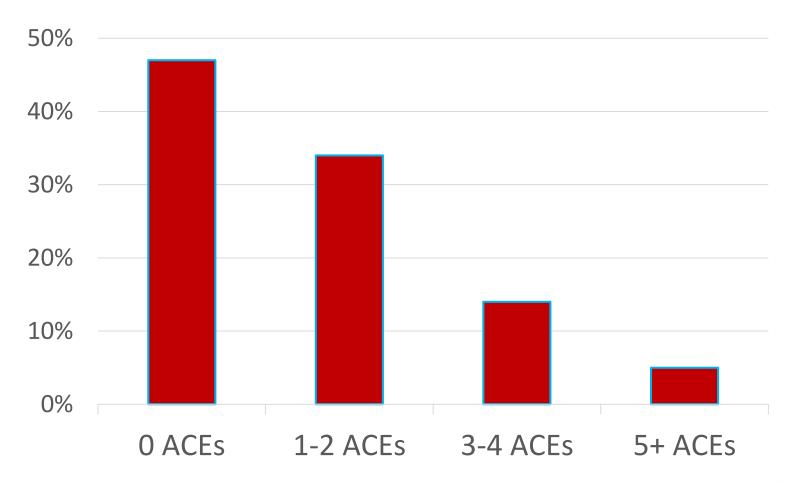# Adverse Childhood Experiences in Nebraska

Melissa Tibbits, PhD
Associate Professor
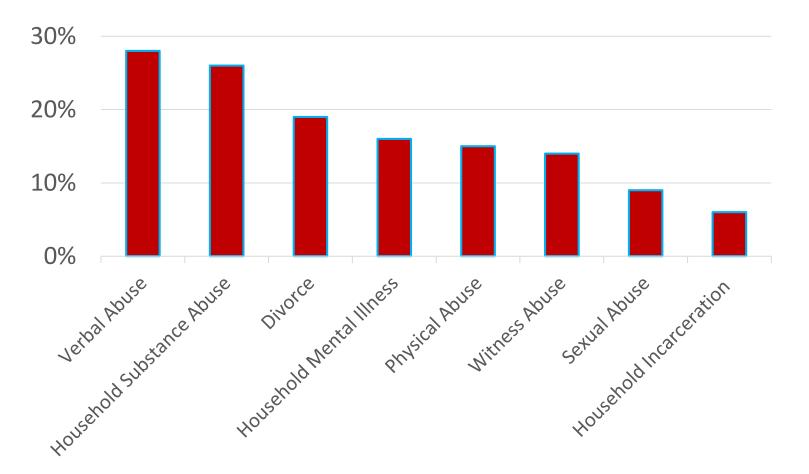**UNMC College of Public Health**

Prevalence of ACEs in NE

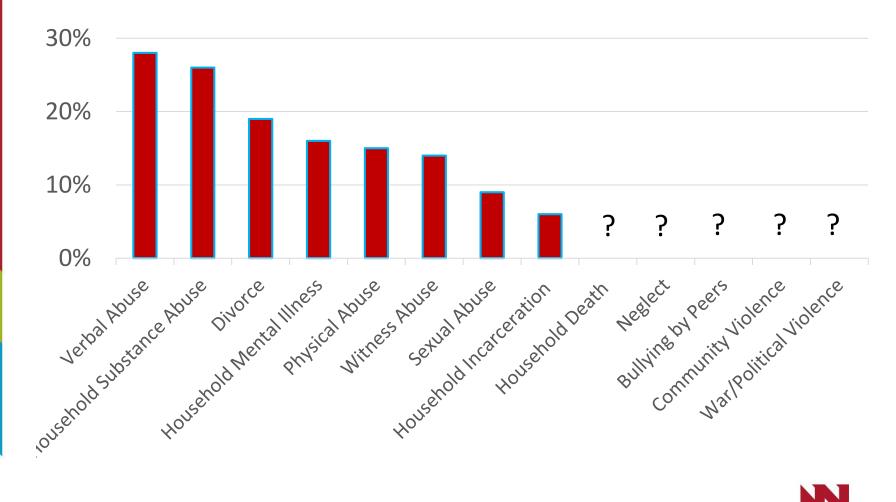
Source: NE DHHS, 2012; Safranek et al. 2012

