did anyone at least 5 years older than you or an adult, force you to have sex?”



Prevalence of ACEs Among WV Adults, 2014

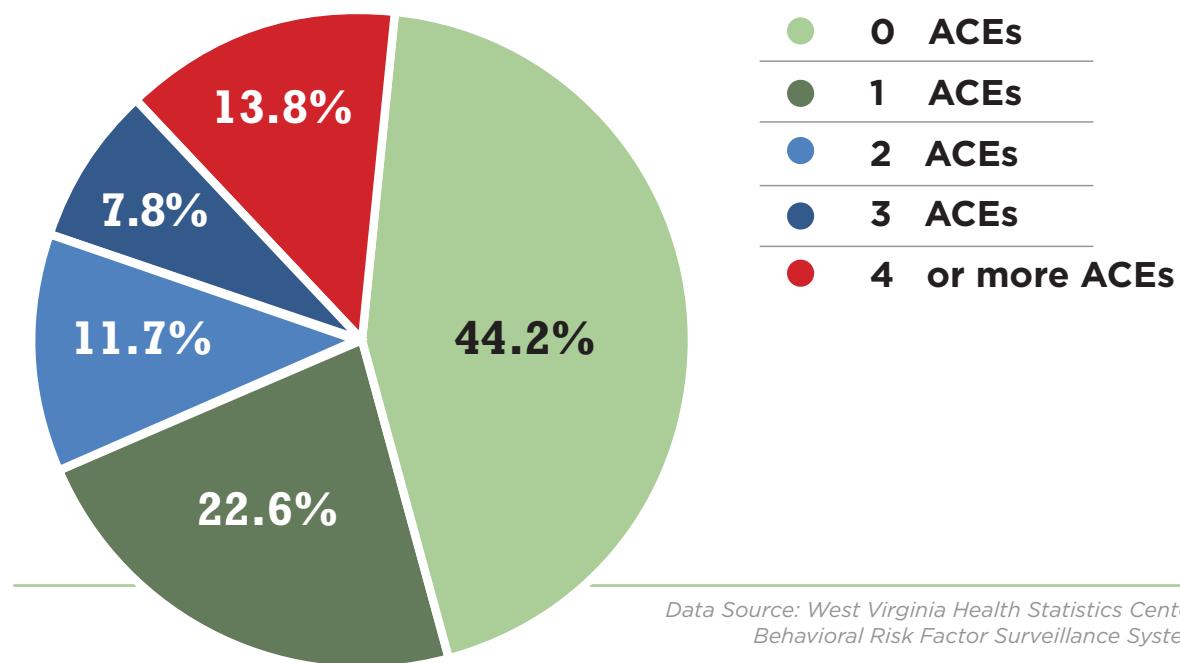
Highlights from the West Virginia Behavioral Risk Factor Surveillance System Report 2014 (2017)

ACEs are common among West Virginia adults. Analysis of the 2014 BRFSS data shows that 55.8% of West Virginia adults report experiencing at least one of eight categories of child abuse and household dysfunction growing up. About 13.8% experienced four or more ACEs, indicating a significant level of childhood trauma that greatly increases the risk of poor outcomes.

55.8%

of WV adults report experiencing at least one ACE.

Prevalence of Number of Adverse Childhood Experiences (ACEs) Among WV Adults, 2014



