

## Hvordan negative barndomserfaringer påvirker fysisk og psykisk helse – og hva vi kan gjøre med det.

SAHA, 2019  
FORNEBU



# GOAL

## What is your Goal?

#goals



## Poenget ved undersøkelsen?

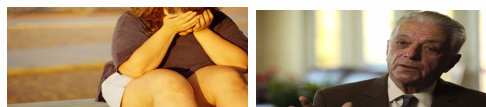
“Det vi kan avdekke”

Men....Hippocratic oath, “First do no harm”?

(Epidemics, Book I, of the Hippocratic school: “Practice two things in your dealings with disease: either help or do not harm the patient”)

## Dr. Fellitti’s Goal

....we must go deeper



## Adverse Childhood Events

Gjentagende fysisk mishandling

Gjentagende psykisk mishandling

Seksuell mishandling

Alkohol eller stoffmisbruker i hjemmet

Fengslet familiemedlem

Omsorgsperson som er psykisk syk

Mor blir mishandlet

Bare én eller ingen forelder

Omsorgsvikt

Jo flere ACE man utsettes for som barn, jo høyere risiko for en nedsett helse senere i livet.



## Assosiert med høy ACE-score

Røyking

Hjertesykdom

Tidlig seksuell debut

Stoffmisbruk

Depresjon

Hodepine

Selvmordsforsøk

Alvorlig overvekt

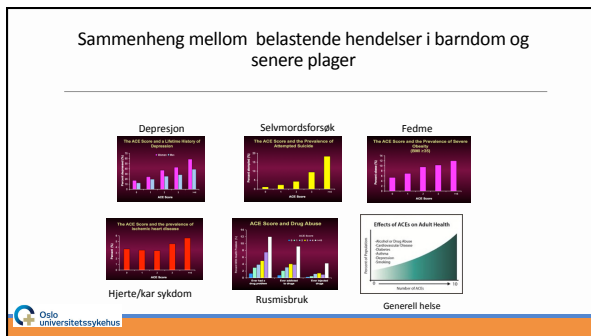
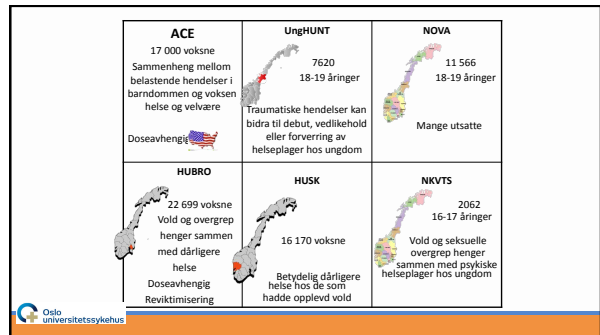
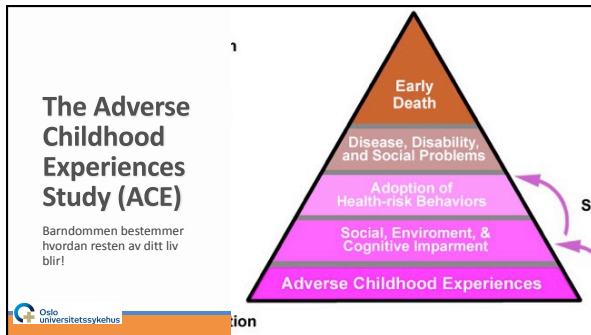
HIV-risiko

Lungesykdom

Vold i hjemmet

Autoimmun sykdom





PubMed search results for: **EMOTIONAL AVAILABILITY IN MOTHER-CHILD INTERACTION: THE EFFECTS OF MATERNAL DEPRESSION IN REMISSION AND ADDITIONAL HISTORY OF CHILDHOOD ABUSE.**

Journal: *Journal of Interpersonal Violence*  
 Authors: *Spitzer, D., Bookwala, J., Fuchs, A., Hord, A., Finkel, J., Frazier, P., Dittus, K., Beck, G., Miller, S., Hertz, S., Brunner, B., Berman, J.*

**Abstract:** The association between maternal depression and adverse outcomes in children is well established. Similar links have been found for maternal childhood abuse. One proposed pathway of risk transmission is reduced maternal emotional availability. Our aim was to investigate whether sensitive parenting is impaired in mothers with depression in remission, and whether among those mothers childhood abuse has an additional impact.

