

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

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Agenda

Define Adverse Childhood Experiences (ACEs)

Childhood Adversity, ACEs & Trauma: What's the Difference and Why Does It Matter?

How the ACE Screener Expanded to Capture Social Context

ACEs Screening vs. Trauma Assessment: Defining the Distinct Steps in Trauma-Informed Care

Leveraging Screening Insights into Policy Solutions

What are ACEs

Adverse Childhood Experiences

- Experiencing violence, abuse, or neglect.
- Witnessing violence in the home or community.
- Having a family member attempt or die by suicide.

Growing up in a household with:

- Substance use problems.
- Mental health problems.
- Instability due to parental separation.
- Instability due to household members being in jail or prison.



Childhood
Adversity, ACEs
& Trauma: Are
We Talking
About the Same
Thing?

Childhood Adversity

- Childhood adversity is as a broad exposure category that refers to a wide range of circumstances that pose a serious threat to a child's physical or psychological well-being.
- Select examples of childhood adversity include child abuse and neglect, domestic violence, bullying, serious accidents or injuries, discrimination, extreme poverty, and community violence.
- Adversity does not predestine children to poor outcomes, as some children are able to recover when they have the right supports.

ACEs

- A subset of childhood adversities.
- ACEs can be seen more as an epidemiologic framework.
- Childhood adversities captured in seven categories.
- Researchers found that the more ACEs adults reported from their childhoods, the worse their physical and mental health outcomes (e.g., heart disease, substance misuse, depression).

