



# TRAUMA: ADVERSE CHILDHOOD EXPERIENCES

**GUEST: SAMANTHA CLARKE, MPA, LCSW**

**Colleen Pelar:** [00:00:00] Hi, welcome back to UNLEASHED (at work & home). Today my special guest is Samantha Clark, a licensed clinical social worker who is the clinical director of [Doorways for Women and Families](#) in Arlington, Virginia, and I asked Sam to come on today to talk to me about something called adverse childhood experiences, which I just learned about in the last two years and have found really fascinating, and I think perhaps really relevant for a lot of us in animal-related fields. So welcome, Sam. Thanks so much for joining us today.

**Samantha Clarke:** Thank you so much for having me, Colleen. I appreciate being here today.

**Colleen Pelar:** So, tell me a little bit about adverse childhood experiences. What is that?

**Samantha Clarke:** Much like you, I have really enjoyed learning about what we call ACEs or adverse childhood experiences. My career is a social worker working with people who have experienced trauma and their life, both as children and adults has allowed me the opportunity to learn a lot about [00:01:00] ACEs. And so what ACEs, or adverse childhood experiences are, are a series of questions... specifically 10 questions, we call it an inventory that originally came out of a study done by Kaiser Permanente in San Diego back in the nineties. And interestingly enough, it was done as part of a healthcare inventory or health screening where they were able to assess 17,000 patients who were members or participants in an HMO. And interestingly, they were able to screen about 50% women, 50% men and, the mean age of those participants was about 57. So, out of this study called the ACEs study they were able to determine that based on these adverse childhood experiences, there was a direct correlation between these experiences in early childhood and later [00:02:00] adverse health experiences in adulthood, and it wasn't until the completion of this study that we were able to see and experience and recognize that what happens to us in childhood has a direct correlative effect on us in adulthood and these can be mental health concerns, behavioral concerns, relationship concerns, and health concerns and these can be things like diabetes, and heart conditions, and asthma. So, sometimes we think and may have been led to believe that those things that happen to us when we were kids, we can just maybe shut that door and leave those things there. But interestingly

enough this study showed us that there are long lasting and significant impacts from those adverse experiences we have in childhood.

**Colleen Pelar:** I thought it was really interesting that I read a book [00:03:00] about it. Nadine Burke Harris's book, *The Deepest Well*, maybe? She said they aren't so much concerned about what the adverse childhood experiences were, as how many. You know that that how many of these ten questions you would answer affirmatively has a big effect. That if you have a score of two, you're probably going to be less impacted throughout your life than if you had a score of say six. Is that something that you've experienced in your work?

**Samantha Clarke:** So yes, absolutely. What we have discovered is that sort of this study and on-going into the mental and behavioral health and social science fields, we have discovered that as many as 40% of individuals have a ACEs score of two or more; 20% of individuals have a score of 3 or more; and as many as 12% have a score of four or more, and these questions range in areas of physical abuse, sexual [00:04:00] abuse, physical neglect, emotional neglect, intimate partner violence, or family violence, having a substance abuser in the home, as well as household mental illness, or parental separation or divorce, as well as having an incarcerated parent. So, these questions span a significant array of issues that might impact a child growing up in the home. And so, to answer your question about... does the higher score have a correlative effect with adversity and adulthood? The answer is definitely yes. What we see is the higher score oftentimes leads to or indicates a greater significance of challenges for adults that we're working with and serving, and that can anything from an increase in struggling with mental and behavioral health that can be... having issues around housing instability. This could be any number of things. Interestingly, [00:05:00] what we see is that with a score of four more adults are 460% more likely to suffer depression.

