# A call to action to reconceptualize adverse childhood experiences among Black youth: Missing the forest for the trees

## Making the “C-ACE” for a culturally-informed adverse childhood experiences framework to understand the pervasive mental health impact of racism on Black youth

Bernard, Calhoun, Banks, Halliday, Hughes-Halbert, & Danielson, 2021

*Journal of Child and Adolescent Trauma*

## Racial discrimination and other adverse childhood experiences as risk factors for internalizing mental health concerns among Black youth

Bernard, Smith, & Lanier, 2022

*Journal of Traumatic Stress*
How trauma became the word of the decade

The very real psychiatric term has become so omnipresent in pop culture that some experts worry it’s losing its meaning.

By Lexi Pandell | Updated Jan 25, 2022, 8:01am EST
Illustration by Bráulio Amado for Vox
Trauma is the experience of actual or threatened death, serious injury, or sexual violence.

-(American Psychiatric Association, 2013)
POTENTIALLY TRAUMATIC EVENTS

- Natural Disasters
- War, Terrorism, Political Violence
- Serious Injury, Illness, Medical Procedures
- Motor Vehicle Accidents, Crashes
- Witnessing of Violence (home, community)
- Domestic Violence, Intimate Partner Violence
- Physical Abuse, Physical Assault
- Sexual Abuse, Sexual Assault, Rape
- Neglect (physical, emotional, academic, medical)
Childhood Trauma Exposure

More than two thirds of children reported at least 1 traumatic event by 16 years of age

(Copeland et al., 2007)
Impact of Childhood Trauma

Cognition
- Impaired readiness to learn
- Difficulty problem-solving
- Language delays
- Problems with concentration
- Poor academic achievement

Brain development
- Smaller brain size
- Less efficient processing
- Impaired stress response
- Changes in gene expression

Physical health
- Sleep disorders
- Eating disorders
- Poor immune system functioning
- Cardiovascular disease
- Shorter life span

Emotions
- Difficulty controlling emotions
- Trouble recognizing emotions
- Limited coping skills
- Increased sensitivity to stress
- Shame and guilt
- Excessive worry, hopelessness
- Feelings of helplessness/lack of self-efficacy

Behavior
- Poor self-regulation
- Social withdrawal
- Aggression
- Poor impulse control
- Risk-taking/illegal activity
- Sexual acting out
- Adolescent pregnancy
- Drug and alcohol misuse

Mental health
- Depression
- Anxiety
- Negative self-image/low self-esteem
- Posttraumatic Stress Disorder (PTSD)
- Suicidality

Relationships
- Attachment problems/disorders
- Poor understanding of social interactions
- Difficulty forming relationships with peers
- Problems in romantic relationships
- Intergenerational cycles of abuse and neglect
The Adverse Childhood Experiences Framework

The three types of ACEs include:

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes.

- 0 ACEs
- 1 ACE
- 2 ACEs
- 3 ACEs
- 4+ ACEs
Early Adversity has Lasting Impacts
Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.
ACEs Literature by Discipline (Web of Science)

- Psychology: 3,317
- Public Environmental Occupational Health: 1,558
- Pediatrics: 1,218
- Social Work: 1,015
- Psychiatry: 2,584
- Neurosciences Neurology: 1,254
- Family Studies: 1,222
- General Internal Medicine: 672
- Substance Abuse: 339
- Criminology Penology: 526
WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes.

- 0 ACEs
- 1 ACE
- 2 ACEs
- 3 ACEs
- 4+ ACEs
50% Black ACE Exposed
So, What Are We Missing?
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Historical Trauma

- The cumulative exposure to traumatic events that not only affect the individual, but continue to affect subsequent generations.