**METHODS:** The mother-child interaction of 188 dyads was assessed during a play situation using the Emotional Availability Scales, which measure the overall affective quality of the interaction: maternal sensitivity, structuring, nonhostility, and nonintrusiveness. Mothers with depression in remission were compared to healthy mothers. Children were between 5 and 12 years old. Group differences and impact of additional childhood abuse were analyzed by one-factorial analyses of covariance and planned contrasts.

**RESULTS:** Mothers with depression in remission showed less emotional availability during mother-child interaction compared to healthy control mothers. Specifically, they were less sensitive and, at times, less structuring and more hostile. Among these mothers, we found an additional effect of severe maternal childhood abuse on maternal sensitivity. Mothers with depression in remission and a history of severe childhood abuse were more sensitive than remitted mothers without childhood abuse.

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PubMed search results for: **Maternal sensitivity and the empathic brain: Influences of early life maltreatment.**

Journal: *Development and Psychopathology*  
 Authors: *Matta, S., Hsu, C., Spitzer, D., Beck, G., Miller, S., Frazier, P.*

**Abstract:** One of the most striking characteristics of early life maltreatment (ELM) is the risk of transmission across generations, which could be linked to differences in maternal behavior. Maternal sensitivity is an adaptive and positive affective exchange between mother and child. Mothers with a history of ELM have been found to show a lower sensitivity representing a significant risk factor for maltreating their own children. 20 mothers with and 20 mothers without mental and/or physical disorders (as assessed with the Childhood Experiences of Care and Abuse Inventory) and their children participated in a standardized mother-child interaction task. Maternal interactions were coded by two independent trained raters based on the Emotional Availability Scales. In addition, specific variables were assessed with the Temperament and Emotion Regulation Questionnaire (TERQ). High-resolution structural magnetic resonance brain images of the mothers were acquired with optimized voxel-based morphometry and correlated with maternal sensitivity. Results indicate that mothers with ELM were less sensitive to the standardized interaction with their own child. In non-maltreated control mothers, maternal sensitivity was positively related to volume in the gray matter volume, a region which is closely related to emotional empathy, which has also a positive association between maternal sensitivity and gray matter volume in parts of the negative empathy network such as the superior temporal sulcus and temporal pole region in mothers with ELM. These results suggest that ELM may influence maternal sensitivity through structural brain changes in the gray matter volume in the superior temporal sulcus and temporal pole region in mothers with ELM.

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PubMed search results for: **Adverse childhood experiences, health, and employment: A study of men seeking job services.**

Journal: *Child Abuse and Neglect*  
 Authors: *Pate, D., Berman, N., Medina-Koehn, C.*

**Abstract:** The present study explored factors associated with barriers to current employment among 199 low-income, primarily Black American men seeking job services. The study took place in an urban setting located within the upper Midwest region of the U.S., where the problem of Black male joblessness is both longstanding and widespread. Recent research suggests that Black male joblessness regionally and nationally is attributable to myriad macro- and micro-level forces. While structural-level factors such as migration of available jobs, incarceration patterns, and racism have been relatively well-studied, less is known about individual-level predictors of Black male joblessness, which are inextricably linked to macro-level or structural barriers. This study therefore examined relations between adverse childhood experiences (ACEs), health-related factors, and employment-related problems. Participants faced both specific and cumulative childhood adversities at much higher rates than men from more economically advantaged contexts. In addition, the physical, behavioral, and mental health of the study participants were, according to self-report survey results, notably worse than that of the general population or alternative samples. Finally, results indicated that exposure to ACEs may have helped to undermine the men's ability to attain current employment and that drug problems along with depression symptoms helped explain the link between ACEs and employment barriers. Theoretical and practical implications of results are explored.

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**PubMed** | **PubMed** | **Abstract**

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**Abuse in childhood and psychopathology: Linking Adverse Childhood Experiences and Attachment: A Theory of Etiology for Sexual Offending.**