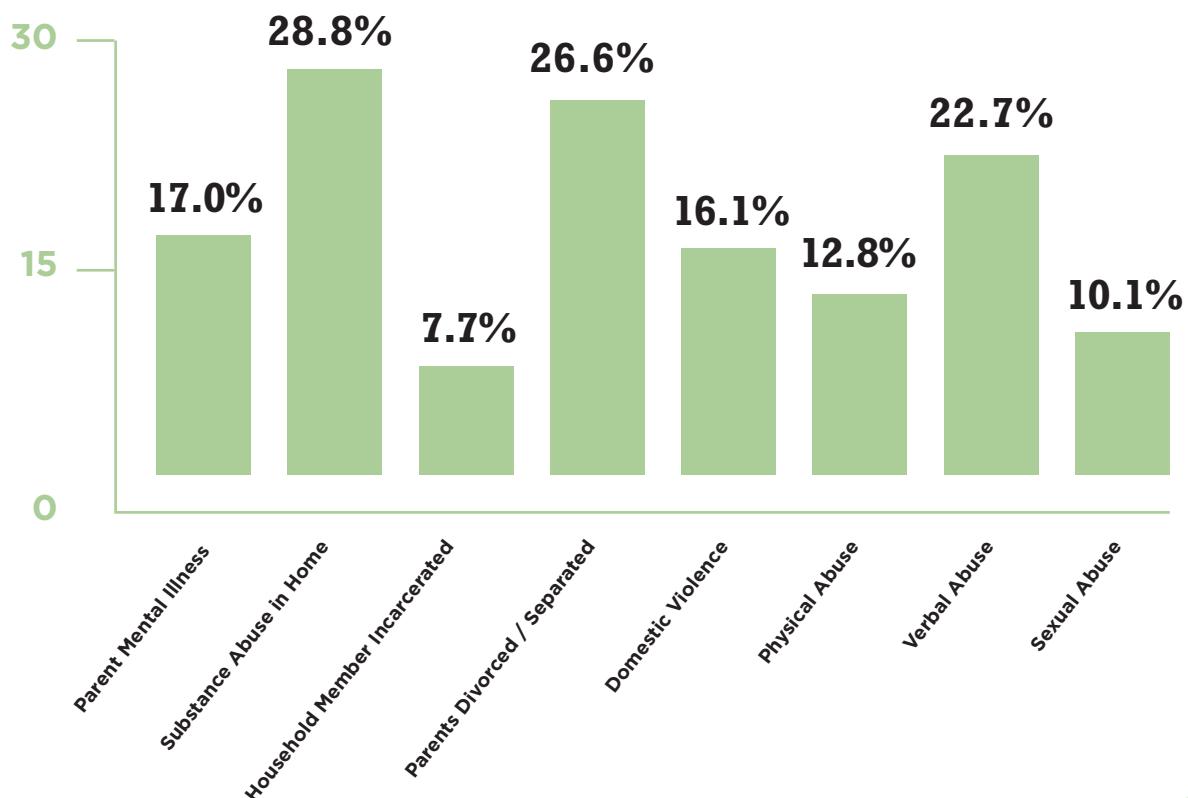
Prevalence by Type of ACE

This chart shows the percent of adults surveyed through the WV BRFSS who reported experiencing each category of ACEs. The most common was substance abuse in the household, reported by 28.8 %, followed by parental separation/divorce (26.6 %) and verbal abuse (22.7 %). The least common ACE reported was incarceration of an adult household member (7.7 %).

This analysis indicates that 1 in 10 West Virginia adults experienced a form of child sexual abuse prior to their eighteenth birthday.

Prevalence of Type of Adverse Childhood Experiences (ACEs) Among WV Adults, 2014

Data Source: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System



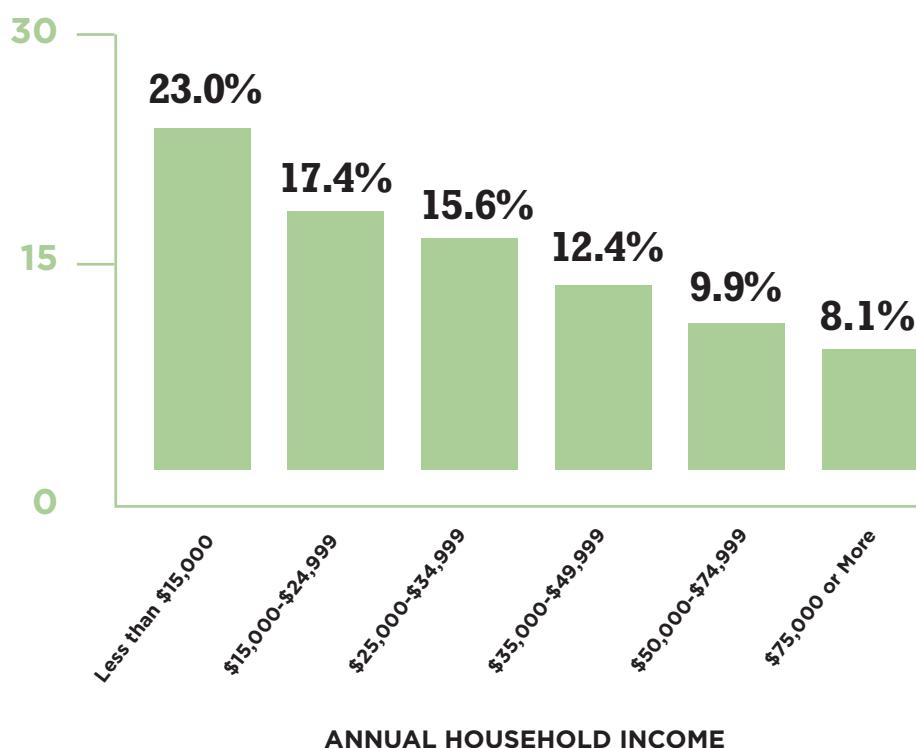
Prevalence of ACEs by Household Income as Adult

The WV BRFSS indicated a strong correlation between higher levels of adversity in childhood and lower household income levels as adults. A WV adult with an annual household income of less than \$15,000 is nearly 3x as likely to have experienced 4 or more ACEs compared to an adult with annual household income of \$75,000 or more.

Nearly 1 in 4 West Virginia adults (23%) with a current household income of less than \$15,000 per year have 4 or more ACEs. One in six (17.4 %) of WV adults earning \$15,000 to \$24,999 per year have 4 or more ACEs. On the other end of the spectrum, only 1 in 12 (8.1 %) of WV adults earning \$75,000 or more report having 4 or more ACEs.

