



**Best Practices:**

**Adverse Childhood Experiences**

# Best Practices: Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood that are linked to problems in adulthood. In this booklet, you'll learn:

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# The Basics

# What are ACEs?

## ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are potentially traumatic events that occur during childhood (aged 0 to 17). The child could:<sup>1</sup>

- Experience violence, abuse, or neglect
- Witness violence in the home/community
- Have family attempt or die by suicide
- Grow up in a household with substance use or mental health problems
- Face instability due to parental separation or household members in jail or prison

## LASTING IMPACTS OF ACES

These experiences can create many negative consequences. In adulthood, ACEs have been linked to chronic health problems, mental illness, and substance use problems. These experiences can negatively impact education, job opportunities, and earning potential, as well as increase risk of injury, sexually transmitted infections, maternal and child health problems, and sex trafficking involvement.<sup>1</sup>




About 61% of adults reported they had experienced at least one type of adverse childhood experience.<sup>1</sup>

– Centers for Disease Control & Prevention

# What the Literature Suggests

One of the largest investigations of childhood abuse and neglect is the CDC-Kaiser Permanente Adverse Childhood Experiences Study. Participants answered questions regarding their family health history to identify challenges related to later-life health and well-being. The study broke ACEs into three categories:<sup>2</sup>

 <sup>2</sup> <b>WHAT'S THE CATEGORY?</b>	<b>HOUSEHOLD CHALLENGES</b>	<b>ABUSE</b>	<b>NEGLECT</b>
	Violence	Emotional	Emotional
	Substance use	Physical	Physical
	Mental illness	Sexual	
	Parental separation/divorce		
	Incarceration in household		

# Major Research Findings

The CDC-Kaiser study found that ACEs are common across demographic differences, however, some populations may be more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work, and play.<sup>2</sup> As the number of ACEs increase, so does the risk for negative health and social outcomes.<sup>2</sup>

The conceptual framework for this study is the ACEs Pyramid. The following graphic shows how ACEs are strongly correlated to well-being throughout life.<sup>2</sup>

## Mechanisms by which ACEs Influence Health & Well-Being Throughout the Lifespan<sup>2</sup>



Adapted from *The Centers for Disease Control and Prevention*<sup>2</sup>

# ACEs Screening

The purpose of an ACEs screening is to identify which patients are most at-risk for negative effects. The ACEs quiz is a 10-question assessment that produces a score. A higher ACE score means that person has experienced more trauma, and it can be indicative of challenges later in life.<sup>3</sup> However, this score is meant as guidance and does not take into account all biological and environmental factors including diet and genetics.<sup>4</sup> A full assessment is necessary to help identify the proper treatment course to prevent lasting impacts of ACEs.<sup>5</sup>

A complete ACEs assessment involves screening for **adversity** (the ACEs score), clinical manifestations of **toxic stress** (ACEs-associated health conditions), and **protective factors** (things that mitigate risk) to assess whether a patient is at low, intermediate, or high risk for toxic stress.<sup>5</sup>



To spot a child who might be suffering due to ACEs, look for visible signs of stress. This helps you understand what might have happened to them and how to intervene. Stress may manifest as nightmares, acting distracted or withdrawn, or having recurrent thoughts of a stressful event. Others may re-enact their trauma through play.”

– Starecheski, NPR<sup>4</sup>

**Benefits**



# Impacts of ACEs Screening

## UNDERSTANDING ACES

Identifying ACEs can help practitioners:<sup>6</sup>

- See health in a new way
- Understand risk factors
- Find a new way to approach people who may need extra support
- Convey that no matter the experience, there is always a hope for a positive outcome

## SPEAKING UP

Adverse experiences can be difficult and even triggering to speak about. An ACEs assessment can convey past experiences without making the client relive them.<sup>7</sup> Once patients understand their history of ACEs and how it can impact them, it can be very freeing.

## MITIGATING RISK

It's important to remember that risk does not define destiny.<sup>6</sup> The presence of protective factors – like supportive relationships – can alter the risk of negative health and social outcomes.<sup>2</sup> It is also important to identify a person's ACEs early and to refer them to treatment. Addressing ACEs is an important factor to mitigating risk.



