



THE ADVERSE CHILDHOOD EXPERIENCES (ACES) SURVEY
TOOLKIT FOR PROVIDERS

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INTRODUCTION TO THE TOOLKIT

About The National Crittenton Foundation

Founded in 1883, The National Crittenton Foundation (TNCF) is the umbrella organization for the 26 members of the Crittenton family of agencies that provide services in 32 states and the District of Columbia. TNCF's mission is to advance the self-empowerment, health, economic security and civic engagement of girls and young women impacted by violence and adversity. TNCF leads Crittenton's national advocacy efforts, provides capacity building support to Crittenton agencies and operates a survivor directed social support and social capital building program called BOLD (Bridging Opportunity, Love and Determination). TNCF also co-directs the National Girls Initiative of the Office of Juvenile Justice and Delinquency Prevention.

THE CHALLENGES FOR GIRLS AND YOUNG WOMEN

After more than a century, TNCF and its family of agencies continue to address many of the same challenges facing girls and young women that inspired its co-founders, Charles N. Crittenton and Dr. Kate Waller Barrett, into action in the late 1800's. This includes an ongoing focus on girls and young women who were:

- ▶ Struggling to leave forced "prostitution,"
- ▶ Caught in violent marriages or relationships, and
- ▶ Single mothers and pregnant and parenting teens.

Unfortunately, not much has changed since TNCF was founded 132 years ago; the silent epidemic of violence against marginalized girls and young women rages on in this land of opportunity.

WHY ACES?

TNCF believes that the ACE Survey is a valuable tool that harnesses the power of data to foster social change. ACE data can increase awareness about the breadth and impact of exposure to childhood adversity and the resulting complex trauma. Combined with brain research and the science of epigenetics, we now know more than ever the damage that traumatic and adverse childhood experiences can cause. TNCF shares the struggle that many face to define the depths of the challenges and the invisibility of marginalized girls and young women and believes that ACE brings these challenges to life through a simple ten item survey.

Thankfully, we also know about young women's capacity for healing and the power of resilience. We believe that the key to

accessing the resources needed to promote the potential of this very marginalized population is our ability to define them in terms that can be understood by a broad cross section of audiences – from family members, clinicians, the public, and policy makers, to the young women themselves. To this end, we share our experience with others, imperfect as it is, with the hope that it will encourage others to continue this journey with us.

2014 ADMINISTRATION OF THE ACE SURVEY: THE RELATIONSHIP TO WELL-BEING

Since the 2012 survey, working closely with Crittenton agencies, we have fine-tuned our approach to the administration of ACE survey. We have a clear articulation of the reasons for administering the survey, a protocol to guide agency use of the ACEs (including staff training), and the basis for beginning to gather data on the relationship between

ACE scores and well-being domains. With the help of Dr. Roy Wade at the Children’s Hospital of Philadelphia, a leading ACE researcher, we have had the opportunity in the current administration for agencies to enter the data directly into a centralized electronic database that does real time analysis to inform our work. Additionally, a subset of participating agencies administered questions in the well-being domains of connection, coping and stress. The well-being data allows TNCF to begin looking at the relationship between ACE scores and well-being indicators.

In our next phase of this work, we will further explore the specific interventions that help build social and emotional well-being, which can be powerful buffers against the impact of adverse childhood experiences. Additionally, we will develop an ACE-based youth informed survey through qualitative research with girls and young women in Crittenton agencies. TNCF and its family of agencies will then administer this new youth-informed survey, which will include a more comprehensive array of well-being domain questions.

Background on the Crittenton ACE Survey

In 2012, TNCF coordinated a pilot to administer the Adverse Childhood Experiences Survey to more than 1,350 males and females who were receiving a diverse array of services and supports from 18 participating Crittenton agencies. Dr. Vincent Felitti, co-principal investigator of the original ACE Study, provided advice to us throughout this process.

The interest in using the ACE survey grew out of a frustration with agencies’ inability to adequately convey to other service providers, funders, policy makers and others the depth of the complex trauma that many of the girls and young women in our agencies have experienced, particularly young mothers and their children. We were excited about the potential of the simple survey to tell us more about the childhood adversity and resulting trauma experienced by those young people supported by Crittenton agencies.

The results of the first administration of the ACE survey confirmed that the scores of the girls and young women we support are unusually high. In particular, TNCF found that:

- ▶ 53% of all girls and 61% of the young mothers had ACE scores of 4 or more, as compared to 15% in the original ACE study;
- ▶ 82% of young mothers in residential treatment also had ACE scores of 4 or more; and
- ▶ 74% of the young mothers in the juvenile justice system had ACE scores of 4 or more.

These findings reinforced what Crittenton agencies have known for many years: that unaddressed childhood trauma resulting from exposure to abuse, neglect and household dysfunction results in coping behaviors such as running away, violent behaviors, self harm, drug and alcohol abuse, etc. These behaviors drive many of the young people we support into the juvenile justice, child welfare, or mental health systems.

Seeing the results in such stark terms deepened our resolve to advocate for the use of gender and culturally responsive, trauma-informed and developmentally appropriate services and supports young women need support to heal from trauma. It also underscored the absolute necessity for a two- or multi-generational approach to creating opportunities for young women to break the cycle of abuse, neglect, violence, poverty and oppression for their children.