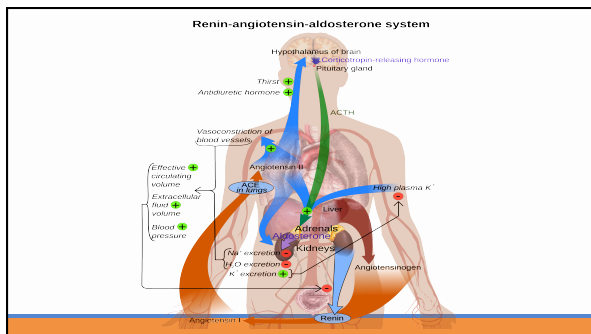
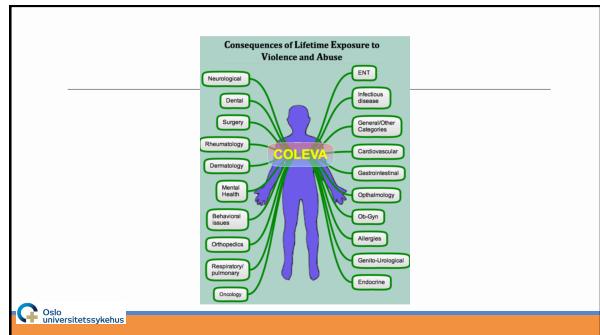
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**Abstract:**  
 A significant body of research underscores the link between the role played by childhood experiences in the development of later psychopathology. However, there is a paucity of research exploring the role of adverse childhood experiences (ACEs) in the development of sexually violent behavior. This research was begun to explore the roles of various types of child maltreatment and family dysfunction in individuals who have been convicted of a sexual crime. These empirical inquiries have been primarily descriptive in nature and have not yet provided a cohesive theoretical model as to why the presence of ACEs might contribute to sexually abusive behavior. This article suggests that attachment theory offers an empirically testable, early, and family abuse framework in childhood. We first summarize important attachment theory concepts, then integrate them with research in the area of developmental psychopathology and ACEs, and finally propose a model by which attachment can be used as an explanatory theory for subsequent sexualized coping and sexually abusive behavior. Finally, this article explores the implications for practice, policy, and research using this explanatory theory as a framework for understanding sexual violence.

**Keywords:** attachment; sexual assault; attachment; child abuse; etiology; offenders; sexual assault

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**Abstract:**  
 Youth who engage in animal cruelty are known to be at increased risk of perpetrating violence on other people in their lives including peers, loved ones, and other family members. These youths have often been exposed to family violence, including animal cruelty perpetrated on their beloved pets by violent adults. The current study utilizes a data set of 8,000 juvenile offenders whose adverse childhood experiences are known and includes 488 youth who self-report engaging in animal cruelty. Compared to the larger group of juvenile offenders, the children



<p><b>Fysisk skader</b></p> <p>Blåmerker, Bitemerker, Brannskader, Brudd, Arr, Hodeskade, Forgifting.</p> <p><b>Fysiske symptomer</b></p> <p>Magesmerter, Hodepine, Enkopse, Enurese, Diffuse smerter</p> <p>Barn preget av dårlig stell</p> <p>Skitten hud, hår, klær, Dårlig tannstatus</p>	<p><b>Psykisk</b></p> <p>Uro, angst</p> <p>Lett frustrert</p> <p>Passiv/åpatisk</p> <p>Søvn, mareritt</p> <p>Oppmerksomhet, konsentrasjon</p> <p>Skyld og skam</p>
<p><b>Atferd</b></p> <p>Rastløs, Lettskremt</p> <p>Beskytlessøkende og klengete</p> <p>Aggressiv, Utagerende</p> <p>Endret spisemønster</p> <p>Regresjon</p> <p>Møter ikke til pol.kl timer/innleggelse</p> <p>Barnet gir inntrykk av å være den som har ansvaret</p>	<p><b>Samspill</b></p> <p>Forstår og dekker foreldrene barnets grunnleggende behov?</p> <p>Holdninger til barnet</p>

HELSE SØR-ØST Eksempel på symptomer

In other words, what does not leave marks or scars may actually be *more* dangerous to their health than the acts that led to physical injuries

**Hva med søsken?**

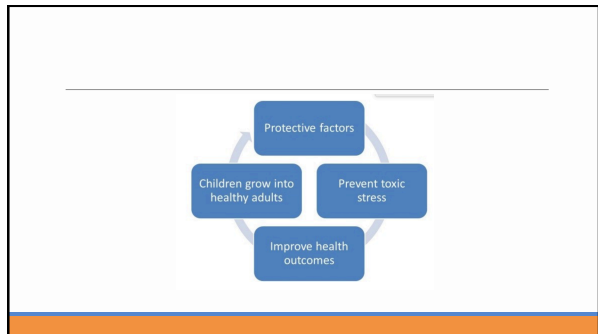
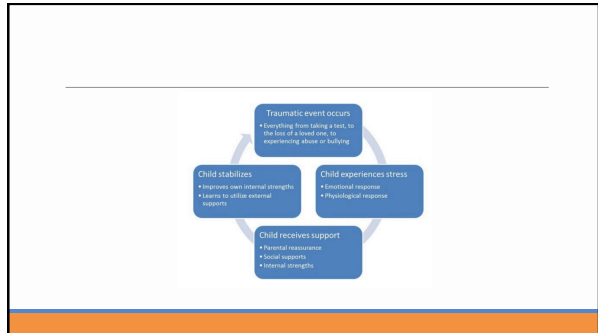
Kroppen kan fortelle! Små barn er mer utsatt!