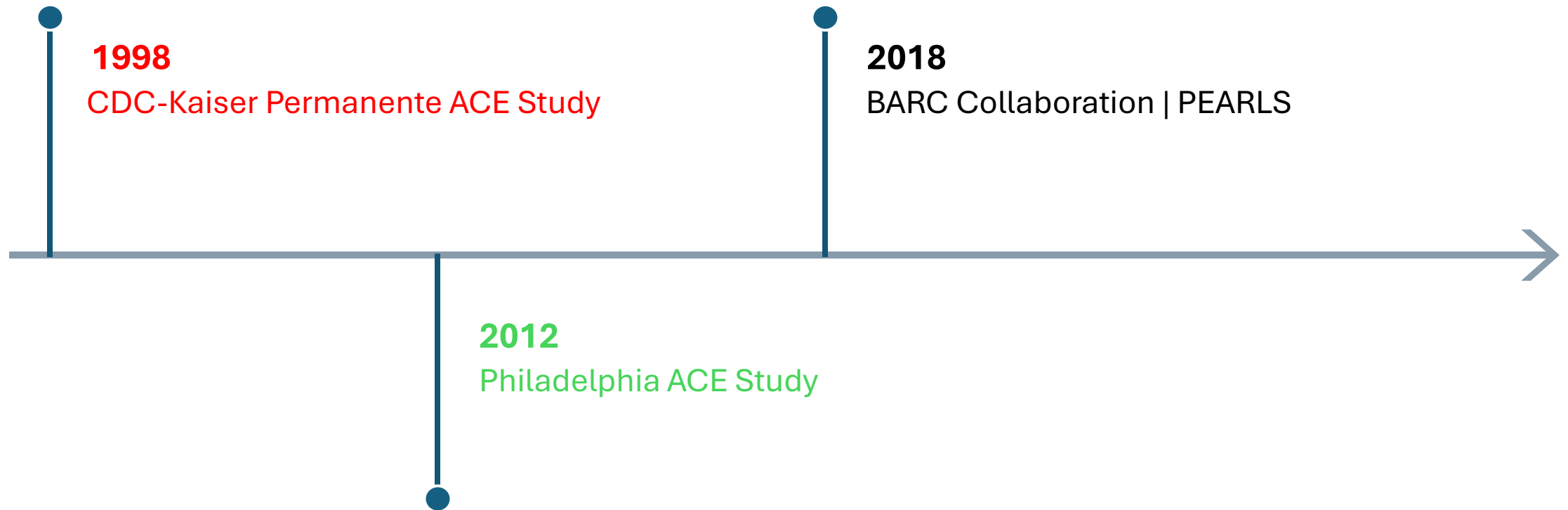
Trauma

- Trauma is as a specific psychological/biological response that occurs when a person perceives an event or set of circumstances as harmful or threatening.
- Certain types of childhood adversity can lead to trauma reactions in children, such as the sudden loss of a family member, or a school shooting; while other adversities (e.g., parental separation or divorce) tend to be associated with more variability in children's reactions and may or may not be experienced by a child as trauma.
- Trauma affects each child differently, depending risk and protective factors.

The background of the slide is a close-up, shallow depth-of-field photograph of a blue surface with a white grid pattern. Several pushpins are pinned to the grid: a red one in the upper left, a yellow one in the upper center, and two purple ones in the lower half. The text is overlaid on a white rectangular box on the left side.

Childhood Adversity,
including ACEs, can
lead to Trauma

Expanding the Lens: How the ACE Screener Expanded to Capture Social Context



The seminal 1998 CDC-Kaiser Permanente ACE Study is a landmark public health investigation that linked Adverse Childhood Experiences to negative health and health behaviors in adulthood.

Researchers Vincent Felitti and Robert Anda evaluated over 17,000 adult members of the Kaiser Health Plan in San Diego between 1995 and 1997, publishing their primary findings in the American Journal of Preventive Medicine in 1998.

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998 May;14(4):245-58.

Standard ACEs (10 Questions)

Physical Abuse: Did a parent or adult ever hit, push, or slap the child hard enough to leave marks?

Emotional Abuse: Did a parent or adult swear at, insult, or humiliate the child?

Sexual Abuse: Did anyone ever touch the child sexually or force sexual contact?

Physical Neglect: Did the child lack basic physical care or protection?

Emotional Neglect: Did the child feel unloved, unsupported, or unprotected?

Parental Separation/Divorce: Were the parents separated or divorced?

Domestic Violence: Did the child witness a caregiver being abused, yelled at, or beaten?

Household Substance Abuse: Did a household member struggle with alcohol or drug use?

Household Mental Illness: Did a household member suffer from severe mental illness or depression?

Incarceration: Did a parent or caregiver serve time in jail or prison?

Limitations

Much knowledge of ACEs relied on data predominantly collected from white, middle, & upper-middle-class participants and focused on experiences within the home.

Missed adversities that happen outside the front door.



- Critics specifically noted the questionnaire did not account for structural factors like **poverty and racism**.
- ACEs has the potential to pathologize poverty and structural disadvantage by locating the problem inside the family rather than in the systems surrounding it.

Philadelphia ACE Study

- The Institute for Safe Families formed the **ACE Task Force in 2012** with an interest in examining the prevalence and impact of ACEs in Philadelphia, an urban city with a socially and racially diverse population.
- The questions developed for this survey expanded on the original questions from the ACE Study done in 1995-97. These questions were the first extensive survey of this kind specifically in an urban setting.



Philadelphia Expanded ACE Questions

look at

Community-Level Adversity

Witness Violence

How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?

Felt Discrimination

While you were growing up...How often did you feel that you were treated badly or unfairly because of your race or ethnicity?

Adverse Neighborhood Experience

Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?

Bullied

How often were you bullied by a peer or classmate?

Lived in Foster Care

Were you ever in foster care?