Transatlantic Slave Trade

Dots represent individual slave ships. The larger the dot, the more enslaved people on board.
### Children in Poverty by Race: 2017

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td>18%</td>
</tr>
<tr>
<td>African American</td>
<td>33%</td>
</tr>
<tr>
<td>American Indian</td>
<td>33%</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>11%</td>
</tr>
<tr>
<td>Latino</td>
<td>25%</td>
</tr>
<tr>
<td>White (Not Hispanic)</td>
<td>18%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>19%</td>
</tr>
</tbody>
</table>
Defining Racism

“A system of dominance, power, and privilege based on racial group designations; rooted in the historical oppression of a group defined or perceived by dominant-group members as inferior, deviant or undesirable”

-(Harrel, 2000; p. 43).
Interpersonal discrimination

Racism-Related Trauma

The emotional and psychological response to racial incidents that are unexpected, experienced as threatening, and result in significant psychological stress

(Carter, 2007)

Rumination as a Mediator of the Association Between Racial Discrimination and Depression Among Black Youth

Donte L. Bernard, Colleen A. Halliday, Funlola Are, Devin E. Banks & Carla Kmett Danielson

Journal of Racial and Ethnic Health Disparities 9, 1937–1945 (2022) | Cite this article

Developmental differences in the impact of racial discrimination on depression and anxiety among Black youth: Examining rumination as a mechanism

Donte L Bernard ¹, Cristina M López ², Devin E Banks ³, Austin M Hahn ², Carla Kmett Danielson ²
Health Disparities are Driven by Social and Economic Inequities

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community, Safety, &amp; Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Food security</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider &amp; pharmacy availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Parks</td>
<td>Early childhood education</td>
<td>Food security</td>
<td>Community engagement</td>
<td>Access to linguistically and culturally appropriate &amp; respectful care</td>
</tr>
<tr>
<td>Debt</td>
<td>Playgrounds</td>
<td>Vocational training</td>
<td>Access to healthy options</td>
<td>Stress</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Medical bills Support</td>
<td>Walkability</td>
<td>Higher education</td>
<td>Social integration</td>
<td>Exposure to violence/trauma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip code/geography</td>
<td></td>
<td>Food security</td>
<td>Policing/justice policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Access to healthy options</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health and Well-Being:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Bridging the Gap

• The APA Presidential Task Force on Traumatic Stress Disorder and Trauma in Children and Adolescents (2009) and The National Child Traumatic Stress Network (2017) have cited racism and racial discrimination as a contributing factor to stress in the lives of racial and ethnic minority children.
Integrating Racism into the ACEs Framework

• ACEs + Racism
  • (Vásquez et al., 2019)

• Culturally specific ACEs
  • Racial discrimination and community violence vs. parental drug and alcohol problems.
    • (Maguire-Jack et al., 2019)

• Expanded Model of ACEs
  • (Cronholm et al., 2015)

• Adverse Community Events
  • (Ellis, 2017)
Culturally-Informed Adverse Childhood Experiences Framework to Understand the Pervasive Mental Health Impact of Racism on Black Youth

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Racial discrimination is Associated with Acute Posttraumatic Stress Symptoms and Predicts Future Posttraumatic Stress Disorder Symptom Severity in Trauma-Exposed Black Adults in the United States

Claire M. Bird, E. Kate Webb, Andrew T. Schramm, Lucas Torres, Christine Larson, Terri A. deRoon-Cassini

Beyond Trauma Exposure: Discrimination and Posttraumatic Stress, Internalizing, and Externalizing Problems Among Detained Youth

Lucybel Mendez, Michaela M. Mozley, and Patricia K. Kerig

RESEARCH ARTICLE

Racial discrimination and other adverse childhood experiences as risk factors for internalizing mental health concerns among Black youth

Donte L. Bernard, Quinton Smith, Paul Lanier
Table 4: Results of multivariable models estimating the associations between adverse childhood experiences (ACEs) and depression and anxiety