IMPLICATIONS FOR A TWO-GENERATION APPROACH

Parents' ACE scores do not have to become their children's ACE scores. Yet, we know that without support, parents with high ACEs scores tend to have children with equally poor scores. Our vision is that every parent who is struggling with complex trauma has the opportunity to heal and, by doing so, reduce the ACE scores for the next generation. This can only happen with treatment interventions that help young women shed light on their past adversities, better understand how their current behavior is connected to their childhood experiences, and learn how to respond to their challenges in a healthier way. Supporting young parents in their healing journey, while simultaneously helping their children get the best start possible in life, presents the most powerful two-generation strategy possible to break intergenerational cycles of ACEs.

The Crittenton Family of Agencies encourages parents to take the ACE survey for their children as well as themselves. Being presented with the truth of how their adversities can be passed on to their children, young women become even more motivated to do the tough work it takes to heal from



their trauma. In this way, understanding the ACE score and trauma histories of the individuals with whom we work is not just an academic exercise. Rather, the ACE survey is a tool that works on multiple levels – with service recipients, communities, and systems – to promote services, programs and policies that support healing for parents so that their children can become a healthy and thriving part of the next generation.

What's In The Toolkit?

We hope our ACE survey journey is instructive to a community of providers that wish to use the findings of the original ACE study to strengthen their work in the areas of direct services, community education and policy reform. From our experience the primary ways that the ACE survey can support agencies in effectively catalyzing individual, community and social change are:

- 1. To support screening, assessment, treatment and self-empowerment** – Administration of the ACE survey provides a snapshot of the extent of Adverse Childhood Experiences, which in turn can open the door to talk to individuals about their trauma histories and how they can reduce ACE scores for their children.
- 2. To further refine the interventions at the agency level** – ACE survey results can be instructive to agency staff as they customize treatment and service interventions. ACE findings are a complement to other tools being used to understand what is working for different populations with whom they work.
- 3. To educate the broader community** – There is a critical need across communities to educate diverse stakeholders (e.g., medical professionals, law enforcement, schools, public agencies, families) about ACEs, how trauma manifests itself in the behavior of individuals who have been exposed to ACEs, how systems can respond in a more compassionate way to individuals with trauma histories, and what can be done to help parents heal from trauma while also helping their children thrive.
- 4. To inform public policy** – By collecting and sharing ACE data, providers can more effectively advocate for additional public and private resources and more compassionate system responses, including more effective public policies that address ACE and the childhood trauma that it triggers, support individuals in healing from trauma, and provide opportunities for them to expand the social and emotional capacity to effectively parent their children.

This toolkit includes the following documents developed as a result of our experience. While a focus on girls, young women and

their families unites the Crittenton family of agencies, the vast majority of agencies also support boys and young men. To ensure their broadest possible use, we have modified the components of this tool kit included here using gender-neutral terminology, with the clear recognition that ACE and the resulting trauma are different in frequency, response and needed intervention for girls and boys. Tools include:

- ▶ **TIP SHEET** which provides practical advice for planning for and administering the ACE survey;
- ▶ **SAMPLE PROTOCOL** that guided the use of the ACE survey by the Crittenton Family of Agencies;
- ▶ **CASE STUDIES** of providers that have used the survey to promote healing, educate communities, and advocate for policy change;
- ▶ **TESTIMONIALS** from women who have taken the ACE survey and share how it has contributed to their healing process; and
- ▶ **RESOURCE PAGE** with helpful websites and articles on ACEs.

We hope this toolkit will be helpful to your agency or organization as you work in your community, and we also hope you will share the results of your experiences with us. For additional information on the Crittenton experience with ACE or your thoughts going forward, contact Jessie Salu at Jessie@NationalCrittenton.org. For a copy of the Crittenton ACE survey questionnaire, contact Samantha Lopez at Samantha@NationalCrittenton.org.

ACE SURVEY ADMINISTRATION: SAMPLE PROTOCOL

This protocol was developed by the National Crittenton Foundation for the agencies that administered the ACE survey beginning November 2014. The protocol was developed in partnership with the agencies and helps to ensure that the survey is administered as consistently

as possible across the agencies. We hope providers interested in administering the ACE survey find it a helpful starting point for determining the process for administration in their agencies.

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1 BACKGROUND ON THE ACE SURVEY

The Crittenton Family of Agencies (“family of agencies”) is dedicated to providing girls and young women and their children with opportunities to break intergenerational cycles of abuse and neglect and helping them heal from childhood trauma. The results of the Adverse Childhood Experience (ACE) Study help us understand the extent and type of childhood trauma experienced by those involved with the family of agencies. These results are instructive to participants in Crittenton programs, alumni of the family of agencies, agency personnel, and the community at large.

Findings from the ACE Study suggest that certain experiences are major risk factors for the leading causes of chronic disease and death as well as poor quality of life in the United States. Specifically, the study finds that as the number of ACEs increase, there is a corresponding increase in the risk for health problems including substance abuse, depression, intimate partner violence, heart disease, smoking, early sexual activity and adolescent pregnancy, and even early death. The ACE study has been administered to multiple populations, with similar findings. The results of the study are being used widely to inform efforts to create programmatic and policy solutions to address and prevent childhood trauma at the individual, community, and systems levels.