Expansion of questionnaire to include social determinants

PEARLS

The Pediatric ACEs and Related Life Events Screener (0-19 yrs)

Developed & released in 2018 by the

Bay Area Research Consortium on Toxic Stress and Health (BARC)

Included:

Center for Youth Wellness

UCSF

UCSF Benioff Children's Hospital Oakland



Social Determinants | Family & Environment

1. **Bullying:** Has the child been bullied or picked on?
2. **Community Violence:** Has the child witnessed or experienced violence in the neighborhood?
3. **Discrimination:** Has the child faced discrimination based on race, gender, religion, or disability?
4. **Housing Instability:** Has the family faced homelessness, frequent moves, or eviction?
5. **Food Insecurity:** Has there been worry about running out of food?
6. **Foster Care / Separation:** Has the child been separated from caregivers due to foster care or immigration?
7. **Caregiver Illness/Death:** Has the child lived with a seriously ill caregiver or experienced a caregiver's death?
8. **Low Family Cohesion / Peer Support:** Assesses general lack of social support systems.

PEARLS Screener

- Designed for pediatric and adolescent populations (0-19 yrs) in clinical practice.
- Focuses on child-specific social determinants and immediate family/environment stressors.

Philadelphia ACE Survey

- Designed for adult populations to measure community-level and cumulative childhood trauma through public health research and community surveys.
- Focuses on systemic and environmental community exposures during childhood.

ACE scores can predict risk across populations



Population-level risk marker.

There is no “good” or “bad” ACE score.

0: No ACES reported.

1 to 3: Low to intermediate risk for toxic stress and related health issues.

4 + Research shows a significant increased statistical risk for adult health and behavioral challenges.

ACEs Screening vs. Trauma Assessment

ACEs Screening

- Standard questionnaire or checklist of categories of adversity; It measures population-level risk rather than an individual's current psychological state. Focuses on what happened.
- An ACE score counts the number of exposures. However, exposure does not automatically mean a trauma response.

Trauma Assessment

- Broader in scope. Trauma can stem from ACE categories, but it can also arise from events outside of them, such as community violence, or a natural disaster.
- Subjective to the individual. Two children can experience the same adverse event, but due to different support systems or resilience factors, one may develop a clinical trauma response.

Trauma Informed Assessment & Screening

Trauma Screening

- Usually done by a front line professional (e.g., pediatrician, social worker) to identify exposure.
- Select trauma screeners:
 - **UCLA PTSD Reaction Index for DSM-5 (UCLA-RI-5)** – assesses both trauma history and PTSD symptom frequency in youth ages 7–21.
 - **TRACES (Trauma & Adverse Childhood Experiences Survey)** – assesses traumatic exposure and ACEs , up to 18 yrs.