Prevalence of 4 or more ACEs Among WV Adults by Annual Household Income, 2014

Data Source: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System

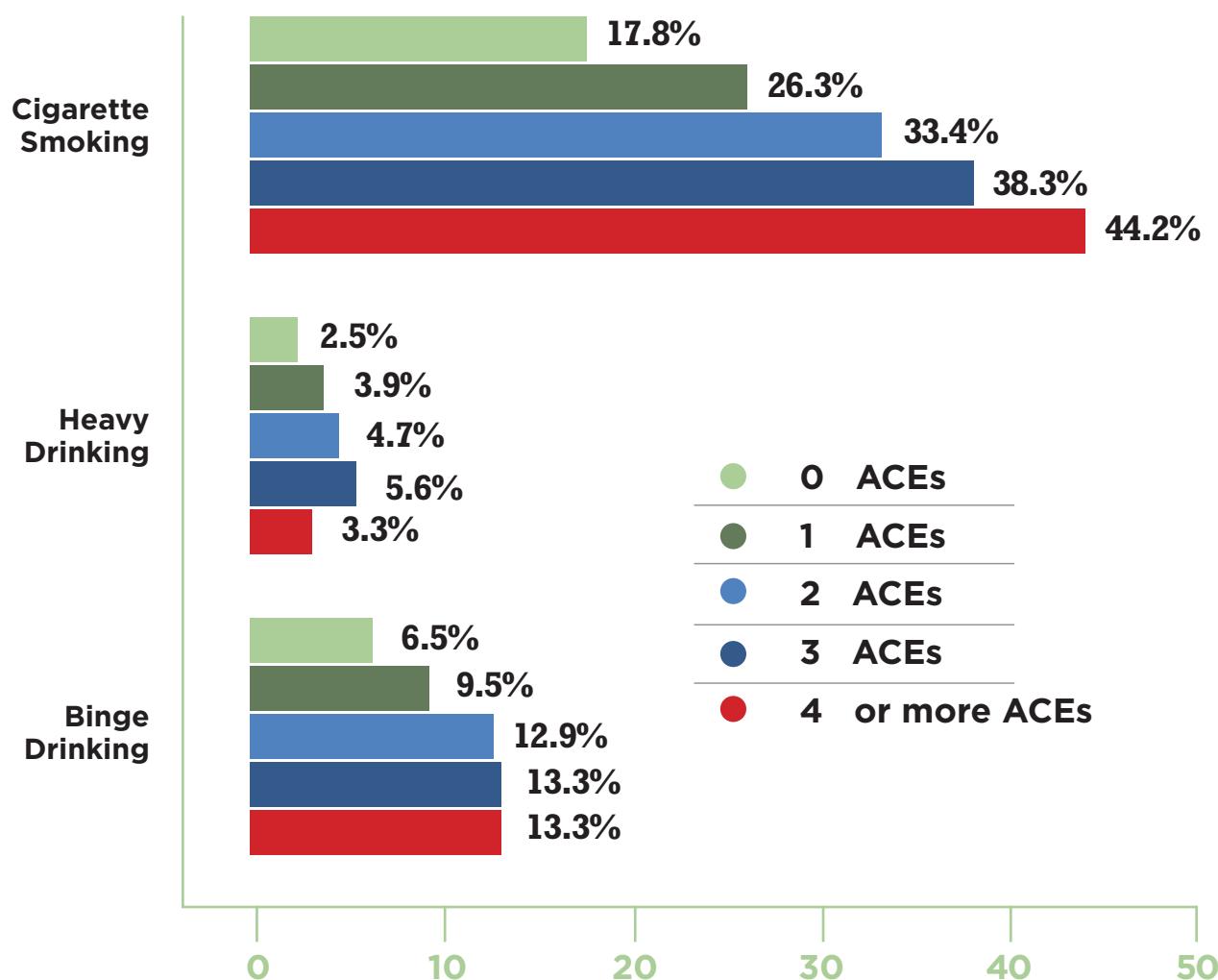


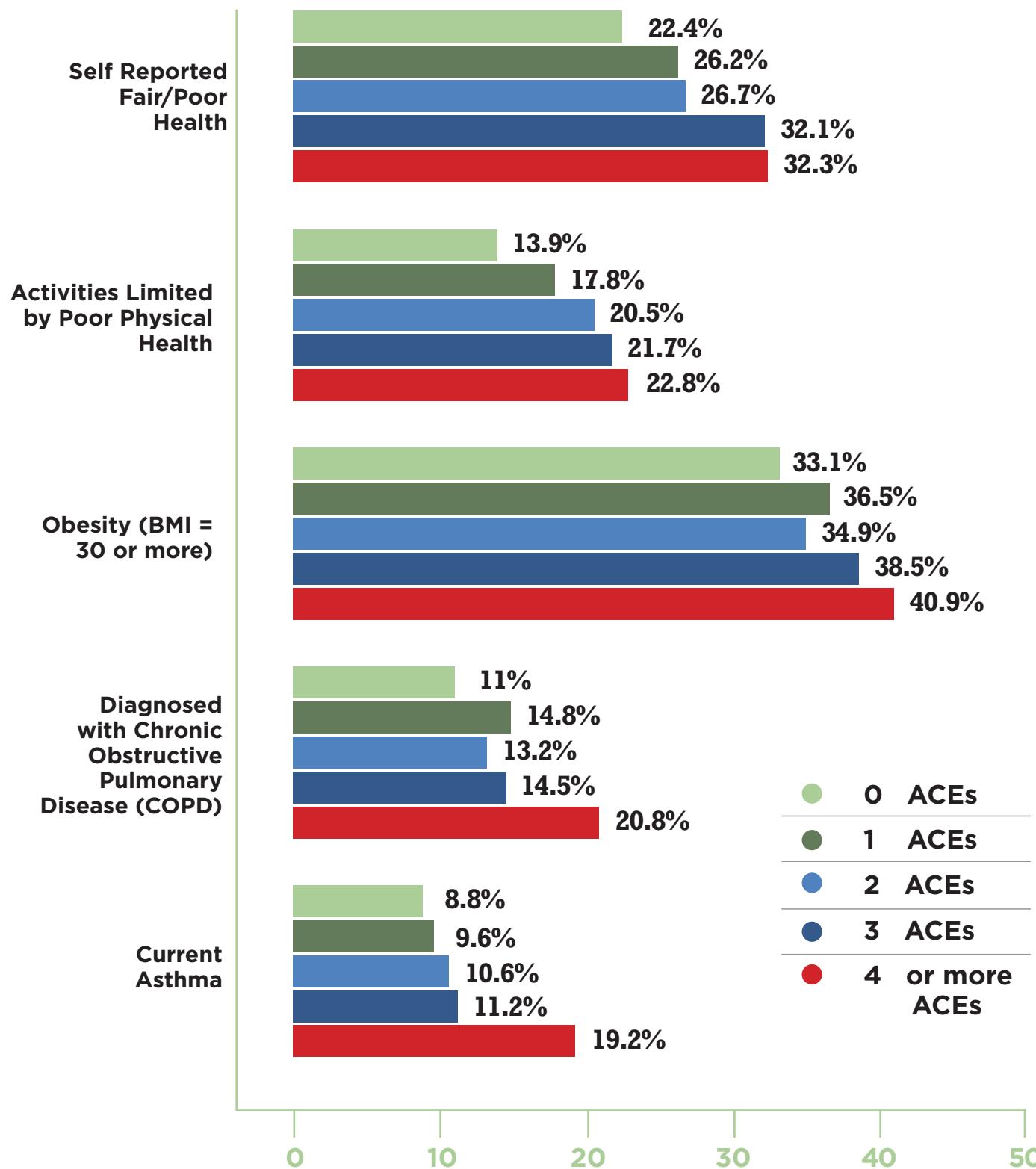
ACEs Impact Lifelong Health

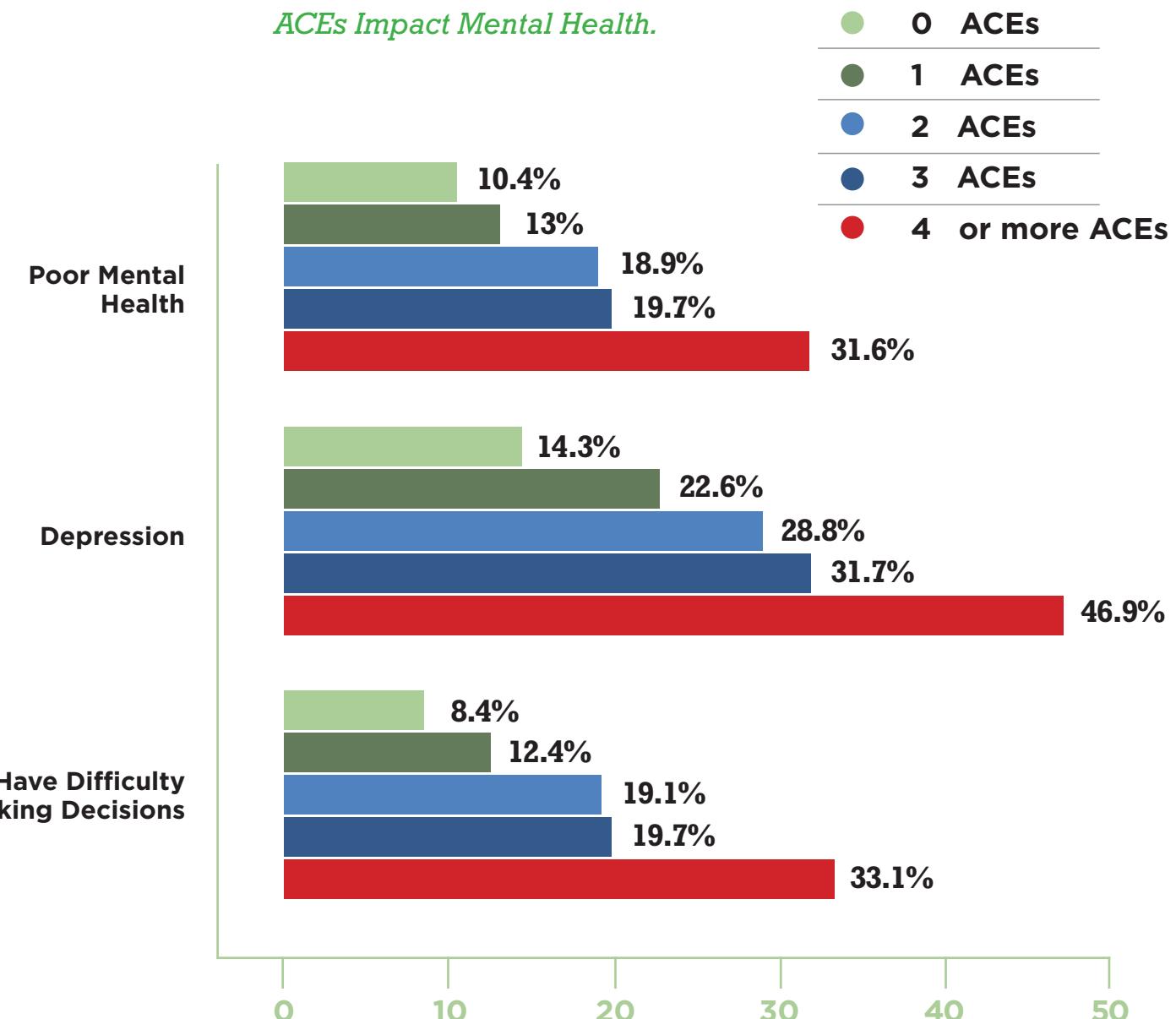
Childhood experiences and the environments where children live shape their developing brain and have a strong impact on their lifelong well-being. National ACEs research shows a strong correlation between experiencing childhood trauma and having a wide range of health, mental health, and social challenges as an adult. It also shows that as each person's number of ACEs increases, so does the level of risk in developing a particular health or mental health issue.

The charts on the following pages share some of the health, mental health and health risk behaviors linked to ACEs in West Virginia. All of the charts reveal the progression of increased risk as the number of ACEs rises. Data Source: *West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System, 2014*.

ACEs Impact Health Risk Behaviors



ACEs Impact Physical Health



Highlights of National Survey of Children's Health