For more information about the ACE Study, visit <http://www.cdc.gov/violenceprevention/acestudy/index.html>

2 PREVIOUS ADMINISTRATION AND CHANGES TO THE ACE SURVEY

Previous ACE Survey Administration

In 2012, the family of agencies piloted an administration of the ACE survey with current and former recipients of services to gain a better understanding of their ACE scores across agencies and programs. The results of that survey can be found at <http://www.nationalcrittenton.org/what-we-do/publications/>. By now, you should have received a copy of the PDF for the 2012 TNCF ACE assessment. Please familiarize yourself with these results prior to administering this year’s ACE survey.

The results of the 2012 administration were shared at a Congressional briefing on Capitol Hill and garnered local, state and national attention to the profile of the young people (specifically, young mothers) served by the family of agencies. In particular, policymakers and advocates have expressed interest in how the ACE score of a young person relates to the systems with which they are involved and the continuum of services needed to address their trauma histories.

What’s New for the 2014 Administration

Given the success of the 2012 survey administration, the agencies have decided to conduct a follow up survey in 2014. The 2014 survey has been modified based on the 2012 experience so that we can better describe the profile of respondents, including additional demographic data, the programs and systems with which they are involved, and their experiences in those systems. Better understanding the

profile of the young people and their experiences will strengthen our ability to engage in a dialogue about how systems respond to the trauma experienced by young people and brainstorm ways to improve those responses in the future.

The 2014 survey also has an optional well-being section that is designed to look at resilience for the participants in your programs and services. Agencies that administer the well-being questions are encouraged to administer them once, and then to re-administer at a specific interval after services have been provided. This may also be administered at discharge. Changes in the response to these questions should allow you to determine the efficacy of the interventions in the areas of stress, coping and connections. The family of agencies is piloting these questions in anticipation of a larger research project in the future.

To administer and manage responses for the 2014 survey, we will use Research Electronic Data Capture (REDCap) – a secure, web-based application for building and managing online surveys and databases. Using REDCap, all surveys will be administered electronically using a computer or tablet. Individuals administering the survey will need access to an internet-connected computer or tablet device. More information about REDCap can be found on [page 11](#).

3 PURPOSE FOR ADMINISTERING THE ACE SURVEY

There are four primary purposes for administering the ACE survey within the family of agencies:

- 1. To support screening, assessment, treatment and self-empowerment** – Administration of the ACE survey provides a snapshot of the extent of Adverse Childhood Experiences among clients of the family of agencies. For current clients, it can be used as a screening tool that informs interventions and provides a brief opportunity to have a conversation with young people about their trauma histories.
- 2. To further refine the interventions for young people at the agency level** – ACE survey results can be instructive to agency staff as they continue to refine and customize treatment/service interventions. ACE findings are a complement to other tools being used to understand what is working for different populations of young people they serve.
- 3. To educate the broader community** – There is a critical need across communities to educate stakeholders (such as medical professionals, law enforcement, schools, referring systems, etc.) about the trauma experiences of individuals served by the agency and how the agency works to address that trauma. ACE findings allow the agency to better describe the populations they serve and their trauma histories, and promote trauma-informed treatment to build resiliency and mitigate the impact of ACEs.
- 4. To inform public policy** – By collecting ACE data across the family of agencies, the National Crittenton Foundation can more effectively advocate for public policies to ensure that girls and young women receive high-quality, trauma-informed services as early as possible, and in the most appropriate setting to meet their needs.

4 OBJECTIVES OF THE ACE SURVEY

The main objectives of the survey are twofold:

1. To obtain an ACE score for each young person that helps agency personnel understand their trauma histories, and to connect those scores to well-being domains and outcomes that will change the trajectory of their lives
2. To aggregate the data within and across the agencies to inform treatment interventions, systems responses to trauma, and public policies to address childhood trauma and prevent it for future generations.

5 TARGET POPULATION FOR THE ACE SURVEY

The target population for the survey can be one or a combination of the following:

- ▶ Girls and young women or boys and young men served by agencies who are members of the family of agencies
- ▶ Family members served by the family of agencies
- ▶ Children of the parents or family members served by the family of agencies

[NOTE: While program alumni and their children are not a target population for this administration, some agencies may decide to administer the ACE survey to these groups for their own purposes. Please see [section 10](#) for more information on how to do so.]

6 DESIGN OF THE ACE SURVEY

The survey contains six sections:

- ▶ **Section 1** assesses basic demographic and descriptive information about the individual completing the survey;
- ▶ **Section 2** asks general questions about the respondent's previous experience with and involvement in programs and systems;
- ▶ **Section 3** includes ACE questions that are identical in content to the original ACE survey, with slight format changes to make it easier for respondents to understand the questions;
- ▶ **Section 4** includes optional Well-Being questions assessing factors promoting resilience in youth with histories of trauma;
- ▶ **Section 5** includes questions assessing basic demographics about the respondent's children.
- ▶ **Section 6** is the ACE survey for the respondent's children.