Trauma Informed Assessment

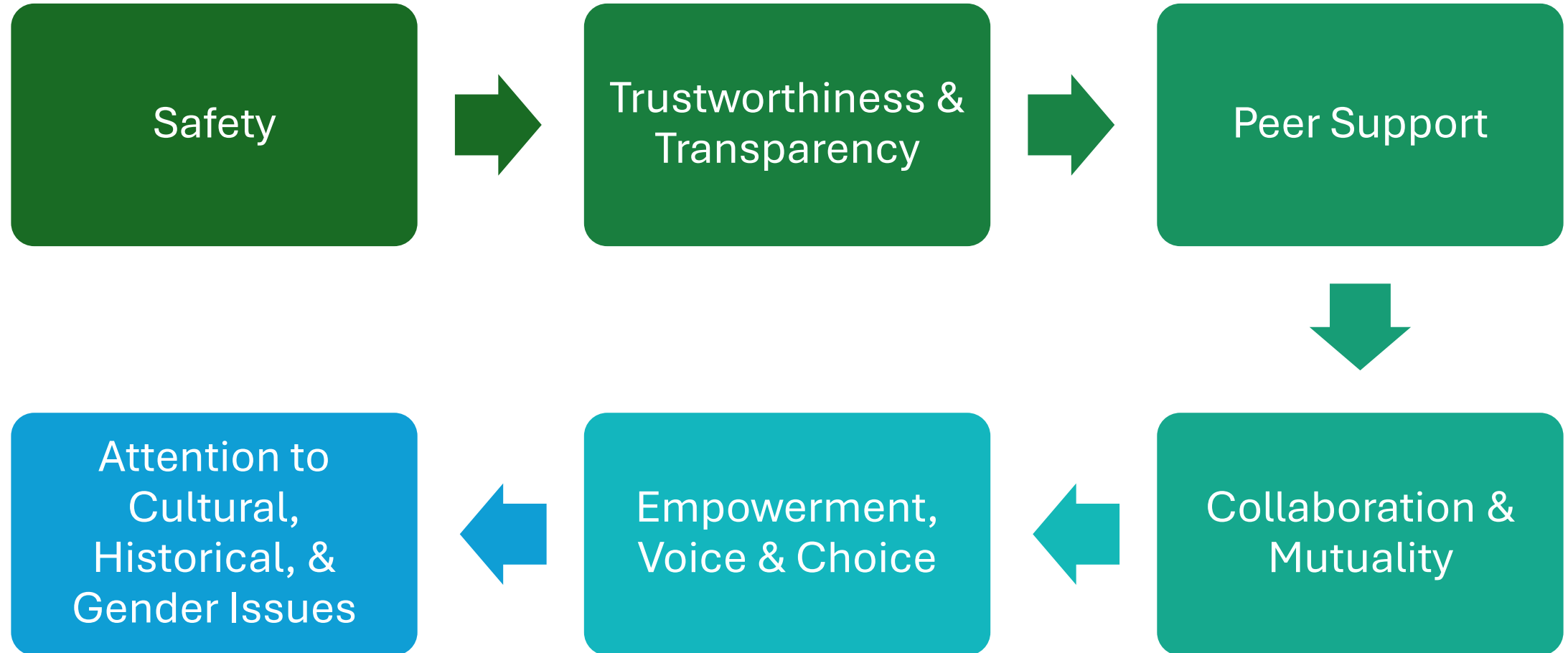
- Identifies details about the trauma history (e.g., severity, frequency, functioning).
- Obtained by a licensed, trained mental health professional who synthesizes data from multiple sources and includes screening data, comprehensive clinical interviews, and behavioral observations to structure an ongoing treatment plan.

Trauma Informed Approach to Care

- Instead of asking "what's wrong with you," a trauma-informed approach asks, "what happened to you."
- For patients, trauma-informed care offers the opportunity to engage more fully in their health care, develop a trusting relationship with their provider, and improve long-term health outcomes.



Guiding Principles for a Trauma Informed Approach



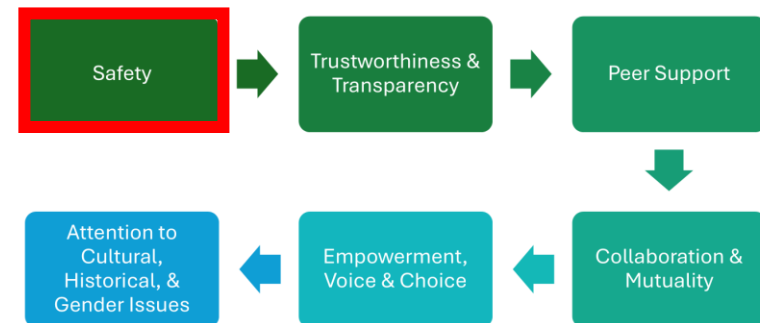
Safety

The foundational principle.

Physical safety (a waiting room, exam room, or intake space that doesn't feel institutional or threatening).

Psychological safety (feeling free from judgment, coercion, or unpredictability).