“Adversity is negative, depressing and upsetting. Trauma is traumatic. But understanding ACEs and their impact is amazing, incredible, medicinal, healthful and hopeful.”  
– Christine Cissy White,  
ACEs Survivor<sup>6</sup>

## WHY SCREEN CHILDREN?<sup>8</sup>

- Capitalize on critical opportunities for prevention, early detection, and intervention
- Prevent and reduce the accumulation of exposures to adversity and the risk for negative health outcomes
- Improve clinical assessment for and treatment of childhood health conditions

## WHY SCREEN ADULTS?<sup>8</sup>

- Improve clinical assessment, patient education, and treatment planning for chronic health conditions
- Help providers and patients address behavioral pathways to ACEs-associated health conditions
- Validate and empower patients and contribute to improved family health

## WHY SCREEN PATIENTS SEEKING REPRODUCTIVE HEALTHCARE?<sup>8</sup>

- Help identify risks to reproductive health
- Promote a positive cycle of health by reducing the intergenerational transmission of ACEs and toxic stress
- Support the provision of trauma-informed reproductive health services



"Preventing ACEs could reduce half of the top 10 leading causes of death and decrease adult depression by as much as 44%."  
– Kate Bradford, National Conference of State Legislatures<sup>9</sup>

**Proper Use**

# Routine & Universal Screening

Screening for ACEs routinely is key to preventing the lasting impacts of ACEs. Universal ACE screening allows practitioners to rapidly identify high-risk patients so they can move to a more complete, individualized assessment.<sup>5</sup>

Screening done at the right time can:<sup>5</sup>

- Support health promotion and prevention of illness
- Help clinical teams and patients form stronger therapeutic relationships
- Improve clinical decision-making and treatment of serious health conditions

Children are uniquely vulnerable to toxic stress because their brains and bodies are still developing.<sup>5</sup> Screening is recommended annually for children and adolescents, once per lifetime for adults, and any time a patient begins care with a new provider.<sup>5</sup>

After screening is complete, treatment and education can help patients recognize and respond to the role that these stressors may be playing in their current health conditions.<sup>5</sup> Addressing these stressors is crucial to treating ACEs-associated health conditions.<sup>5</sup>



ACEs screening takes only a few minutes but can lead to a 35% reduction in doctor visits and an 11% reduction in ER visits over the next year. It's worth it.  
– Vincent J. Felitti<sup>10</sup>

# ACEs Quiz

The ACEs quiz asks yes/no questions about 10 traumas that may occur during childhood. Although there are more than 10 possible traumas, the ACEs quiz draws from the CDC-Kaiser study, which is the basis of most ACEs research. Each “yes” answer adds 1 point to one’s ACE score.<sup>11</sup>

- 1 Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
- 2 Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
- 3 Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
- 4 Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?

5 Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6 Were your parents ever separated or divorced?

7 Was your mother/stepmother: Often pushed/grabbed/slapped/had something thrown at her? or Sometimes/often/very often kicked/bitten/hit with a fist/hit with something hard? or Ever repeatedly hit over at least a few minutes/threatened with a gun/knife?

8 Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

9 Was a household member depressed or mentally ill, or did a household member attempt suicide?

10 Did a household member go to prison?

# Trauma-Informed Care

Trauma-informed care acknowledges that having a complete picture of a patient's life situation helps the practitioner provide effective and healing care. Trauma-informed care seeks to:<sup>12</sup>

- Recognize the signs and symptoms of trauma in patients, families, and staff
- Integrate knowledge about trauma into policies, procedures, and practices
- Actively avoid re-traumatization

## PRINCIPLES OF TRAUMA-INFORMED CARE<sup>12</sup>

### SAFETY

Both patients and staff should feel physically and psychologically safe.

### TRUSTWORTHINESS & TRANSPARENCY

Decisions are made with a goal of building and maintaining trust.

### PEER SUPPORT

Support from individuals with shared experiences are integral to treatment.

### COLLABORATION

Level any power differences between staff and patients to support shared decision-making.

### EMPOWERMENT

Recognize and validate patient and staff strengths, including belief in resiliency.

### HUMILITY & RESPONSIVENESS

Recognize and address biases, stereotypes, and historical trauma.

# **Expectations & Insights**



# Considerations

## HOW TO ADMINISTER SCREENING

It is important to screen patients in a trauma-informed way. Some things to consider include the following:<sup>13</sup>

- Which screening and/or assessment tool should be used
- Who should administer the tool and how
- Which patients should be screened

## RETRAUMATIZATION

It is possible for retraumatization to occur as the patient is screened.<sup>11</sup> Sharing results across treatment settings can help limit the patient from re-experiencing ACEs, but it is important to note that ACEs could occur between screenings.<sup>13</sup> To avoid retraumatization, follow the guiding principles to trauma-informed care found in the chart to the right.<sup>11</sup>

## PATIENT EMPOWERMENT

Use individuals' strengths in developing their treatment.

## TREATMENT CHOICE

Allow patients to make a well-informed choice about treatment.

## COLLABORATION

Collaborate between healthcare staff, patients, and their families in treatment planning.

## SAFETY

Develop healthcare settings and activities that ensure patients' physical and emotional safety.

## TRUSTWORTHINESS

Create clear expectations with patients about the treatment process.