7 QUALIFICATIONS OF THE PERSON ADMINISTERING THE ACE SURVEY

The ACE survey should be administered in person by the individual's primary clinician or a staff person with whom the individual has a trusting relationship and who has some knowledge about the individual's life experience. Those administering the survey should have some experience administering surveys to individuals with histories of trauma. If the primary clinician does not administer the survey, he or she should be aware that it is being administered and approve administration by another person.

All staff administering the survey must participate in training on its use. The National Crittenton Foundation will provide webinar trainings on November 10th and November 17th at 2pm Eastern Standard Time. At least one person from each agency should participate in an orientation so they can train others in their organization to administer the survey. If you would like to access the recording for the webinar training, please contact Rebecca Robuck.

It is important for anyone who is administering the survey to understand the following:

- ▶ The ACE score is a guideline for the level of trauma one has experienced that can be a starting point for assessment, education, treatment and advocacy.
- ▶ The ACE survey is not a clinical assessment, diagnostic, or prognostic tool and as a result cannot be used to evaluate how well an intervention works.
- ▶ An ACE score cannot be undone and cannot be reduced.
- ▶ Individuals with the same ACE score could be functioning at very different levels, depending upon how resilient they are or what services/supports they have received. For example, a person with an ACE score of five might function and behave very different from a person with the same score.
- ▶ Intervention and treatment can increase an individual's resiliency; resiliency is key in order to reduce the impact that ACEs have on an individual's well-being.

8 LOCATION FOR ADMINISTERING THE ACE SURVEY

The survey should be administered 1:1 in a room free of distraction and in a space in which confidentiality can be guaranteed. The ACE survey should not be administered in a group setting. Group settings may be appropriate for education and discussion about ACEs, but administration should always be on a 1:1 basis. The room in which the survey is administered should have an Internet connected computer or tablet.

Agencies that are providing in-home services or services in rural areas where Internet connectivity is limited have the option of administering the survey via hard copy and entering the survey responses later into REDCap. In these cases, agency staff should enter the responses within a reasonable time frame, preferably within 24 hours of administering the survey, and ensure that those who are entering the data into REDCap have the training needed to minimize data entry errors.

9 TIMING OF THE ADMINISTRATION OF THE ACE SURVEY

The ACE survey can be administered at any point in the continuum of service delivery. Some agencies may wish to administer the survey as part of a more comprehensive assessment that is completed within the first weeks of a young person's involvement with a program, which provides an opportunity for early learning about trauma history. Other agencies may wish to wait until a young person has spent at least 30 days in a treatment program. Waiting until a young person has stabilized in the program may minimize underreporting of Adverse Childhood Experiences and maximize opportunities the young person to develop a more trusting relationship to the clinician administering the survey. Administration after 30 days of admission into a program is also appropriate.

It may also be desirable to administer the survey at multiple points along the continuum of a young person's involvement with the program, particularly as the young person develops more trusting relationships with clinicians and others in the agency.

10 ADMINISTERING THE ACE SURVEY: STEP-BY-STEP PROCESS

STEP 1: Describe the survey to respondents

The following talking points will help staff in describing the survey to their clients.

- ▶ We are collecting information today about your experiences to better understand the traumatic experiences that have happened to you and how these experiences may be impacting you.
- ▶ As an agency, we are committed to understanding how these experiences have affected you and your peers so we can improve the services we provide and show the importance of these programs in helping you and other young people just like you.
- ▶ The responses to the survey are private and no one outside of this agency will know your specific responses. Responses will be recorded on a secure website but your name will not be associated with the responses.
- ▶ The survey results will be combined with other survey results from individuals who are involved with this agency and similar agencies across the country. In order to learn from the responses that you and others have provided, we will share the results of the survey across these agencies. We will share the results in a way that does not allow individuals from outside of this agency to trace your responses back to you.
- ▶ After you finish the survey, we can talk about your responses together, and discuss ways these experiences may impact you. We can also discuss approaches to addressing these impacts.
- ▶ If you have trouble understanding any of your responses and what they mean for you, we encourage you to ask for help so together we can discuss what it means for your healing and recovery.

STEP 2: Explain the survey design

Explain to the respondent that the survey is broken into six parts. Sections One and Two ask for information that describes who they are and the systems/programs in which they are currently or have been involved. Section Three is more about their adverse childhood experiences, prior to age 18 and that this survey has been widely administered across the country in many healthcare and social service settings to help organizations understand and address the needs of the populations they serve. Section Four is an optional module, which asks about factors that promote resilience among traumatized youth. The final two sections, Five and Six, ask basic demographics about the respondent's child and include an ACE survey for the respondent's child.

STEP 3: Complete ACE Survey in REDCap

[NOTE: Most of this section has been deleted from the sample protocol because it contains information that is unique to the Crittenton ACE Study, including advice on how to input data into the database used by the Crittenton agencies and prompts that are provided in the database for each question on the survey.]