In addition to the WV BRFSS data, which measured prevalence of ACEs in adults, the ACEs Coalition of WV has also reviewed findings from data in the 2016 National Survey of Children's Health (NSCH) and an analysis¹² conducted by the Child & Adolescent Health Measurement Initiative (CAHMI) at the Johns Hopkins Bloomberg School of Public Health, with support from the Robert Wood Johnson Foundation. The CAHMI analysis includes current children – not adults – and assesses a slightly different list of adverse experiences than the WV BRFSS study.

According to the NSCH data, 52.4% of children under age 18 in West Virginia have had at least one adverse childhood experience. This rate is significantly higher than the national average of 46.3 % of children experiencing one or more ACEs.

In addition, 26% of West Virginia children have had two or more ACEs according to the NSCH data. This rate is nearly 20% higher than the national average of 21.7 % of children experiencing two or more ACEs.



Key Findings from CAHMI Analysis

Key findings from the CAHMI data analysis include:

- ACEs impact a child's social emotional development and chances of school success.
- Children ages 3 to 5 who have had two or more ACEs are over four times more likely to have trouble calming themselves down, be easily distracted, and have a hard time making and keeping friends.
- More than three out of four children ages 3 to 5 who have been expelled from preschool also had two or more ACEs.
- Children ages 6 to 17 who have had two or more ACEs are twice as likely to be disengaged from school than are peers who have had no ACEs.

The researchers also identified positive measures:

- Supportive relationships and teaching resilience skills can mitigate the effects of ACEs.
- Children ages 6 to 17 who have had two or more ACEs but learned to stay calm and in control when faced with challenges were over 3x more likely to be engaged in school compared to peers who have not learned these skills.
- Children whose parents reported "always" having positive communication with their child's health care providers were over 1.5x more likely to have family routines and habits that can protect against ACEs, such as eating family meals together, reading to children, limiting screen time, and not using tobacco at home.



Breaking the Cycle – Prevention Strategies to Build Hope and Resiliency

The data and research are clear that ACEs and childhood trauma have a profound impact on health and well-being. At the same time, research also shows that positive experiences in childhood can help mitigate the impact of early adversity. There are also community strategies, programs, policies and approaches that can create the conditions where children and families thrive and ACEs become far less prevalent.