**Colleen Pelar:** Wow!

**Samantha Clarke:** Significant number!

**Colleen Pelar:** Did you say 460?

**Samantha Clarke:** Yes, ma'am. 460% more likely to suffer depression. If you have a score of seven or more, you are 3,000% more likely to attempt suicide. So, these are significant indicators. You know, if you have a high ACEs, you are 500%... a nearly 500% increase in adult alcoholism. And so, these scores are something that we in social sciences and fields of mental health, behavioral health, and treatments take very seriously because there's a direct correlative effect between what we have seen in adverse childhood [00:06:00] experiences and ongoing adult adversity and challenges.

**Colleen Pelar:** And you really covered a whole Spectrum there when you said you would see effects and mental health behavior relationships and physical health. There's no way to predict what any one person will have effect wise, right? I mean two children in the same

household might both have effects, but one might have behavioral ones and one might have physical ones?

**Samantha Clarke:** Absolutely. Absolutely. It's a very... To your point Colleen, it's very individualized. It's not a guarantee of adversity if one experiences adverse childhood experiences. I think that's very, very important to recognize that we can all experience adversity differently. Sometimes there are internal factors of resilience that allow us to overcome adversity. Sometimes there are also protective factors in our family, in our community, and in our environment that allow us to overcome these adverse [00:07:00] experiences in childhood. And so, it is not a guarantee or a given that an individual who has adverse childhood experiences and who has a score that is particularly high is necessarily going to have a negative correlative outcome, and is going to be someone who is going to suffer negative consequences or outcomes. So, I think that we also want to maintain that framework that these are certainly circumstances that can be overcome. People have a tremendous capacity for resilience.

**Colleen Pelar:** Which is the whole point of this podcast. The whole point is that you know, we all have challenges and we all want to be looking for our tools to deal with those. That's really our goal here. So, let's say that that a person has a number that you know will put them in the 20% category of 3 or higher. They're an adult. This is in their [00:08:00] past. What are the tips that you would offer to them today for improving their resilience?

**Samantha Clarke:** I think one of the key things to improving resilience, especially if they recognize they have a traumatic history is to take some... I guess the word that I would use is ownership... some recognition that there is trauma in their history. It's kind of that... It's the kind of start by owning and recognizing their own history, which is critical. And it's sometimes it's hard to take that inventory. And so, it's a critical first step and it's also important to have a support system ideally, that can support you in beginning of the healing process. And like I mentioned before Colleen, these are a rather wide array [00:09:00] of traumatic experiences. And so, someone who perhaps had an incarcerated parent, or had a parent with mental illness, or something like this can be a vastly different experience from an individual who experienced severe childhood sexual abuse. So, we want to always be cognizant of when someone is overcoming trauma and relying on their resiliency factors. That's always going to be a very individualized experience and they're going to come into healing in their own time and with a need for different resources. And so, it's going to be something that is not an experience that we can thoroughly apply one prescriptive response to a situation. So, I think that it's important that we recognize that each individual's [00:10:00] path towards resiliency and path towards healing is going to be number one based on their history, on their capacity for healing, the resources they have available to them, their support system and you know in a score while very relevant and very good indicator of what is to be overcome, is also a number. And that number reflects very different things for each individual person, and we want to be aware and respectful of that.

**Colleen Pelar:** And I think that's a really good point because I have certainly been in conversations with people where they will talking about a third person who's not in the conversation and they say, "Well she's so hung up on this thing from her past and I overcame that and more and why doesn't she just get over it?" And it is so individual and yes you did, you overcame that and more. Yay you... I'm not taking anything from you [00:11:00] there, but that whole piece of... why can't you just get over it? Just move on. It comes down to more factors than we can always see right there on the surface.

**Samantha Clarke:** Right, and you know, one of the things that I think is critical about understanding trauma and understanding the trauma informed approach to healing and overcoming one's array of trauma and the need to move forward with healing is recognizing that it's not kind of what's wrong with you, it's what happened to you. And we may have very different experiences and the capacity to navigate those experiences are different for each of us. And so, recognizing that and being able to message that in a sensitive and informed and compassionate way is very critical because when I'm able to hear the message of [00:12:00] you are recognizing that something happened to me and that is okay. And that nothing is wrong with me because of that, that's very affirming, very connecting and it allows me to recognize that we are more the same than we are different because I'm willing to believe that we may all have different scores in our kind of ACEs scores, but I'm willing to imagine that we all have some experience with grief, loss, adversity, and I think those more that connects us than divides us. So, being able to work on helping someone on a human level I think is critical.