SIGNS THAT THE SURVEY ADMINISTRATION IS PRODUCING A TRAUMA OR TRIGGERING RESPONSE FROM AN INDIVIDUAL

As with the administration of any assessment or survey, the questions and answers may produce responses that range from mild anxiety to trauma triggers for a client. Reactions may include avoidance of the questions, refusal to answer questions or challenging the need to know the response to a question. Body language, such as turning away from the interviewer or confused facial reactions may also be a sign that the questions are producing some type of negative response from the individual.

Strategies to address these responses include the following:

- ▶ Slow down the administration of the survey to provide the respondent with an opportunity to catch their breath or talk about any of their responses
- ▶ Offer the client an opportunity to take a short break
- ▶ If the questions appear to be producing anxiety or triggers that compromise the trust and engagement process, stop the administration and offer the client an opportunity to go back to the survey at a future time or to opt out of taking the survey altogether.

If the survey is administered by someone with whom the client has begun to or already established a trusting relationship, this will help to reduce any negative experiences with the survey. The first administration of the survey by Crittenton agencies demonstrated that when clinicians use the power of their relationship with clients and create an open environment for sharing, the results can actually be healing and aid in recovery.

STEP 4: Download individual and aggregate responses from REDCap.

[NOTE: This section has been deleted from the Sample Protocol because it contains information that is unique to the Crittenton ACE Study, including how to create reports in the database used by Crittenton agencies and how to calculate an ACE score based on the way the questions were asked on the survey.]

STEP 5: Discuss survey responses with the respondent.

It's important to remind clients that you have recorded their responses in a database that collects this information and that others in the agency will use this information to help inform interventions and treatment, but that no one outside the agency will have access to their specific information. Some talking points for discussing the presence of adverse childhood experiences in survey responses include:

- ▶ Your responses to the questions on this survey are a reflection of some of the experiences you have had as a child but they do not define who you are.
- ▶ You are not to blame for your experiences as a child.
- ▶ You are not alone – this survey was developed because of the widespread incidence of trauma across communities, cultures, socioeconomic boundaries and genders.
- ▶ While you can't change the answers to these questions, you have a lot of strengths that will help you lessen the impact they have on your life.
- ▶ Your answers to the Adverse Childhood Experience survey reflect your past, not your future.
- ▶ *(For expectant and parenting teens)* You have an opportunity to change how your children will answer this survey in the future – your child doesn't have to have these same kinds of experiences.
- ▶ You have a right to talk about your responses to these questions in additional detail at any time. All the work we do together moving forward is designed help you heal and recover from these experiences.

SPECIAL CONSIDERATIONS FOR SHARING ACE SCORE WITH PREGNANT OR PARENTING TEENS

Administration of the survey to expectant or parenting teens provides a unique opportunity to dialogue with young women about how their involvement with your agency is an opportunity to help reduce ACEs for their children. Girls and young women should be encouraged to think positively about their future and how they can reduce ACEs for their children.

SPECIAL CONSIDERATIONS FOR DISCUSSING THE RESPONSES TO THE ACES WITH ALUMNI OF SERVICES

Administration of the ACE survey with alumni should also be completed face-to-face with clinicians or others with whom the women have a trusting relationship. Program alumni may not have had an opportunity to learn about the most recent research on trauma and adverse childhood experiences. While they cannot change their adverse childhood experiences, having them complete the survey with you can provide an opportunity to dialogue about their strengths and how they have used these strengths to heal and recover from these experiences. It also provides an opportunity for them to develop strategies to reduce ACE scores for the next generation.

It is critical that those who administer the survey to alumni also take the opportunity to brainstorm with them about community-based services that might be appropriate to help them deal with any residual impact of trauma or challenges they are having in their adult lives. Agency staff who administer the survey to alumni should encourage them to reach out to the agency if they need a referral for services in the future.

Agencies who continue to have contact with alumni are encouraged to consider how the ACE survey can help young women understand and put into context their past trauma. TNCF has administered the ACE survey with women who were formerly at Crittenton agencies and are now working with TNCF on developing programs and advocating on behalf of girls and young women in Washington, DC. These women have felt empowered by taking the ACE survey and claim that it is like “all the pieces of the puzzle of their life have come together.”

TOP 20 TIPS FOR ADMINISTERING THE ACE SURVEY IN YOUR AGENCY

Human services providers can administer the ACE survey to help individuals identify traumatic experiences in their past. In clinical settings, the results of the survey can be used as a starting point for effective treatment planning and to educate recipients of services about the impact of traumatic childhood experiences on their health and well-being. The ACE survey can also be used to open up dialogue about how current behavior may be linked to childhood experiences and can help individuals move past blaming themselves for the current challenges they face. Most importantly, understanding the impact of childhood adversity and knowing that they are not alone in these experiences can help individuals and their children heal and move forward in their lives with greater self-awareness and coping skills.

The results of the survey can also be used to educate community stakeholders, public systems partners, policymakers and funders about the profile of the populations served and how trauma manifests itself in the lives of those who have experienced it. This can be an important beginning for discussion about ways the community can come together to recognize trauma and contribute to the healing process.

Based on the experience of planning for and administering the survey at the Crittenton family of agencies, the National Crittenton Foundation offers the following tips for providers who are considering administering the ACE survey in their organizations.