The Center on the Developing Child at Harvard University has identified the following core concepts that help us understand what it takes to ensure healthy development and protect children from the effects of toxic stress:

1. Relationships with caring, responsive adults and early positive experiences build strong brain architecture for children.
2. Significant stress from ongoing hardship or threat, such as exposure to violence, extreme poverty, or child maltreatment, can disrupt the biological foundations of learning, behavior, and health, with life-long consequences.
3. Providing the right ingredients for healthy development from the start—including protective factors that can counterbalance the effects of adversity—produces better outcomes than trying to fix problems later.
4. In the earliest years, it is critical to provide both the buffering protection of responsive relationships and safe and stable environments that help to reduce poverty, maltreatment, community violence, racism, and other threats to child well-being.

A recent report, *Balancing ACEs with HOPE*¹³, released in 2017, describes an emerging framework that highlights how positive experiences can balance the ACEs a child may experience and improve health outcomes. The report also summarizes recent studies that demonstrate the effects of positive experiences on child and family development.

It is important to remember that adversity is only one aspect of a child's experience! These adverse impacts can be buffered by the presence of positive environments, nurturing experiences, and policies that connect families with resources that allow them to meet their basic needs.



The Balancing ACEs with HOPE report identifies the following approaches to prevent and address ACEs:

1. Understand the importance of positive environments for children and their social emotional well-being.
2. Support children and families through positive relationships.
3. Develop resilience through learning skills needed to manage stress and nurture children.
4. Recognize and address disparities that exist through inclusion.
5. Connect families with resources that allow them to meet their basic needs.
6. Know the importance of individual development and growth.

Balancing ACEs with HOPE Logic Model

Each of these factors influences parent and family beliefs and behaviors.

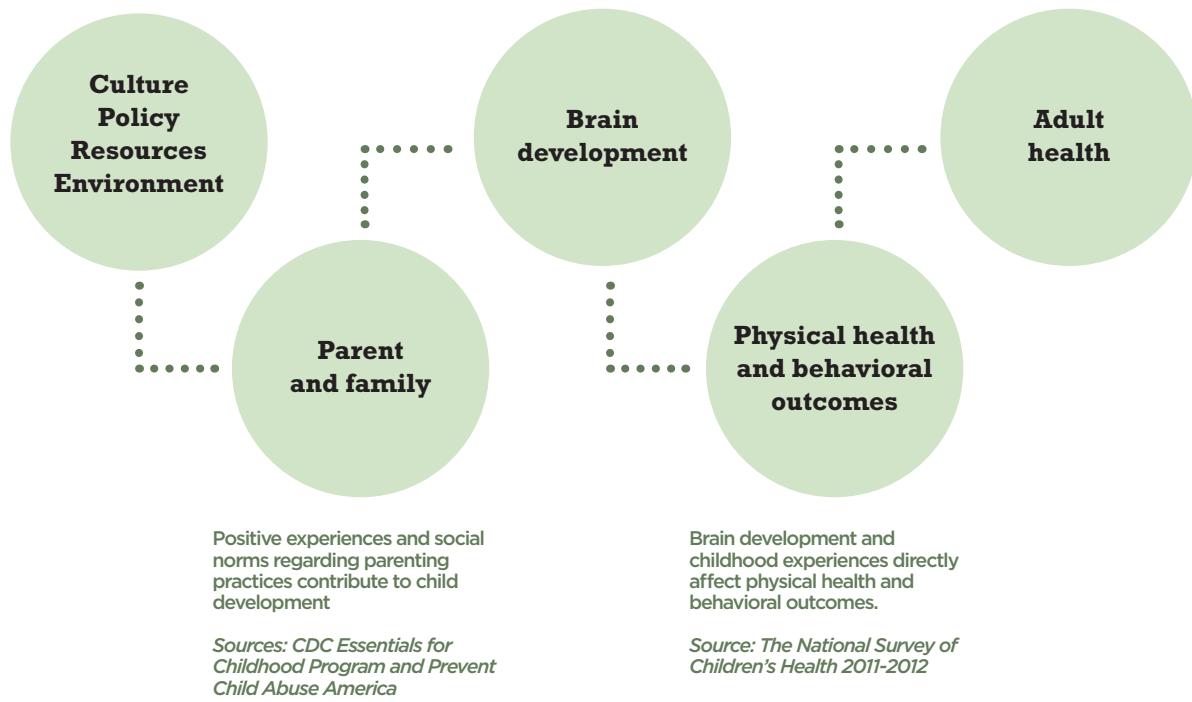
Source: Prevent Child Abuse America

Childhood experiences directly impact brain development

Source: The Center on the Developing Child at Harvard University

Positive childhood experiences can impact adult health, even among adults who reported adverse childhood experiences.

Sources: 2015 Wisconsin Behavioral Risk Factor Survey



Strengthening Families™ Protective Factors ¹⁴

Through Strengthening Families West Virginia, child and family-serving programs throughout the state focus on preventing adversity and promoting the positive experiences that lead to better outcomes. It is urgent that we not only respond when a child has been harmed, but also help prevent child maltreatment from occurring in the first place.