Guiding Principles for a Trauma Informed Approach



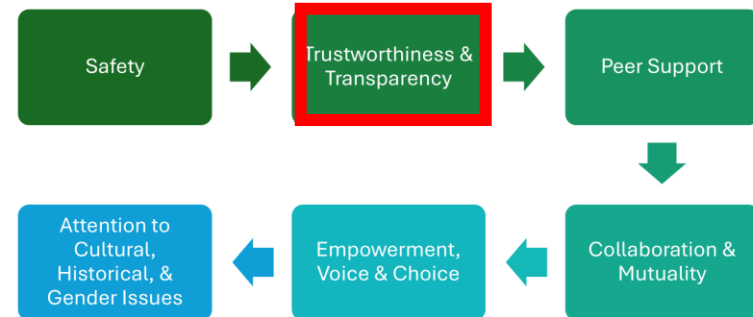
Trustworthy & Transparency

Clear communication.

Concrete: telling patient's why a question is being asked, what will be done with their answer, and what happens next.

Consistency between what is said and what is done; a single broken promise (e.g., "this stays confidential" followed by a leak) can undo months of rapport.

Guiding Principles for a Trauma Informed Approach

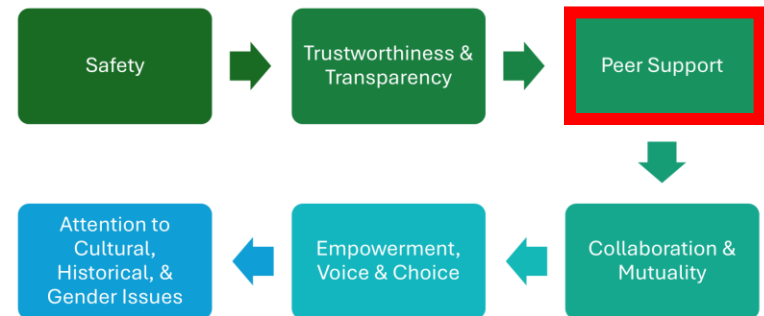


Peer Support

People with lived experience of trauma integrated as a formal part of the care or service model, not just consulted informally.

This shows up as peer support specialists or support groups facilitated by people with shared experience.

Guiding Principles for a Trauma Informed Approach

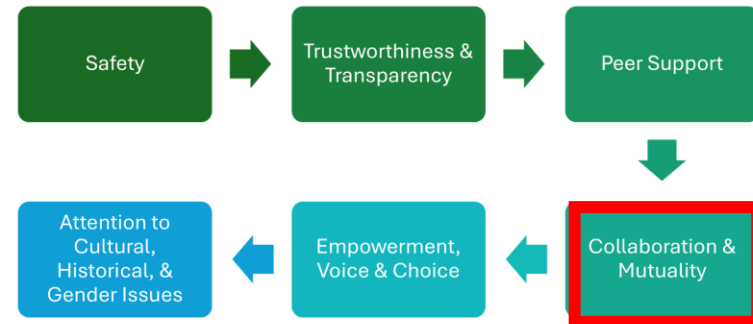


Collaboration & Mutuality

Decisions are made *with* patients, not *for* them.

Healing happens in relationships characterized by partnership, not a hierarchical provider-patient dynamic that can replicate the powerlessness that trauma survivors can carry.

Guiding Principles for a Trauma Informed Approach

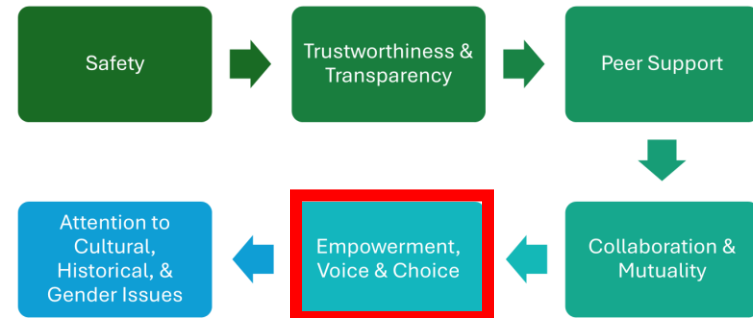


Empowerment Voice & Choice

Actively build on people's strengths rather than starting from a deficit perspective.