# Individual Outcomes

## TRAUMA IS TRAUMA

When it comes to childhood trauma, it doesn't matter what specific type it is: trauma is trauma. An ACEs score of 4 that included emotional neglect, divorce, a depressed family member, and living with an alcoholic had the same statistical health consequences as an ACEs score of 4 that included living with an alcoholic, verbal abuse, emotional neglect and physical neglect.<sup>7</sup>

## PROTECTIVE FACTORS

With ACEs, it can be easy to focus on the negative. However, someone's ACEs score does not mean they are doomed to deal with terrible health or life outcomes. Protective factors, like supportive relationships or healthy lifestyles, can lessen the risk of negative outcomes.<sup>5</sup>

There are many protective factors that can help negate the effects of ACEs:<sup>14</sup>

- Close relationships with caring adults
- Parental resilience
- Caregiver knowledge and application of positive parenting skills
- Identification and cultivation of a sense of purpose (faith, culture, identity)
- Individual developmental competencies (problem solving skills, agency)
- Children's social and emotional health
- Social connections
- Socioeconomic advantages and concrete support from parents and families
- Communities and social systems that support health and development

# Future of ACEs

The prevention of ACEs is moving to the forefront of legislation. Preventing ACEs involves providing children safe and nurturing environments.<sup>15</sup> States around the U.S. are working to connect children and families to resources that can mitigate potential health outcomes.<sup>16</sup>

## INFLUENCES OF POLICY CHANGE

The National Conference of State Legislatures explains many factors have and can influence policy change regarding ACEs, including:<sup>15</sup>

- Increasing awareness of ACEs
- Filling gaps in understanding about what can be done about ACEs
- Using data and stories that contextualize the problem of ACEs
- Capitalizing on the bipartisanship of children's issues
- Linking to current ACEs-related issues on the policy agenda (e.g., school safety, violence prevention, opioid epidemic).

## STATE LEGISLATION

In 2020, more than 35 states introduced legislation on ACEs, and since 2019, 16 states enacted or adopted legislation to address childhood trauma and some ACEs.<sup>17</sup> Many of these bills create a new taskforce or work group, implement training for educators and others on ACEs or trauma-informed practices, or strengthen behavioral health supports for children.<sup>14</sup>

As ACEs legislation becomes more common, practitioners may need to adapt their practices.

## STRATEGIES TO PREVENT ACES VIA POLICY

There are many strategies that have been used in legislation regarding ACEs. The National Conference of State Legislatures explains some of these strategies.<sup>15</sup>

### REDUCE PARENTAL STRESS

- Earned income tax credit (EITC)
- Minimum wage
- Child support
- Programs simultaneously addressing the needs of children and parents
- Federal nutrition programs
- Paid family or sick leave

### BUILD RESILIENCE

- Home visiting
- Quality early child care and education

### INCREASE SCREENING AND TREATMENT

- Screen in schools and child care centers
- Recovery programs treating opioid use disorder in people who are pregnant



ACEs take an economic toll on the U.S. The lifetime cost of non-fatal child maltreatment incurred annually is \$401 billion. That includes dollars spent in health care, special education, child welfare, criminal justice systems, and productivity losses for employers.  
– Kate Bradford, National Conference of State Legislatures<sup>9</sup>

# Key Takeaways

- 1 Adverse experiences like abuse, neglect, and household challenges can lead to negative health and social outcomes.
- 2 One type of trauma is not more harmful than another. The number of ACEs is indicative of the negative outcomes.
- 3 Protective factors like lifestyle and social capita can limit adverse experiences from causing harm.
- 4 Routine screening and referral to treatment is key to preventing ACEs from causing harm.
- 5 Screening and treatment should be done in a trauma-informed way to prevent retraumatization.
- 6 U.S. legislators are focusing on policy that prevents ACEs. Pay attention to upcoming policy changes.

# Resources

# Alabama Resources

Alabama Department of Mental Health (ADMH): <https://mh.alabama.gov/>

Recovery Organization for Support Specialists (R.O.S.S.):  
24/7 Helpline 1-844-307-1760  
<https://ross4u.org/>

VitAL: <https://vitalalabama.com/>

# Further Reading

Substance Abuse and Mental Health Services Administration. (2014). *Treatment Improvement Protocol (TIP) Series 57: Trauma-Informed Care in Behavioral Health Services*.  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>

This Treatment Improvement Protocol shares best practices for trauma-informed care.

Eilers, E. (n.d.). *Trauma-Informed Care*. Crisis Prevention Institute.  
<https://www.crisisprevention.com/Blog/Trauma-Informed-Care>

This article details how trauma-informed care is critical to a safe and supportive crisis intervention, and how to facilitate this type of care.

Covington, S., & Bloom, S. (2018). *Moving from Trauma-Informed to Trauma-Responsive: A training program for organizational change*. Hazelden Publishing.

Developed by trauma experts, this program provides program administrators and clinical directors with key resources needed to train staff and make organizational changes to become trauma responsive.



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