Children & Youth Advocate Manual
Section 6: Adverse Childhood Experiences

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Introduction & Importance

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on associations between childhood trauma and later-life health and well-being. ACEs have been correlated to major risk factors for poor physical and mental health, social problems and early death. ACEs seldom occur alone, and as the number of ACEs increases, the number of health risks increases. One of the limitations of the ACE training is that it does not address cultural differences or historical trauma.

The information contained within these studies are NOT an explanation for a family that may be struggling in different areas; rather it is one way that advocates can be more trauma-informed when working with families who have experienced trauma. The following pages will explain more about ACEs to help you understand the complexities of trauma. Before using ACE information, you should go through these resources and understand them fully. Using the ACE information incorrectly can be **EXTREMELY** detrimental to helping a family heal.

When advocates talk with clients about Adverse Childhood Experiences, they should **ALSO** talk about their client's resilience! See the section all about Resilience!

ACEs Explanation

The researchers focused on whether a respondent to the study experienced abuse, neglect, or household changes within their first 18 years of life. If a respondent answered yes to any of the following definitions, they would receive a 1, regardless of the severity or frequency of abuse. Below are the original ACE definitions the researchers used to identify whether people received an ACE score. The official questionnaire was limited to ten questions and does not take into consideration positive role models, close relationships, strong ties to the community, etc. Further information can be found at ACEs Too High. Please do not use this information with clients until you have further training on and comprehension of ACEs.

Abuse

Emotional abuse

- A parent, caregiver, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.

Physical abuse

- A parent, caregiver, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.

Sexual abuse

- An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

Neglect

Emotional neglect

- No one in your family was a source of strength and support and helped you: feel important or special, feel loved, look out for each other and feel close to each other.

Physical neglect

- There was no one to take care of you, protect you, and take you to the doctor if you needed it. You didn't have enough to eat, your caregivers were too drunk or too high to take care of you, and you had to wear dirty clothes.

Household Challenges

Caregiver treated violently

- Your parent, caregiver, or stepparent was: pushed; grabbed; slapped; had something thrown at them; kicked; bitten; hit with a fist; hit with something hard; repeatedly hit for over at least a few minutes; or ever threatened or hurt by a knife or gun by another parent, caregiver, stepparent, or a caregiver's partner.

Household substance abuse

- A household member was a problem drinker or alcoholic or a household member used street drugs.

Mental illness in household

- A household member was depressed or mentally ill or a household member attempted suicide.

Parental separation or divorce

- Your parents were ever separated or divorced.

Incarcerated household member

- A household member went to prison.

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ACEs Major Findings

- Almost 2/3 of original study participants reported at least one ACE and more than 1/5 reported three or more.
- Study findings repeatedly reveal that the higher number of ACEs, the more likely an individual will experience negative outcomes such as health risks.

With collaborative efforts from multiple states over multiple years we now know that study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course. **A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases.** Dose-response describes the change in an outcome (e.g., alcoholism) associated with differing levels of exposure (or doses) to a stressor (e.g. ACEs). **The higher the number of ACEs, the more likely an individual will experience negative outcomes**

As the number of ACEs increases, so do other health risks:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease & liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners & sexually transmitted diseases
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking and sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

ACE Statistics

These are the statistics for someone who has 4 or more ACEs and the percentage of poor health outcomes for folks who have 4+ ACEs.

Smoking and Lung Disease

- 13% chance of becoming a regular cigarette smoker by the age of 12.
- 17% chance of being a continued smoker into adulthood.
- 9% chance of developing Chronic Obstructive Pulmonary Disease (COPD).

HIV Risks

- 4% chance of ever injecting drugs.
- 6% chance of having 50+ intercourse partners.
- 17% chance of ever having an STI or STD.

Alcoholism & Liver Disease

- 17% chance of being addicted to alcohol.
- 33% chance of marrying a person addicted to alcohol.
- 11% chance of developing liver disease.