Instead of defining someone by what happened to them, help them recognize and use their own resilience and agency going forward.

Guiding Principles for a Trauma Informed Approach

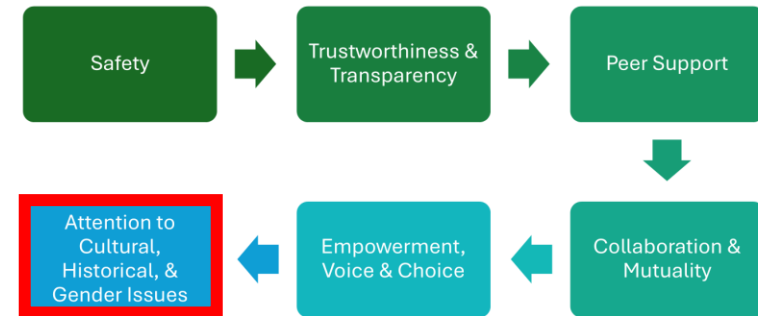


Attention to Cultural, Historical & Gender Issues

Move past stereotypes and biases based on race, ethnicity, sexual orientation, age, geography, gender, or disability.

Recognize that some populations carry a disproportionate burden of historical and intergenerational trauma (e.g., Indigenous communities, communities affected by systemic racism).

Guiding Principles for a Trauma Informed Approach



- Screening tools can serve as a risk marker or public health warning.
- They give us an initial glimpse into adverse events or trauma, but they don't change the environment that caused that trauma in the first place.
- To do that, we must shift our focus from clinical triage to systemic prevention.
- That is where policy comes in.



Screening identifies the wound.

Policy has the potential to alter the environment, so the wound never happens to begin with.