**Colleen Pelar:** Yeah, years ago, someone said to me everybody has a story that could break your heart and, I think it's really true. That it's easy to look at someone else's life and say, oh, you know that [00:13:00] person has it easy, or they've got everything, or you know, look at their Facebook feed - all they do is vacation and have fun. But the reality is we all have had grief and we've all had struggle and we've all had loss and we've all had disappointment. And we may not know each other's grief and struggle and loss and disappointment, but that doesn't mean they're not there. And so, sort of recognizing that piece of... we do all share that.

**Samantha Clarke:** That validation and recognition allows people who are struggling with adversity and whether that adversity is in the present or is complicated by adversity from childhood to recognize that they are not alone, and they are not unique. And that, what the ACEs study has shown us is that adversity in childhood is [00:14:00] incredibly prevalent in our society, so much so [excuse me] that our health care providers have directly linked to our health adversity in adulthood. Another interesting statistic for you is that you know, when we think just you know, beyond our mental and emotional health, you know, individuals who have a kind of an ACE score of 4 or above are 260% more likely to have a diagnosis of COPD. So, when there are so many more numbers like that, we're able to say that that kind of chronic exposure to toxic stress when you are young and developing, and your brain is developing, and your body is developing, and your heart and your lungs and these things one of the critical things that's so fascinating to me as the social worker about ACEs and trauma [00:15:00] is it has the systemic and critical impact on every way that

you're developing – your mind the way you think we feel and the way you're – even how your organs function that – your body is flooded when you're under stress, especially toxic stress. your body is flooded with these stress hormones and our bodies are not meant to develop under that condition and it has a lifelong impact.

**Colleen Pelar:** So, that's something we talked about with dogs all the time. As a dog trainer, we definitely talk about, you know, the development tool period pregnancy, and then the early period of development socialization, and whether this was a stressful environment or not, and whether it was stressful on the mother or not, and all of those pieces and that there's a lot we can do to change behavior, but we can only stretch as far as we can. Like some I have a dog [00:16:00] who had not a great start and he still has some lingering effects of that, and he lives with a dog trainer and I love him madly, but he is not happy-dopey, easy, and light-hearted. That's who he is. And I think that a lot of that is the chronic stress in his early period, his developmental period, and when things got safer, he still was very busy, thinking, “Oh no. Oh no. Oh no.”

**Samantha Clarke:** Hyper vigilant.

**Colleen Pelar:** Yeah. So, hyper vigilance is definitely a behavior that comes with that. What are some other attitudes and behaviors that you might see from somebody who either has an ACEs score that's high or in their current adult life is under a lot of stress? What are some of the behaviors that might be cropping up?

**Samantha Clarke:** There could be many. As we spoke about people can manifest their stress in many, many, many, many different ways [00:17:00] and some of the... one of the things that I guess comes to me, comes to my mind, and that I think about is avoidance. You know, one of the things that I think about is sometimes when life gets overwhelming and you're feeling stress is it's easier just to kind of bury your head in the sand and you will put it off another day, or to not think about it. Whatever that might be. It might be not paying that bill because you're afraid you won't have the money. It might be not going to the doctor because you don't want to hear the diagnosis. It might be... it can be any number of just normal kind of everyday life things. But when you have an incapacity and a very low threshold to manage and navigate stress to begin with, because when you think about people who had adverse childhood experiences and their stress level, and their toxicity is already kind of here. And for most of us it might be here for these individuals have an exposure that's up here. And so, when that bill comes in the mail, or [00:18:00] when that call comes from the doctor, or when their partner yells at them, or something... when there's a stressor, they're here. And it's already up here now. And so the kind of people who don't have this to manage, they have a much wider range of managing stress and these individuals who are navigating a much smaller threshold really can kind of flip their lid, you know, and that's in when we talk about stress, you know, we talk about the brain we talk about something called a hand model because you know, this is where you... this part of the brain is where you...is your thinking part of the brain, but when you're flooded with stress hormones, you don't you use this part of the brain. It turns off and it disconnects. And so, we call that flipping the lid and this is your permanent part of the brain. And so,