Throughout this document, we refer to the following:

- ▶ **ACE SURVEY** – the questionnaire that individuals complete to understand the number of childhood adversities one has experienced.
- ▶ **ACE STUDY** – the original ACE study conducted by Kaiser Permanente and the Centers for Disease Control that found a link between childhood adversity and future social, emotional, and health risks.
- ▶ **ACE SCORE** – the number of childhood adversities one has experienced on a range of 0-10.

CLEARLY ARTICULATE THE PURPOSE FOR ADMINISTERING THE SURVEY

TIP #1 – Reinforce that the ACE survey is a snapshot of exposure to adverse childhood experiences, NOT an assessment

It's important for everyone in the agency, particularly survey administrators, to be able to clearly articulate why individuals are being asked to take the survey and how the results will be used. It's also essential that everyone understand that the ACE survey is not an assessment of an individual's functioning that can change over time. Rather, it asks about one's exposure to the nine common forms of adverse childhood experiences that can be used as the basis for further dialogue and understanding about how this exposure triggers trauma and impacts well-being.

TIP #2 – Remember that ACE scores don't change, but an individual's response to their adverse childhood experiences can

Once an individual has an ACE score, the score doesn't change. This is because the survey is a reflection of experiences that have already happened. The reason for knowing an ACE score is not to change it, but to help individuals understand their history as a foundation for healing and recovery.

REVIEW THE SURVEY QUESTIONS

TIP #3 – Collect additional demographic information to understand how ACE scores correlate with individual characteristics

In addition to the ten-question ACE survey, agencies might consider collecting demographic data to analyze the ACE scores by gender, race, age, geography, sexual orientation, immigration status, services used, referral sources, etc. The additional questions may vary depending upon the specific population the agency is targeting. For instance, The National Crittenton Foundation was interested in knowing how many of the respondents were pregnant or parenting. Agencies can use these results for program planning, community education, policy advocacy, etc.

In considering additional demographics, it's important to prioritize which information is the most critical to understanding the population and their ACE scores so the survey's administration is not overly cumbersome.

DEVELOP A SURVEY PROTOCOL

TIP #4 – Use a protocol to ensure consistency in administration

A survey protocol helps to ensure fidelity of the survey administration, including consistency across the agency in who administers the survey, how and where it is administered, expectations for sharing the results, and issues around maintaining confidentiality. The protocol also helps to ensure those who are administering the survey understand the purpose for administration and can communicate this to the individuals who are taking the survey. To see the protocol used by the Crittenton Family of Agencies, go to [page 7](#).

TIP #5 – Decide on target population or service setting

Agencies may decide to administer the survey to everyone the agency supports or to target a specific population (i.e., young parents) or a specific service setting (i.e., residential treatment). These decisions will vary depending upon what the agency is trying to accomplish, organizational capacity and the types of services provided.

TIP #6 – Decide on timing for administration of the survey

Timing of administration of the survey is also an important consideration. Some agencies may want to administer the survey at intake, while others may want to wait until individuals have been participating in a program for a certain period of time and have established a relationship with a clinician or other staff member.

TIP #7 – Ensure survey administrators have some understanding of trauma and the results of the original ACE study

Individuals who administer the ACE survey should have some background in trauma-informed services and understand the impact of trauma on social, emotional and physical health. They should also have some familiarity with the original ACE study, conducted by Kaiser Permanente and the Centers for Disease Control, which revealed the link between early childhood adversity and health, social and emotional well being. Numerous resources on the ACE study can be found at <http://www.cdc.gov/violenceprevention/acestudy/about.html>. This toolkit also includes a list of resources on ACE and more recent studies across the country.

TIP #8 – Conduct staff training on the use of the protocol

Staff training on the protocol and instructions for entering the data is important before the survey is administered. If staff is stationed outside of the agency, this training can be conducted via webinar, Skype, etc. Staff training may also include background on the original ACE study and findings, which can be found using the link in Tip #7 above.

DEVELOP A SYSTEM TO TRACK AND ANALYZE THE RESULTS

TIP #9 – If possible, use an electronic database to enter the data and track the results

Conducting the survey with individual service recipients has significant benefits, but having the ability to track and analyze the survey results across a population can make it an even more powerful experience. This information can be used to educate service providers and others both inside and outside the agency. Additionally, the use of an electronic database for tracking results can make the process for aggregating and analyzing the data much easier.

TIP #10 – Determine how the information will be captured

There are numerous ways to capture the survey information that will be influenced by technological capacity, staff resources, developmental or literacy issues, and space considerations. Each method has pros and cons, and options include:

- ▶ Ask individuals to take the survey on a laptop, desktop computer, iPad, or paper (with the survey administrator present to help clarify and troubleshoot)
- ▶ Ask survey administrators to read the questions and fill in the answers on a laptop, desktop computer, iPad or paper. It's important that those taking the survey be able to see the screen so it's clear that the administrator is actively filling in the individual's responses.
- ▶ Print out the survey and have the person taking the survey (or the administrator) respond on paper and then transfer the responses to the database once the survey is completed. While this method may increase the error rate, it may be the best option for providers that don't have iPads or secure computer spaces.