Depression and Suicidality

- Women with 4+ ACEs were 60% likely to suffer from depression.
- Men with 4+ ACEs were 39% likely to suffer from depression.
- People with 4+ ACEs has a 17% risk of suicide attempts.

ACE Considerations

While the ACE studies are some of the most consequential population health studies of our time, it is important to take into consideration the parameters of the study and to accurately interpret the findings

1. ACE research is designed to be population based and the findings are relevant to many general adult populations. However, ACE scores are not necessarily deterministic of any specific individual's life course.
2. Trauma and toxic stress are characterized by the mental and physiological reactions of an individual in response to a single or ongoing threat to life and safety. Whether exposure to an adverse experience results in trauma or toxic stress depends on a variety of individual level factors not addressed in the ACE survey including:
    a. An individual's temperament and adaptability.
    b. The level of intensity or duration of exposure to adverse experience.
    c. The co-existence of multiple types of adverse experiences or contextual stressors.
    d. The number and types of supports and protective factors an individual may have in place.
3. Proxies for maltreatment risk do not necessarily equate to or validate legal definitions of child maltreatment. The purpose of study is to understand the relationship between indicators of risk in childhood and poor outcomes in adulthood rather than to validate legal definitions of maltreatment.
4. The ACE studies are retrospectively completed by adults reporting on past experiences from childhood. As a result, the studies are subject to recall bias where participants may inaccurately under- or over-report on the occurrence of childhood events and circumstances.

Wisconsin Findings

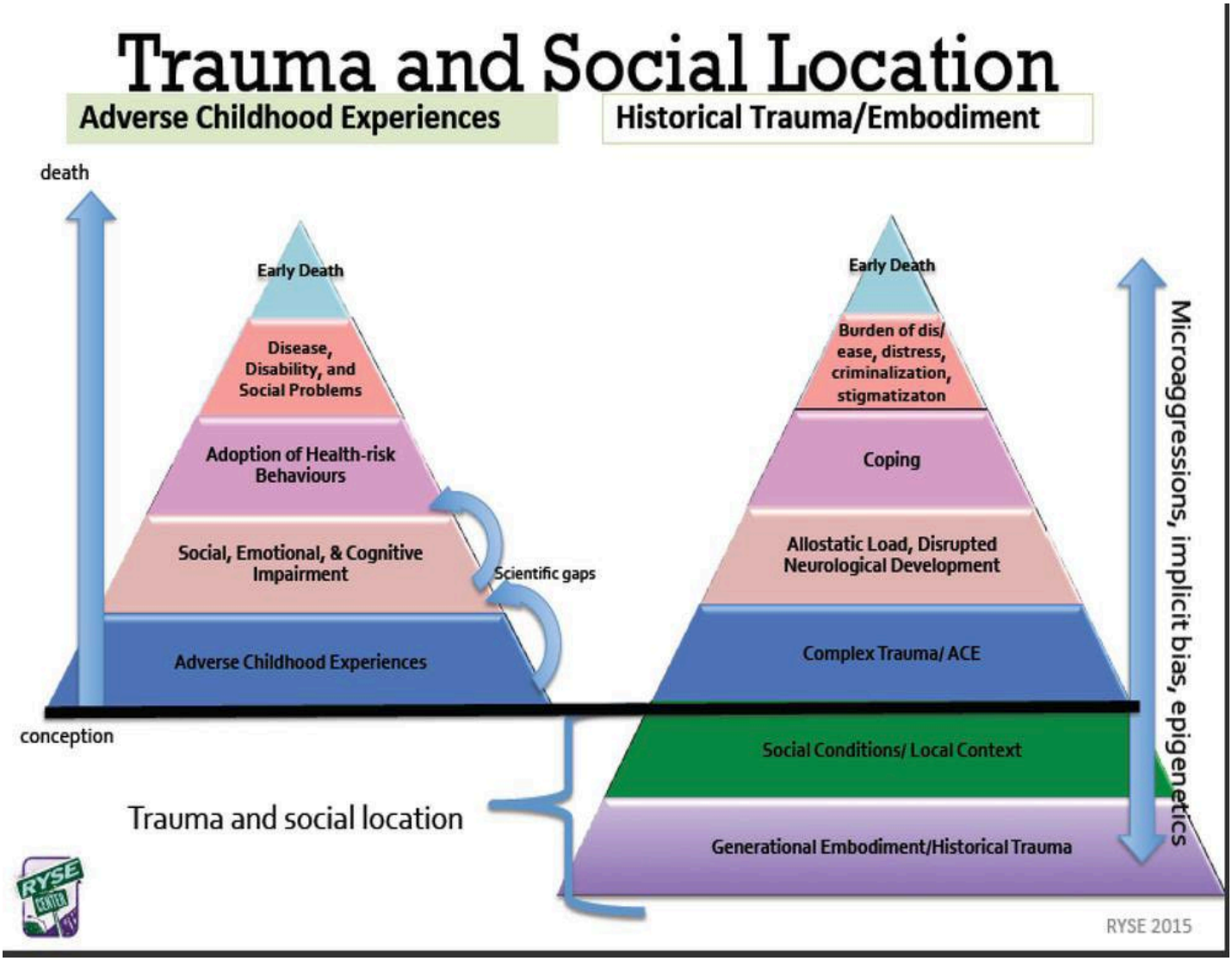
Not all states participated in the ACE study and not all states continued with the ACE study like Wisconsin. Years ago the Wisconsin Child Abuse & Neglect Prevention Board led efforts to incorporate ACE questions into Wisconsin's annual Behavioral Risk Factor Survey. Between 2011 and 2013 a total of 14,551 Wisconsinites responded to the ACE questions. In 2014 the total rose to 20,544 but the results for Wisconsin presented here are for the period 2011-2013. The Wisconsin ACE study found the following:

- Domestic Violence and incarceration of a household member were most strongly correlated with having 4 or more ACEs (63%)
- Approximately 3 out of every 5 Wisconsin adults have reported experiencing one or more ACES.
- Of the Wisconsin adults who experienced one or more ACEs, almost 25% of that same group reported experiencing a total of four or more ACEs.
- Individuals with higher ACE scores were found to have:
    - Higher incidence of engaging in health risk behavior such as smoking or lack of exercise.
    - Poorer general health such as obesity, frequent minor illness and daily aches and chronic health conditions.
    - Increased likelihood of suffering from major health conditions such as cancer, arthritis, diabetes and asthma.
- The higher the ACE score, the greater the incidence of depression, stress and difficulty with emotional regulation.

> NOTE: Before using ACE information you should go through the resources and understand them fully. Using the ACEs information incorrectly can be EXTREMELY detrimental to helping a family heal. When advocates talk with clients about Adverse Childhood Experiences, they should ALSO talk about their client's resilience! See the section all about Resilience!

ACE Pyramids

The left pyramid is a visual representation that when you have an ACE score of ONE it can compound, often leading to an early death. The right pyramid identifies how people who are part of communities that have experienced historical trauma are affected. Note that ACE scores are a part, but not all of how trauma in childhood presents itself in these communities, specifically communities of color, queer communities, Transgender communities, and non-binary communities.



Resources

ACEs Too High is a news site that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress. They also cover how people, organizations, agencies and communities are implementing practices based on the research. This includes developments in education, juvenile justice, criminal justice, public health, medicine, mental health, social services, in cities, counties and states.

Center for Disease Control and Prevention ACEs Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

Child Abuse & Neglect Prevention Board had been collecting the ACE data in Wisconsin and compiling the reports. This link will take you to their work on ACEs.

Dr. Nadine Burke Harris: How Childhood Trauma Affects Health Across a Lifetime Childhood trauma isn't something you just get over as you grow up. Pediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. This unfolds across a lifetime, to the point where those who've experienced high levels of trauma are at triple the risk for heart disease and lung cancer. An impassioned plea for pediatric medicine to confront the prevention and treatment of trauma, head-on.

> Please notify the LGBTQ & Youth Program Director, Cody Warner, if **ANY** links are no longer working.