**Leveraging Screening Insights
into Policy Solutions**



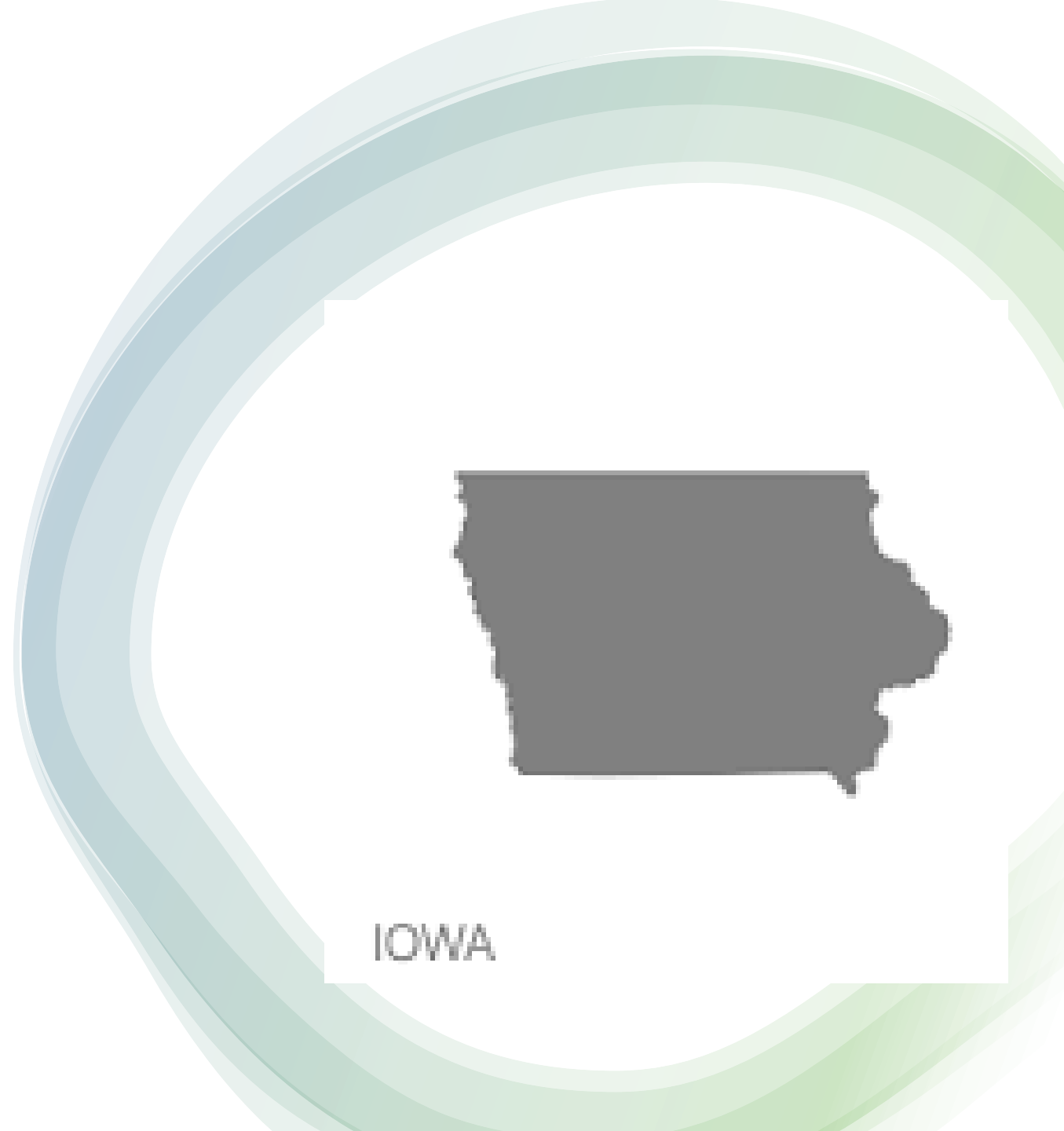
ACEs Equity Act

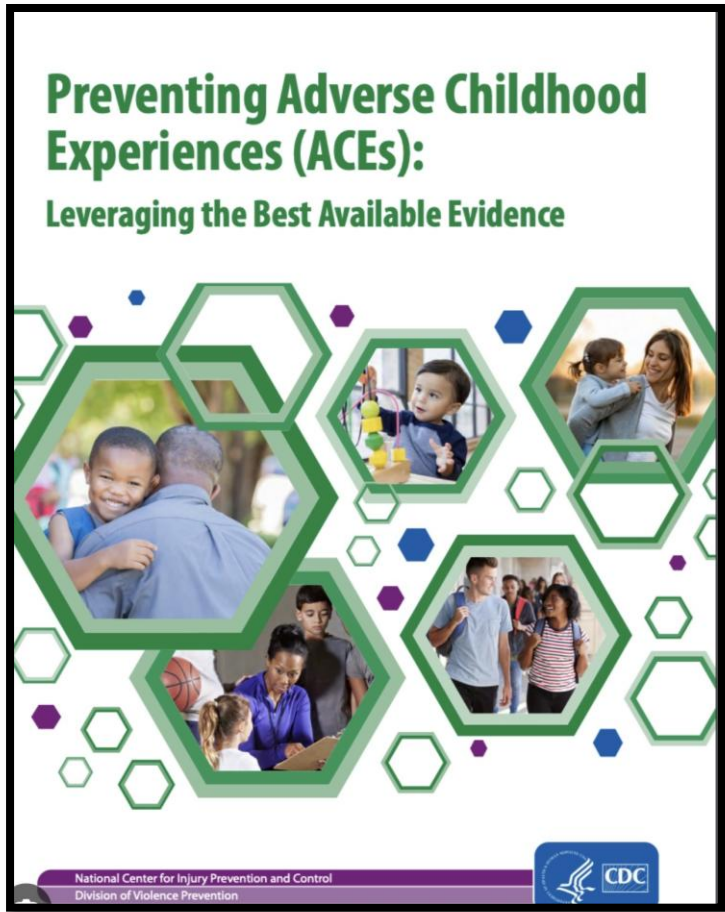
- California Senate Bill 428 aka ACEs Equity Act expands and supports California's ACEs Aware Initiative by legally requiring commercial health insurance plans to cover routine Adverse Childhood Experiences (ACEs) screenings.
- **Californias ACEs Awareness Initiative** is a first-in-the-nation statewide program launched in 2020 led by the Office of the Surgeon General, to train and pay health care providers to screen children and adults for Adverse Childhood Experiences (ACEs) and toxic stress.
- The ACEs Aware initiative offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs.



