Commentary

The Case for Expanding Adverse Childhood Experiences to Include Police Violence

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"All our phrasing – race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy – serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airway, rips muscle, extracts organs, cracks bones, breaks teeth. You must never look away from this. You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence on the body.”

Ta-Nehisi Coates

For children who have family members who can relate to this quote, or worst, have experienced it themselves, there are consequences detrimental to their health as adults. Extant literature has well established that adverse childhood experiences (ACEs) are contributory to such public health outcomes as emotional and cognitive impairment, adoption of high-risk behaviors, and premature death. A person with four or more adverse childhood experiences is 4 times more likely to have a stroke and 2×2 times more likely to have ischemic heart disease [1]. While there is abundant research on the original ACEs: child abuse, neglect, parental mental illness and witnessed domestic violence, there is less on specific effects of recurrent childhood exposure to events such as the death of George Floyd [2]. We now know Black children have higher ACE scores than White, age-matched counterparts.

The Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition defines trauma as (a) witnessing a traumatic event, (b) witnessing trauma in others, (c) indirect exposure to a traumatic experience of a family member or close associate [3]. Trauma increases with increased frequency of police contact [4]. Black youth disproportionately meet these criteria through exposure to violence experienced in interactions with police [5]. They are also more likely to be seen as adults, more responsible for their behavior and at increase of being treated more harshly by police [6]. Imprisonment of Black males, at all ages, is 3.8 to 10.5 times higher than for White males [5]. Youth exposed to police violence are at increased risk of arrest and incarceration which can result in post-traumatic stress disorder, depression, poor school attendance and performance [5]. Shouldering more blame for trauma due to police violence separates this from other forms of trauma.

Police violence is one component of structuralized racism contributing to health inequities in Black youth [7]. Between January 2005 and December 2017, 15,967 youth were treated in California hospitals for injuries sustained during police intervention. The percentage of youth who have been arrested between ages 8-23 ranges from 15×9% to 26×8% [5]. Black boys aged 15–19 had the highest rate, with 143.2 additional injuries per 100,000 person-years as compared to age-matched White boys [9]. And, compared to White boys, they were 5.3 times more likely to be injured. Black boys experience more frequent vehicular stops than White boys (45% vs. 26%, respectively) [7]. Of those stopped by police, Black boys have more of the following interactions as compared to White boys: frisked (43% vs. 7%); searched (46% vs. 19%); received racial slurs (16% vs. <1%) or threatened force (19% vs. 4%) [10].

With the increase in school shootings over the years has come an increase in the percentage of schools with school resource officers (SROs) from 1%, in 1975, to 58% in 2018 [4]. Schools with over 75% Black students have more SROs than schools with over 75% White (54×1% vs. 32%) [4]. Over forty states have laws permitting subjective (and therefore potentially bias) assessment, by SROs, of defiant or disruptive behavior. SROs are associated with increased school arrests and increase the school-to-prison pipeline [4]. Arresting students doubles their risk of dropping out, decreases access to higher education, and increases chance of future interaction with law enforcement [4]. Suspension and expulsion rates are 2-3 times higher for Black students [4]. Even exposure to police can have immediate effects of anxiety, helplessness, and retraumatization [4].

Traditionally, protective factors against ACEs include schools, family and community. Solutions to consider include, 1) Improving diagnostic tools for ACEs occurring in Black youth such as expansion of the ACE score to include police violence and adding this to the criterion for trauma in DSM-5. This could increase awareness about issues of Black children, as professionals manage mental health conditions.
resulting from youth experiences. 2) Increasing police training on ACEs in minoritize children. 3) Being intentional in the placement of SROs by ensuring there are programs supporting a healthy interface between SROs and Black students.

Until physicians can accurately document and measure what we see in our young patients’ lives, we are likely to continue to underreport and undertreat minorized children affected by exposure to police violence.

Declaration of Competing Interest

Dr. Edje is the Associate Dean for Graduate Medical Education at the University of Cincinnati Medical Center and College of Medicine; board member of Center for Closing the Health Gap, LLC; member of the Council on Medical Education of the American Medical Association; and member of the Family Medicine Review committee for the Accreditation Council for Graduate Medical Education.

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