<table>
<thead>
<tr>
<th>ACE endorsed</th>
<th>Depression aOR</th>
<th>95% CI</th>
<th>Anxiety aOR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Discrimination</td>
<td>1.35</td>
<td>[1.23, 1.49]</td>
<td>1.39</td>
<td>[1.31, 1.47]</td>
</tr>
<tr>
<td>Hard to cover basics like food or housing</td>
<td>1.74</td>
<td>[1.68, 1.81]</td>
<td>1.79</td>
<td>[1.75, 1.84]</td>
</tr>
<tr>
<td>Parent or guardian divorced</td>
<td>1.59</td>
<td>[1.54, 1.64]</td>
<td>1.24</td>
<td>[1.21, 1.27]</td>
</tr>
<tr>
<td>Parent or guardian died</td>
<td>1.18</td>
<td>[1.10, 1.28]</td>
<td>0.91</td>
<td>[0.80, 1.04]</td>
</tr>
<tr>
<td>Parent or guardian spent time in jail</td>
<td>1.01</td>
<td>[0.99, 1.04]</td>
<td>0.96</td>
<td>[0.93, 0.99]</td>
</tr>
<tr>
<td>Adults slap, hit, kick, or punch others</td>
<td>1.19</td>
<td>[1.16, 1.22]</td>
<td>1.06</td>
<td>[1.05, 1.07]</td>
</tr>
<tr>
<td>Victim of or witness to neighborhood violence</td>
<td>1.74</td>
<td>[1.70, 1.78]</td>
<td>1.36</td>
<td>[1.32, 1.40]</td>
</tr>
<tr>
<td>Lived with person with mental illness</td>
<td>3.21</td>
<td>[3.13, 3.28]</td>
<td>2.91</td>
<td>[2.83, 2.98]</td>
</tr>
<tr>
<td>Lived with person with alcohol/drug problem</td>
<td>1.24</td>
<td>[1.21, 1.27]</td>
<td>1.22</td>
<td>[1.21, 1.23]</td>
</tr>
</tbody>
</table>

Note: N = 8,672, with pooled results from six imputed models. Models controlled for child age, sex, geography, and poverty level.
Culturally-Informed Adverse Childhood Experiences Framework to Understand the Pervasive Mental Health Impact of Racism on Black Youth

Meta-analysis: Are Psychotherapies Less Effective for Black Youth in Communities With Higher Levels of Anti-Black Racism?

Maggi A. Price, PhD, John R. Weisz, PhD, Sarah McKetta, MSc, Nathan L. Hollinsaid, BS, Micah R. Lattanner, PhD, Allecia E. Reid, PhD, Mark L. Hatzenbuehler, PhD

Objective: To examine whether anti-Black cultural racism moderates the efficacy of psychotherapy interventions among youth.

Method: A subset of studies from a previous meta-analysis of 5 decades of youth psychotherapy randomized controlled trials was analyzed. Studies were published in English between 1963 and 2017 and identified through a systematic search. The 194 studies (N = 14,081 participants; age range, 2-19) across 34 states comprised 2,678 effect sizes (ESs) measuring mental health problems (eg, depression) targeted by interventions. Anti-Black cultural racism was operationalized using a composite index of 31 items measuring explicit racial attitudes (obtained from publicly available sources, eg, General Social Survey) aggregated to the state level and linked to the meta-analytic database. Analyses were conducted with samples of majority-Black (ie, ≥50% Black) (n = 36 studies) and majority-White (n = 158 studies) youth.

Results: Two-level random-effects meta-regression analyses indicated that higher anti-Black cultural racism was associated with lower ESs for studies with majority-Black youth (β = −0.2, 95% CI [−0.35, −0.04], p < .02) but was unrelated to ESs for studies with majority-White youth (β = 0.0004, 95% CI [−0.03, 0.03], p > .98), controlling for relevant area-level covariates. In studies with majority-Black youth, mean ESs were significantly lower in states with the highest anti-Black cultural racism (>1 SD above the mean; Hedges’ g = 0.19) compared with states with the lowest racism (<1 SD below the mean; Hedges’ g = 0.60).

Conclusion: Psychotherapies tested with samples of majority-Black youth were significantly less effective in states with higher (vs lower) levels of anti-Black cultural racism, suggesting that anti-Black cultural racism may be one contextual moderator of treatment effect heterogeneity.

Key words: anti-Black cultural racism, psychotherapy, spatial meta-analysis, treatment effect heterogeneity, youth

So, What Do We Do?
Expand conceptualizations of trauma

An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

- Substance Abuse and Mental Health Services Administration (SAMHSA)
Poverty as an Adverse Childhood Experience

Michelle Hughes, Whitney Tucker

Exposure to Community Violence as a New Adverse Childhood Experience Category: Promising Results and Future Considerations