The Center for the Study of Social Policy (CSSP) developed the Strengthening Families Protective Factors Framework and approach after conducting a comprehensive review of research available about effective strategies to prevent child maltreatment and promote better outcomes for children. The Strengthening Families framework distills extensive research in child and family development into a core set of five protective factors that everyone can understand and recognize in their own lives.

What are Protective Factors?

Protective factors are characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development. Most often, we see them as attributes that help families to successfully navigate difficult situations.

Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five key protective factors:

Parental resilience: Managing stress and functioning well when faced with challenges, adversity and trauma.

Social connections: Positive relationships that provide emotional, informational, instrumental and spiritual support.

Knowledge of parenting and child development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.

Concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.

Social and emotional competence of children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.



Building on Progress, Looking to the Future

While the prevalence of childhood trauma and adversity is a tremendous challenge facing West Virginia, there is hope. Powerful and effective work is taking place every day across our state. We as a state do not need to build our prevention and treatment efforts from scratch. We have the opportunity to build on the successful and robust initiatives under way and to continue to support their work and efforts. Those initiatives include:

The Martinsburg Initiative (TMI)

The Martinsburg Initiative is an innovative partnership that has developed a model solution to the problem of opiate addiction and abuse. Spearheaded by the Martinsburg Police Department and the Berkeley County Schools, the new partnership includes an array of community, faith-based, health, and law enforcement leaders and organizations. Through a strategic focus that targets at-risk children and troubled families, the initiative works to assess, identify, and eliminate the basic causes of drug abuse. Founded upon a school-centered and family-based approach, The Martinsburg Initiative is working to build strong families and empower communities.

TMI is built upon the unique relationship that exists between police, schools, and families. Community-building goes hand-in-hand with ACEs intervention. TMI is transforming neighborhood schools into centerpieces for anti-opioid initiatives, community organization, and learning. Making the local school the focal point of positive community life and anti-drug activity strengthens the family's attachment and identification with the learning institution and with their community. TMI's goal is that a sense of belonging, community pride, and self-respect will positively impact children, strengthen families and empower communities.

The TIES Program (Trauma Informed Elementary Schools)

What does it look like when trauma comes to school? When students come to school, they bring all of their experiences with them—including adverse experiences, such as abuse, neglect, and household dysfunction. While they struggle to self-regulate to internally manage the chaos, their external behavior can look “bad” or “uncooperative.” They may shut down and withdraw or overreact and become aggressive. Students with stressed brains suffer developmentally, and the deficits show up at school as poor decision-making, poor memory, and poor organized thinking.

In 2014, Crittenton Services, an agency committed to trauma-informed care, decided to take what they had learned about early childhood stress and development and apply it to an early intervention strategy for students in grades Pre-K through grade 1. They created TIES, or trauma-informed elementary schools, which partners with schools to train teachers to recognize signs of developmental trauma, to create trauma-informed classrooms, and to provide interventions for students.



TIES resource liaisons, who are Master's level credentialed therapists, provide counseling for children and families, which integrates the family and the school in understanding and reinforcing treatment. Teachers and parents can work together, with a shared vocabulary around the trauma treatment framework.

The TIES program is now in 11 elementary schools. TIES uses the CLASS® Classroom Assessment Scoring System, a widely used tool that assesses classroom climate and culture, as an outcome measurement. The CLASS® data collected to date has been analyzed by the WVU School of Social Work, with results that indicate statistically significant improvements.

The effectiveness of treatment for children receiving interventions is monitored with clinical assessments, including the WV CANS (Child and Adolescent Needs and Strengths).

"Our school, like many other high poverty schools, deals with a host of societal traumas that students bring to school each day. Now, with TIES, students' reactions have been clearly identified as a coping mechanism for the ongoing trauma in their lives. TIES has also identified intervention techniques that have given us hope that students will gain self regulation skills and become productive students."

- Principal, Fairplains Elementary, Wood County

Early Childhood Home Visitation / In-Home Family Education

Early Childhood Home Visiting Programs (also known as In-Home Family Education in WV), where a trained home visitor partners with families to provide services to pregnant women and families with young children, have proven effective at reducing child abuse, neglect, and domestic violence and improving health outcomes for children and parents. There are currently 26 programs serving families across West Virginia.

Home visiting programs in West Virginia recently began a pilot project using the NEAR (Neuroscience, Epigenetics, ACE Study and Resilience) Toolkit, which helps home visitors use the ACE Study to help build resilience in families. The purpose of the pilot project is to embed the discussion of ACEs and resilience into early childhood home visitation services. Dr. David Willis, Director of the Division of Home Visiting and Early Childhood Systems, U.S. Department of Health and Human Services, recently explained, "This NEAR Toolkit provides sensitive and transformational guidance for home visitors to address the adverse childhood experiences of young at-risk families. This state-of-the-art instrument captures the power of the NEAR science, the sensitivity of the home visiting relational context, the wisdom of reflective supervision and the sophistication that strengthens resiliency of every courageous parent... There is the hope this toolkit will demonstrate significant impact to address toxic stress, to mitigate social determinants, and to prevent health and development disparities."