TIP #11 – Use unique identifiers to maintain confidentiality

To ensure confidentiality, it's important for agencies to have a system that allows for data sharing without any identifying information. The use of unique identifiers ensures that results can be tracked for each individual, and that they can also be shared without compromising confidentiality. If unique identifiers are used for other survey or data collection efforts, it's helpful to use those same identifiers for the ACE survey.

TIP #12 – Explore collaboration with a university or other research partner

For providers who are not accustomed to collecting and analyzing data, it may be worth exploring a partnership with researchers in your community, including doctoral students, professors, or researchers at partner organizations that may be interested in the ACE survey or similar data collection efforts. These partners can support you with development of the survey and protocol, assistance with choosing the right database, and analyzing the data. The National Crittenton Foundation has been fortunate to have the assistance of Dr. Roy Wade at Children's Hospital of Philadelphia, whose expertise on all phases of the second administration of the survey has been invaluable.

ENSURE THE EXPERIENCE IS POSITIVE FOR INDIVIDUALS

TIP #13 – Create a safe space for individuals to take the survey

It's important to find a quiet and non-threatening space to take the survey so individuals can carefully consider their responses and feel free to ask clarifying questions. Survey administrators should allow those taking the survey to take their time in responding and not rush them through the process.

TIP #14 – Develop a process to help those taking the survey work through any emotional responses

The Crittenton Family of Agencies has found that the survey does not trigger or re-traumatize individuals taking the survey. However, on rare occasions, they may have an emotional response to the questions and should be offered the opportunity

to take the survey at a later time. Emotional responses are not necessarily negative, as they can provide an opportunity for the survey administrator to discuss a specific reaction with the respondent and how it might relate to previous childhood experiences.

TIP #15 – Respect an individual’s decision to opt out of the survey

Some people may not want to take the survey. Agencies should respect this decision while also offering the individual an opportunity to take it at a later date.

TIP #16 – Don’t change survey responses

On some occasions, respondents may answer questions in a way that is inconsistent with a survey administrator’s understanding of their experiences and history. This may be because the respondent doesn’t trust or understand what agencies will do with the information; they aren’t ready to open up about what they have experienced; or they may have normalized adverse childhood experiences. Regardless of the reason, it’s important not to change the response, even if the change may seem a more accurate reflection of their history. This information can be used to inform the clinician about work that needs to be done to address these experiences.

TIP #17 – Offer opportunities to discuss the results of the survey when it is administered or at a later time

It is not imperative that individuals know their ACE score, but rather that they learn how adverse childhood experiences impact current functioning. The agency may consider offering educational workshops or group discussions about the ACE study findings so recipients of services have an opportunity to share the nature and impact of their traumatic experiences. Well-facilitated group dialogue that provides an understanding about the broader research implications can be an empowering experience for those healing from complex trauma.

USE THE RESULTS OF THE SURVEY TO EDUCATE INDIVIDUALS AND COMMUNITIES

TIP #18 – Consider educating parents about intergenerational cycles of trauma

For expectant or parenting individuals, a conversation about the ACE survey can open the door for further discussions about breaking the cycle of trauma for their children. Many parents are motivated to address their own trauma when they understand the positive impact it can have on their children. Agencies might even consider having parents take the survey on behalf of their children to understand their scores and think about how they can more consciously prevent adverse childhood experiences for their children.

TIP #19 - Engage community partners in discussions about the ACE study

The data agencies collect and analyze can be used to promote dialogue about trauma and adverse childhood experiences with schools, public child

welfare, juvenile justice or mental health systems, and other community-based organizations. These community education efforts can also be a starting point for strategy discussions on how to make organizations and systems more trauma informed and help identify any policies or practices that may re-traumatize individuals or communities.

TIP #20 – Use ACE survey data for proposals, policy advocacy, and more

Once agencies have administered the survey, collected the data, and analyzed the results, they have a tremendous tool to better describe the populations with whom they work and how trauma has impacted their lives and service needs. Most importantly, the data can help agencies describe how their services can help individuals heal and reduce adverse childhood experiences for future generations.

CASE STUDIES OF CRITTENTON AGENCIES

USING ACE DATA TO PROMOTE HEALING,
EDUCATE COMMUNITIES, AND ADVOCATE FOR CHANGE

Florence Crittenton Services

TOPEKA, KS



Florence Crittenton

Believe • Achieve • Empower

Florence Crittenton Services (FCS), located in Topeka, Kansas, is a multi-service agency that provides a continuum of services from residential treatment to community based mental and physical health programs. The agency employs trauma-informed, evidence based, gender-specific and mind/body connections approaches to supporting individuals and families. The goal of FCS is to provide opportunities and support to increase hope, relieve stress and help children and families achieve promising futures. Learn more about Florence Crittenton Services and their programs at www.flocritkansas.org.

For FCS, the decision to administer the Adverse Child Experiences (ACE) survey to the individuals and families they support was a natural fit. “When we first heard about the ACE Study it was a complete validation of our trauma informed approach,” says Dana Schoffelman, CEO of FCS. “As an organization that engages in discussions about trauma all the time, the ACEs has become another way for us to talk with our clients about the impact of childhood adversity on their current health and mental health and the process of healing from trauma.”