Eunju Lee, Heather Larkin, & Nina Esaki

American Journal of Preventive Medicine

Volume 49, Issue 3, September 2015, Pages 154-161

Research Article

Adverse Childhood Experiences: Expanding the Concept of Adversity

Peter E. Cronholm MD, MSCE †, ‡, ‡, Christine M. Forse MSN, CRNP, §, §, Roy Wade MD, PhD, MPH, †, Megan H. Bair-Merritt MD, MSCE, †, Martha Davis MSS, †, Mary Harkins-Schwarz MPH, †, Lee M. Pachter DO, †, Joel A. Fain MD, MPH, †, ‡, §

Preventive Medicine

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Expanding adverse child experiences to inequality and racial discrimination

Jesse L. Helton, †, ‡, Jordan P. Davis, †, ‡, ‡, Daniel S. Lee, †, Shella Paidaman, †

The Case for Conceptualizing Youth-Police Contact as a Racialized Adverse Childhood Experience

Dylan B. Jackson, PhD

ABOUT THE AUTHOR

Dylan B. Jackson is with the Department of Population, Family, and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.
Enhance measurement of ACEs

- Philadelphia ACEs survey
  - Chronholm et al., 2015

- Pediatric ACEs and Related Life Events Screener (PEARLS)
  - Koita et al., 2018

- National Survey of Children’s Health
  - Child and Adolescent Health Measurement Initiative
Modify case-conceptualizations

Ralph Yarl
Healing Interpersonal and Racial Trauma: Integrating Racial Socialization Into Trauma-Focused Cognitive Behavioral Therapy for African American Youth

Isha W. Metzger, Riana Elyse Anderson, Funlola Are, and Tiarney Ritchwood

EMBRacing Racial Stress and Trauma: Preliminary Feasibility and Coping Responses of a Racial Socialization Intervention

Riana Elyse Anderson, Monique McKenny, Amari Mitchell, Lydia Koku, and Howard C. Stevenson

A Flexible Treatment Planning Model for Racism-Related Stress in Adolescents and Young Adults

Ryan C. T. DeLapp & Laurie Gals

Published: 07 November 2022
In Summary

• Difficult to conceptualize childhood adversity without the recognition of racism in the lives of Black youth

• Racism-related stressors bear striking resemblance to ACEs as traditionally conceptualized
  a) Represent distinct and potentially traumatic events that can accumulate
  b) Chronic can compromise health both immediately and over time
  c) May compromise health through multiple pathways

• Exclusion of culturally relevant potentially traumatic experiences may lead to inaccurate or incomplete case-conceptualization, treatment approaches, and policies
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Our recommendations for practitioners are:

1. To be more cautious and sensitive in translating evidence from population research to individual risk in order to reduce stigma and avoid deterministic messages from being propagated.
2. Give careful thought to how and when to appropriately record ACEs in different practice settings. In some situations, e.g. in therapeutic settings, detailed information on specific adversities might be useful but it needs to be recognised that ACEs do not necessarily result in poor outcomes.
3. Consider whether evidence is available on the effectiveness and acceptability of programmes such as routine enquiry and trauma informed initiatives before implementation.
4. Only routinely enquire about ACEs where the benefit outweighs any potential harm, and where evidence-based interventions exist and are readily available.
5. Look beyond individuals and families to the broader structural ‘causes’ of ACEs, such as poverty – especially when developing policy initiatives.
Towards a Resilience Perspective

In Conclusion

*To reduce the health effects of racism among African American and other youth experiencing marginalization, it is critical that we validate their perceptions and experiences, empower them, and collaborate with them to leverage the community strengths they identify.*

(Woods-Jaeger et al., 2013)
The Adverse Childhood and Community Experiences Framework

9.5% of GA children had a guardian with substances abuse.  

21% of GA children live in poverty.  

30% of GA children live in housing that is more than 30% the household income.  

10% of GA children had a parent serve jail time in 2017-2018.  

Atlanta is the #1 city in the U.S. for income inequality.
A call to action to reconceptualize adverse childhood experiences among Black youth: Missing the forest for the trees

Donte Bernard, PhD
University of Arkansas
Colloquia series
September 7th, 2023
We Can’t Talk About ACE Without Race: Recognizing & Responding to Adverse Childhood Experiences among Black Youth

Donte Bernard, PhD
Society of Clinical Child and Adolescent Psychology
September 24th 2023