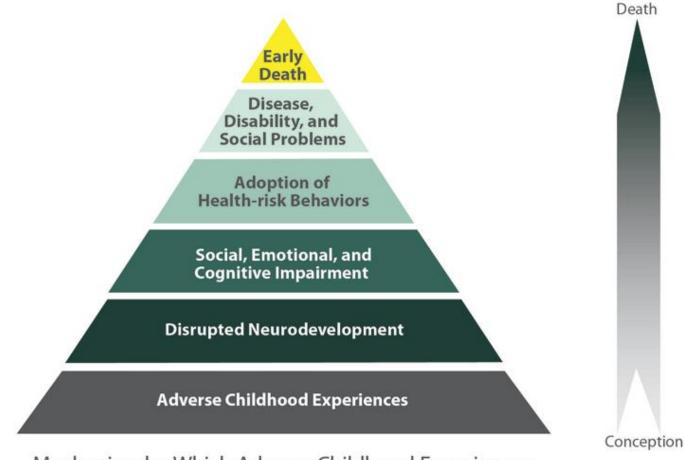# Prevalence of Specific ACEs in NE

Source: NE DHHS, 2012; Safranek et al. 2012

Prevalence of Specific ACEs in NE

Source: NE DHHS, 2012; Safranek et al. 2012; World Health Organization ACE- IQ

Pathway from ACEs to Poor Health Outcomes

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

Source: CDC, 2016

Family Trauma in Omaha

Yeah, because I think – it's all so interwoven. If you think about kids that go to bed that are hungry and they're not sleeping good at night and they don't feel good and their teeth hurt and they can't do well in school and they've got domestic violence going on within the home – that may not be an immediate impact, but over the course of time, if and how does that look as far as their transition into those potentials for violence?

We have three students who I can think of off the top of my head whose fathers have been killed by gun violence, my guess is we have more, I'm just thinking of three that I can say I know exactly what that kid's life is.
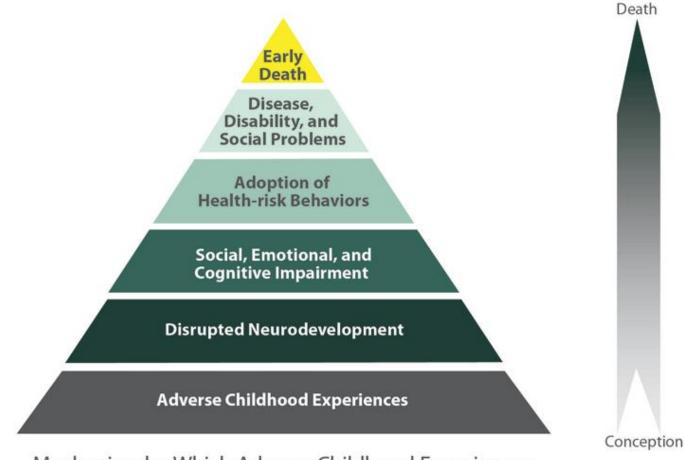
I'd say abuse and probably neglect is the number one that I would put out there; that they're just neglected, the parent isn't present with them, they're not available, and then that then turns them into gangs because they need somebody to feel a part of, and typically the gang's right there to work with those kids. They've all seen gun violence. They've all seen domestic violence. The parents rarely are a cohesive unit when they get to us. I mean the family unit is typically very askew, I would say; it's not very stable.

Because – and it really is the result of the amount of trauma that folks in particularly the impoverished communities in Omaha experience. That trauma is in so many – comes in so many forms. Your dad goes away for whatever crime. Does his time, comes back, tries to do everything that he thinks needs to be done to demonstrate that he's rehabilitated, and learning to be a contributing member of the community, and no one will hire him. Then his frustration with not being able to care for his family begins to manifest itself in abusive behaviors toward his family, and then perhaps towards others.

Source: Tibbits et al. 2017

Pathway from ACEs to Poor Health Outcomes

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

Source: CDC, 2016

Mental and Behavioral Health Service Gaps in Omaha

It is still extremely difficult for people to be able to get mental health services without some major challenges that they don't have with regular health insurance. I think that's really the key in reducing the stigma and you know, it being validated as a health concern that is on par with any other health issue that people are having. I think if we could ever get people to think about that and change their mind set when it comes to that and really look at how, everything in your life impacts your mental or emotional status.

The other thing that we ran into a lot is not having enough providers, mental health providers to what the kids are referred. We are a bit hindered by not being able to find first enough of them and then people of color, that are doing mental health there.

[In and ideal world] I think it would be something that referrals would be as common place as referrals to a doctor or dentist office or anywhere else that people are making those major referrals. Without even you know, without being hesitant about it. It would be that people could receive mental health care and not worry about these major copays and deductibles.

Like they just have to jump through all these hoops in order to get help, and it didn't use to be that way. But now that's how it is…they're selling these stipulations that are requirements on receiving help, that people don't even actually have. It's like, 'why should I demean myself or have to beg you to help me, and that's what you say you're here to do.'

We've got to create a system that forces and incents our service providers to work together to create comprehensive programs that will get people up and out, versus hodgepodge here and there. I think it's navigators, it's life navigators or coaches that will stick and see people through.

Source: Tibbits et al. 2017

Need Trauma Informed Services

- Trauma Informed Community Initiative
  - Led by Project Harmony
  - Training to 22,000 first responders and the broader community about ACEs and other forms of trauma
  - Goals:
    - Improve trauma knowledge and skills
    - Increase referrals for services
    - Increase adoption of organizational policies about providing trauma informed care
    - Foster community-wide collaboration to better provide services to youth who have experienced ACEs

Successful Intervention Strategies

What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:
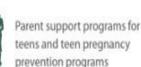
Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership

Home visiting to pregnant women and families with newborns

Parenting training programs

Intimate partner violence prevention

Social support for parents

Parent support programs for teens and teen pregnancy prevention programs

Mental illness and substance abuse treatment

High quality child care

Sufficient Income support for lower income families

Source: CDC, 2016