Iowa annual training on identifying ACEs

The Iowa State Board of Education requires districts to provide *annual* training on identifying adverse childhood experiences (ACEs) and mitigating toxic stress.





CDC outlines Best Available Evidence to Prevent ACEs

- Strengthen economic supports to families
- Promote social norms that protect against violence and adversity
- Ensure a strong start for children
- Teach skills
- Connect youth to caring adults and activities
- Intervene to lessen immediate and long-term harms

Strengthen Economic Support for Families

Policies that strengthen household financial security (e.g., tax credits, childcare subsidies, and other forms of temporary assistance) and family-friendly work policies, such as paid leave and flexible and consistent work schedules, can prevent ACEs by increasing economic stability and family income, increasing maternal employment, and improving parents' ability to meet children's basic needs and obtain high-quality childcare.

Promote social norms that protect against violence and adversity

- Public education campaigns to help parents understand the cycle of abuse and campaigns specifically targeting child physical abuse positively impact parenting practices, reduce children's exposure to parental anger and conflict, reduce child behavior problems, and improve parental self-efficacy and knowledge of actions to prevent child abuse.
- Establish norms around safer, more effective discipline strategies to reduce the harms of harsh physical punishment, particularly if paired with public education campaigns.

Ensure a Strong Start for Children

- Research suggests that access to affordable, high-quality childcare can buffer against a lower quality home environment and reduce child behavior problems, parental stress and depression, and rates of child abuse and neglect.
- Children enrolled in preschool enrichment programs that actively involve and support parents have better math, language, and social skills as they enter school.

Teach Skills

- Social emotional learning approaches through programs such as LifeSkills® Training, the Good Behavior Game, and Promoting Alternative THinking Strategies® (PATHS).
- Skilled based parenting and family relationship approaches through programs such as LifeSkills® Training, the Good Behavior Game, and Promoting Alternative THinking Strategies® (PATHS).

Connect Youth to Caring Adults

- Relationships with caring adults who are positive role models can prevent ACEs and improve future outcomes for young people.
- Mentoring programs; Big Brothers/Big Sisters; After School Matters.

Intervene to Lessen Immediate and Long-term Harms

- Effective treatments such as Trauma-focused Cognitive Behavioral Therapy® (TF-CBT) have demonstrated many benefits for children, youth, and families with ACE exposures.

CDC training and resources

Beyond the Headlines: Media Communication Training (60 minutes)

Preventing Adverse Childhood Experiences: ACEs Overview & Public Health Approach to Preventing ACEs Modules (90 minutes)

Preventing Adverse Childhood Experiences: Training for Educators (90 minutes)



<https://vetoviolence.cdc.gov/apps/main/aces-resources/>

Recap & Close

- Began by defining ACEs and untangling the difference between ACEs, childhood adversity and trauma.
- We looked at how our tools evolved, with the ACE screener expanding past the household to capture social contexts.
- We established a clear workflow for trauma informed care, understanding the boundaries between screeners and clinical assessment.
- The ultimate take-away, this information cannot be confined in clinics or classrooms.
- We must use these screening insights not just to triage, but to drive legislation and systemic policy solutions to prevent ACEs.

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THANK YOU

*Screening identifies the wound.
Policy changes the environment.*

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