what happens is when you have all these stress hormones, this part of the brain stops functioning and this part of the brain flips out, and you're only thinking with your permanent brain, which is you know, your [00:19:00] fear response, your fight, flight, or freeze. And so...

**Colleen Pelar:** Let me just interrupt you there for one second. So. Our listeners can't see you. So, I'm going to tell everyone what you just did with your fist.

**Samantha Clarke:** I'm looking at the camera just having a conversation.

**Colleen Pelar:** I know you and I can see each other, which is awesome, but people listening in can't so ... Sam just made a fist with her thumb folded inside and she's talking about the thumb area being more of the more primitive brain like the amygdala and some of that early mammalian stuff, and then the fingers folded over the fist being the prefrontal cortex and the more advanced portions of the brain, and that's all of our thinking and rational planning and strategic thought and all that stuff that flies right out the window when we're stressed and we just default to what we DO. The reactive versus respond methodology. I think that the hand model of the brain is a really helpful way of looking at it. I think that that does, and I love the flipped your [00:20:00] lid. I mean, I think that demonstrates it so beautifully.

**Samantha Clarke:** But so, avoidance is one of the things... you can think of a lot of others like trouble focusing, being able to identify feelings... they might only be able to kind of resort to one or two angry or sad or confused. And we know as kind of human beings, we have a much bigger array of feelings, but they really just have difficulty identifying them. They might have low self-esteem. They might have poor impulse control or be prone to aggression. It can be any number of ways that this this kind of toxic stress and chronic adversity manifests itself and also biologically when you think about it your body... it can be like... they can be sensitive to contact, they can be uncomfortable with [00:21:00] touch. It can be things like stomach problems and just kind of chronic ailments, difficulty sleeping. So, when we think about chronic stress from early childhood that just has been kind of unrelenting, what we see is it can have systemic impact across, you know, the body, social impacts, intellectual impacts, emotional impacts, and behavioral impacts... really can be wide widespread.

**Colleen Pelar:** So, if you are the co-worker of somebody who is struggling with say trouble focusing and low self-esteem and poor impulse control... what are your tips for improving your relationship with that person? You obviously aren't close friends. You're not family. But, you work with this person, and you care that they struggle, but they're having these issues. What tips would you have for that person? [00:22:00]

**Samantha Clarke:** I think if you are a co-worker with someone who might be struggling with some of these things that I think it's important to remember that as a general rule, most people are not mental health professionals. So, stepping into a mental health role is not advised. I think as co-workers, it's appropriate to identify... like I mentioned, some

people who've experienced chronic stress and adversity have difficulty identifying. They maybe can't even see it. They they're kind of chronically operating at a higher level of... we'll just say stress... and so sometimes it helps to just say, "You seem overwhelmed or you know, you appear stressed to me. Is there anything I can help you with?" Because sometimes just having it identified, it's kind of like putting a mirror up, you know. But I think the thing that sometimes not [00:23:00] helpful is to come across as accusatory... like you look stressed or you must need help because then it's implying that I'm not capable, or I've done something inappropriate and that can feel a little like or... as if I'm really struggling. One of the things I'm also struggling to do is I'm struggling to be okay and I'm struggling to keep it together maybe, and I'm struggling to not make it apparent that I'm stressed, or worried, or whatever these things are. So, I think you always want to approach it in a way that is supportive, and asking, or observing but not necessarily implying or judging.