Handle With Care

The West Virginia Defending Childhood Initiative, commonly referred to as “Handle With Care,” is a statewide trauma-informed response to child maltreatment and children’s exposure to violence. The goal of the initiative is to prevent children’s exposure to trauma and violence, mitigate negative effects experienced by children’s exposure to trauma, and increase knowledge and awareness of this issue.

Using the Handle With Care model, if a law enforcement officer encounters a child during a call, that child’s information is forwarded to the child’s school before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are “Handled With Care.” If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

Child Advocacy Centers (CACs)

Child Advocacy Centers are how communities mount a coordinated response to allegations of child abuse. When law enforcement or Child Protective Services suspect a child is being abused, the child is brought to the CAC — a safe, child-focused environment — by a caregiver or other “safe” adult. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask. Then, based on the interview, a team of investigative and treatment professionals make decisions together about how to help the child. CACs then offer a wide range of services like therapy, medical exams, courtroom preparation, victim advocacy, case management, and more. There are currently 21 centers in West Virginia.

Partners in Prevention

These community child abuse prevention teams are operating in 44 counties conducting local community based family strengthening projects with \$5,000 grants from Prevent Child Abuse WV.

WV Key Players in Sexual Violence Prevention

Comprised of a collective of sexual violence prevention experts in the state, this group completed a multi-year project that resulted in the completion of the West Virginia Sexual Violence Training and Prevention Toolkit for Working with School-Aged Children and Youth. This resource includes a readiness assessment for conducting prevention programs, key information on conducting prevention programs on sexual violence, and a compilation of vetted prevention program resources.



WV Infant/Toddler Mental Health Association

The WV Infant/Toddler Mental Health Association is working to promote collaboration among the various disciplines that work with young children and families. Through a nationally recognized set of Early Childhood Mental Health Competencies, those working with and for children use a shared framework, which focuses on relationship practices and gives a platform to address the social emotional needs of all children. As part of the competencies, professionals can pursue the Infant Mental Health Endorsement, which guides professional development of professionals who work with or on behalf of infants, toddlers, and families.

WV State Task Force on the Prevention of Sexual Abuse of Children

Enacted by the WV Legislature in March 2015, “Erin Merryn’s Law” created the State Task Force on the Prevention of Sexual Abuse of Children to make recommendations on policies and practices to prevent child sexual abuse in West Virginia. The 23 member Task Force is comprised of a diverse group of stakeholders including survivors of child sex abuse, educators, higher education representatives, law enforcement, prosecutors, legislators, executive branch agencies and professional associations engaged in the protection of children.

The Task Force has developed comprehensive recommendations to prevent child sexual abuse focusing on two areas: adult responsibility and child empowerment. West Virginia lawmakers received the Task Force recommendations in January 2018 and have pledged to implement the recommendations during the 2018 Legislative Session. Governor Jim Justice has called on the WV Department of Education and WV Department of Health & Human Resources to collaborate on implementing the Task Force recommendations.

Community Screenings of Paper Tigers or Resilience

Paper Tigers, a moving documentary told through the voices of students and staff at an alternative high school, captures the transformation of a school as the knowledge of ACEs is integrated into classrooms, policies, relationships, and community resources. *Resilience*, a film about the biological impact of ACEs, showcases a movement to prevent and address negative experiences. The film profiles key players in pediatrics, education, and social welfare who are using science and evidence-based practices to empower communities to improve health and well-being. To schedule a community screening of either *Paper Tigers* or *Resilience*, please visit, <https://www.wvaces.org/films>.



In Conclusion

The ACEs Coalition of West Virginia presents this Issue Brief in an effort to highlight the impact of ACEs on health outcomes, and also as a Call to Action for efforts focused on preventing ACEs from occurring and offering healing and support to build resilience in those who have experienced childhood trauma. Our hope is that we will stop asking the question, “What’s wrong with you?” and instead begin asking, “What happened to you?” We know that childhood adversity increases risk substantially, but these risk factors are not predictive factors – because of protective factors. We look forward to our continued work to build these protective factors and improve the lives of children and families across West Virginia. In doing so, **we will help transform these potential stumbling blocks into stepping stones for a more successful and healthier future** for our state.

Join the ACEs Coalition of West Virginia

We would love to partner with you. Join our Coalition today!

If you would like to learn more about the ACEs Coalition of West Virginia, please visit our website at <http://www.wvaces.org> and follow us on Facebook at <https://www.facebook.com/wvacescoalition/>.



Sources

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“ACEs and other traumatic events don’t just affect an individual child—families, neighborhoods and communities all bear the brunt of these difficult circumstances, which add up over time.”

- Christina Bethell, PhD, Director of CAHMI.



"In order to carry a positive action we must develop here a positive vision."

-Dalai Lama



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Thank you very much for your ongoing support of the ACES Coalition of West Virginia.*