Søstre sa fra om misbruk og omsorgssvikt, men ingen grep inn. Noen må holdes ansvarlig for et sånt svik.

## A tipping point: RESILIENCE

“Scientific research points to the presence of a stable, caring adult in a child’s life as the key to building the skills of resilience.”  
-Dr. Jack Shonkoff, Harvard University

“The six core pieces that are key to addressing the biology of toxic stress are sleep, exercise, nutrition, mindfulness, mental health and healthy relationships. Certain diets support a healthy immune system and neuroplasticity. And when you exercise, it helps to metabolize stress hormones and release other hormones that counteract effects of stress and also support cardiovascular health and reduce chronic inflammation.”  
-Harris Burke, The Deepest Well



## Hva kan vi gjøre?

### Trauma in Children... & What We Can Do to Help

Quest Community Health, PT, CPT  
pediatric trauma  
traumatology  
trauma-informed care  
trauma-informed care

**2008 Philadelphia Adverse Childhood Experiences (ACE) Study**

37% of Adults Experienced an ACE  
61% of Adults Experienced at least 1 ACE

**Adverse childhood Experiences (ACE) indicators**  
Sexual abuse  
Physical abuse  
Emotional abuse  
Racism  
Bullying  
Physical neglect  
Emotional neglect  
Foster care  
Domestic violence  
Congenital immunodeficiency  
Household mental illness  
Parental separation/divorce  
Household substance abuse  
Witness of violence

**Impact of Trauma**  
Learning problems  
Behavior problems  
Cognitive delays  
Long cancer  
COPD  
Substance abuse  
Death at a younger age  
Ischemic heart disease  
Social development delays  
Language development delays

**What We Can Do in Early Intervention**  
Model responsive relationships and practice  
Collaborate with caregivers & learn to improve family systems & learn healthy discipline, stress management & coping strategies

**What We Can Do in Schools**  
Advocate to bring trauma-informed care to schools  
Provide teachers with resources & support to help students & essential life skill development

**What We Can Do in the Community**  
Raise awareness of prevalence & impact of trauma  
Advocate & practice to provide resources to the public through training & peer socialization

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## Goals for awareness – Kommune, barnevern, helsehus, osv

- Raise awareness about the prevalence, urgency, and impact of children’s exposure to violence and the trauma that may result.
- Change perceptions of adults who interact with children from viewing them as “angry, bad, withdrawn” to recognizing that they are children who “have been hurt and need our help.”
- Motivate adults who interact with children in schools, communities, and health settings to be caring, concerned, and supportive figures in the lives of our children.
- Engage and change practices in schools, homes, and communities.

ChangingmindsNOW.org, Awareness Campaign

## 6 principles of Trauma-informed care



<https://www.cdc.gov/cor/infographics/6-principles-trauma-info.htm>  
CDC & SAMHSA, 2014

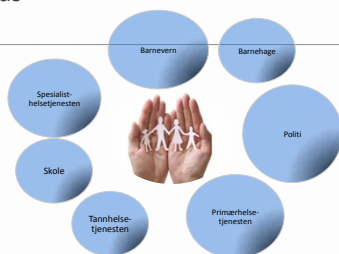


## Sammensatte problemstillinger

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## Samarbeids-partnere

Det er en elefant



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## Behov

### Forskningsbasert

- Felles forståelse av hva "helse" og "utdanning" burde betyr og bredere mål. Det vi ikke ser kan betyr mer en det vi faktisk finner
- Ivaretagelse av alle barn i utsatte familier
- Oppfølging -

### SAMARBEID – Ingen kan gjøre dette alene.

- Dele informasjon fra starten
- Holde hverandre oppdatert

## Hva må skje?

De som har omsorg for barn burde:

Trauma-sensitive world: politiet, skoler, osv.

Kunne gjenkjenne tegn, hva må spørres, hva må gjøres

Være oppmerksom for *alle* tegn av barnemishandling

Be empowered

## Fremtiden: Forebygging



*Alt som er nødvendig for ondskapens triumf er at gode menn ikke gjør noe*

-Edmund Burke, 18<sup>th</sup> century