**Colleen Pelar:** That's a really helpful tip. Just last week, someone said to me. "Gosh, you look tired." And I immediately thought "Huh... thank you?" Like it was intended to be supportive. But I [00:24:00] was... I did feel a little bit like... oh, I was maybe supposed to be perkier, or maybe I was supposed to... like there was something that I was not doing that I should have been doing.

**Samantha Clarke:** It implies I'm supposed to be something else and that made me feel very... and I mentioned earlier that I already have low self-esteem if I'm struggling. And so, if I already have low self-esteem and you said something to me like that, I may feel even... how I'm going to interpret that is going to be clouded by my trauma, by my anxiety, and these other things I'm experiencing. So, I think that's important to recognize and you can be creative. You can say something like, "I have some extra time in my schedule today. Can I help you with X?" without saying, "You seem really overwhelmed. Is there something I can help you with?" It's apparent to you they could use some help, so you can just extend that offer by saying, "I have some free time in my schedule. Can I help you with this project?" [00:25:00] So, I think that those things if you have that awareness or ways to recognize that someone could use some additional support without assuming or imply that there is the need there that they may be very sensitive about.

**Colleen Pelar:** Right, right. Because we could all use some help sometimes...

**Samantha Clarke:** Absolutely.

**Colleen Pelar:** ...but we do throw up our defenses when we're feeling uncomfortable.

**Samantha Clarke:** That's human.... That's human nature. And as we talked about with the flip the lid which you demonstrated so well, I think we are even more sensitive when we think someone might be thinking we are going to be even more defensive if you think someone is thinking we can't do something well.

**Colleen Pelar:** Well, thank you. That's really helpful. Because you're right; we aren't mental health professionals and we're not trying to play them on TV. But when you're working with [00:26:00] somebody and you want to be kind and supportive, it's helpful to have some very specific strategies; actionable things. What can I do? And what should I maybe not do – that's a very helpful idea. So, you do not work specifically with people in the animal care professions, but I did tell you that I was hoping we could just sort of brainstorm a little bit some of the reasons why people who had had childhood trauma might be attracted to these careers, and that is definitely anecdotally the experience that I have seen in my 27 years of dog training. I've heard lots of stories about things that are traumatic, and profound, and meaningful to people. So, just from that perspective of... if as a child you had had some of these traumatic experiences, what are some of your thoughts about why you might be drawn [00:27:00] toward a career helping animals?

**Samantha Clarke:** So, I think before I talk about necessarily being drawn to a career with animals, I think I would preface that by saying, I think people will be drawn... in general people who have experienced adverse childhood experiences or complex trauma in early childhood. I think that they are drawn to animals because there's a decreased threat there is what I will call it. If there's a lack of expectations around it can be any number of things. And again, this is very specific or can be very specific to the type of trauma they've experienced, but you know, you are not you know that other, you know, another person can pose a threat in any number of ways. But an animal is much less likely to threaten you with, you know physically or verbally, although there [00:28:00] may be some discrepancy there, but you know, they're not going to judge you they are not going to, you know, threaten your very safety in the sense of... that sense of security that you need in terms of a lot of times the trauma that are the children experience that transcends into adulthood has to do with them is very relational... is very much in terms of the relationship that is experienced in the caregiver role. So, it is about that relationship between someone who is supposed to take care of you. Someone who is supposed to provide safety and security, and someone who is supposed to protect you. So, it's kind of this trinity of safety, and when that is violated in any number of ways, either that caregiver is incarcerated, or the caregiver [00:29:00] becomes physically abusive, mentally abusive, is using substances, is you know sexually abusive, these... that is... that becomes a very threatening relationship. And so, when these children grow up and become adults, the sanctuary relationship on the animal or animals, they don't have to navigate any of that, because as children relationships with adults became were unsafe, and so as adults, relationship with adults STILL feel unsafe. So, I think there's that safety... that implicit or implied safety with animals as well as just kind of an inherent freedom that comes with not having to navigate the unknown, and they're... the rules as they understand them around adult [00:30:00] relationships are very confusing. Human relationships are confusing, and scary, and challenging, and so they can bypass all of that with animals. And so, there's a lot of comfort and security that comes with that. So just in general, I think that's kind of a baseline or foundation?

**Colleen Pelar:** Yeah, I think that's a great description and I was taking notes; I'm not sure I got the Trinity of security that... the Trinity of things you said, but I can see... here's what I

think I had was that the parent would provide care, safety and security, and protection. Did I miss one? Was there something else?

**Samantha Clarke:** That's right.

**Colleen Pelar:** So, I also see people being really drawn to being the person who can provide those things for animals. So, if I didn't have someone provide care, safety and security, and protection for [00:31:00] me, then it becomes even more vital that I would provide that for the animals in my care... that I would be the voice for them, and really make sure that that their needs are being met when others didn't make sure, mine were kind of situation. That seems to be a common theme that I have seen.

**Samantha Clarke:** I think that's very fair and accurate, Colleen, because I think much like I said in terms of there's kind of an implied or inherent felt sense of safety with animals, I can also safely become the caregiver without almost a fear of messing it up too bad. If you know like for some people, there's a... if I'm in a relationship, you know a peer adult relationship, whether that's an intimate partner relationship, a spousal relationship, [00:32:00] you know, that's challenging, why I've seen that be unhealthy – so I don't know what healthy is. If I'm in a parent child relationship, I'm the adult and I'm having a child, that can be compared model for me... that wasn't healthy for me... I'm not doing it right. You know, I'm messing up; I'm making mistakes; I'm just like my mom; I'm just like my dad. All these things... all these messages are floating around. But, you know being a caregiver whether that's professionally, para-professionally as a volunteer, or just in the caregiving of my own dog in my house, you know my own personal pet – the confines of all the messages that we give ourselves about what went wrong, what we should be doing better, what wasn't done for us, what we should... you know, all of these messages that are so toxic and unhealthy seem to be... we seem to be relieved from them when... but we still got the unconditional [00:33:00] love we all need. Love is so powerful. Love is so healing and we all need that. So, it allows me as an adult who needs that to feel the whole and complete; to be able to get that in a different type of relationship. So, whether I'm a caregiver in a professional or just a personal capacity, I'm getting that need met. And so, without in many ways without consequence and without fear.

**Colleen Pelar:** This has been a really interesting conversation and I appreciate you delving in with me here because I think that there's a lot here. And I know that there are some research studies being done now with animal related professions and I will look up what I what I can find for the current stuff and put that in the show notes. But I wonder if you could tell us a little bit about the work you currently do and how people could learn more about that.

**Samantha Clarke:** Sure. So, my career has a historically been in child welfare. So, I've worked with [00:34:00] children and families who have been impacted by family violence, and children who are currently in the foster care system. Currently, I work for [Doorways for Women and Families](#) here in Arlington, Virginia, and we are a homelessness provider as well as the provider for Arlington County for domestic and sexual violence services. So, we

operate Arlington County's only domestic violence shelter as well as our sexual assault response program here for Arlington County. And we also operate a homeless shelter for families here in Arlington County. And so that in and of itself offers a lot of opportunities to serve children and families when women, men, anyone impacted by violence in a personal life, violence as well as family conflict and any type of adversity [thunderclap in background] creates vulnerability and families. So, it's always a wonderful opportunity to serve here at Doorways in Arlington [00:35:00] County. And, so, that's what I'm doing now.

**Colleen Pelar:** It is an amazing program. I am currently a volunteer at "Doorways". So, I will put links to that in the show notes so that people can learn more about it. So, I really appreciate you joining me today on UNLEASHED (at work & home). This has been a very interesting conversation.

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