The ACEs is now a standard part of FCS’ intake process. The survey, administered by a case manager together with the standard intake packet that includes a battery of assessments, allows them to easily obtain information about the individuals and families with whom they work. They have chosen to administer the survey in their outpatient, residential, and shelter programs. The ACE survey is especially important in their community-based mental health program where they receive very little background information from referral sources.

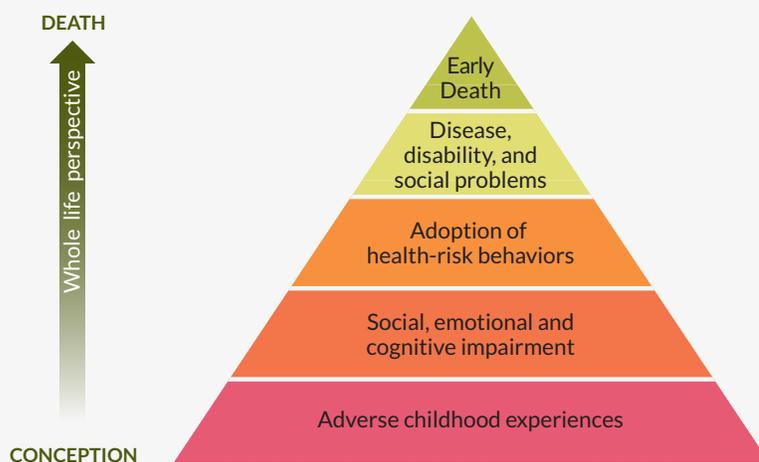
“When we first heard about the ACE Study it was a complete validation of our trauma informed approach. As an organization that engages in discussions about trauma all the time, the ACEs has become another way for us to talk with our clients about the impact of childhood adversity on their current health and mental health and the process of healing from trauma.”

DANA SCHOFFELMAN,
CEO OF FLORENCE
CRITTENTON SERVICES

For additional information about Florence Crittenton Services’ approach in implementing ACEs, contact Dana Schoffelman, CEO at 785.233.0516 or DanaS@flocritkansas.org.

FCS case managers find that parents, including foster and adoptive parents, crave information about the effects of trauma on their lives and the lives of their children. Using a two-generation approach in individual and family sessions, client responses from the ACE survey inform discussions about the impact of trauma, such as interrupted development, on the entire family. Clients walk through the doors feeling they have failed as parents. But by providing education to them about the impact of childhood adversity and the resulting trauma, staff is able to reframe the discussion from one of failure to a focus on opportunities for change. As a result, families are more open to pursuing avenues to buffer the effects of these adverse experiences on both generations.

FCS case managers do not share the ACE score with people who have taken the survey. Instead, they use the ACE Study pyramid, which shows the broad categories of health and mental health issues and risks that stem from exposure to various forms of childhood adversity that trigger trauma. They direct clients to the level of the pyramid that is most relevant to their experiences, e.g. health risk factors. Discussions about where they are on the pyramid can help validate a client’s experiences and behaviors and support them in seeing that they are not alone in their reactions to traumatic events. Explaining that the pyramid represents the experiences of millions of other individuals across the country can help to reduce the stigma and feelings of shame about their experiences. This can be a powerful starting point for self-healing and determining the right mix services and supports the agency needs to provide.



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

FCS is also committed to sharing the ACE findings with the broader community. In April 2015, they co-sponsored a conference attended by more than 300 individuals, including social workers, mental health and juvenile justice professionals, the human resources community and more. The guest speaker was Dr. Vincent Felitti, co-principal investigator of the original ACE Study. FCS hopes that the conference and other community forums will help to reduce the stigma of mental health issues and highlight ways to promote resilience for those who are healing from trauma caused by exposure to abuse, neglect and family/household dysfunction.

Crittenton Services

WHEELING, WV



Crittenton Services, Inc. is a gender responsive and trauma-focused agency with a multi-generation focus on programs that enrich the health of families, including young mothers and their children. Based in Wheeling, West Virginia, Crittenton provides a continuum of services, including outpatient community mental health, intensive family based, and residential treatment services and is a licensed child-care provider. For a full description of how they support children and families in West Virginia, see www.florencecrittenton.net/aboutUs.

For Crittenton Services, the decision to integrate the Adverse Childhood Experiences (ACE) survey into intake across their service delivery system has paid off in multiple ways. The ACE survey offers a simple way for clients to share information about childhood exposure to trauma with a simple “yes” or “no.” It also serves as a tool to start conversations about the traumatic experiences that can trigger trauma and can form the foundation for treatment planning. “It is part of our culture now, part of the fabric of our agency,” says Kathy Szafran, CEO of the agency.

The ACE survey is administered 1:1 with clients by Masters level clinicians in a private, comfortable setting, which may include their home, the community, or the therapists’ office. Depending on the client’s age, a mother, father, guardian or caregiver may be asked to complete the survey for the child. The survey is administered within 30 days of treatment, giving therapists the opportunity to form a relationship with the child and family.

*“It is part of our culture
now, part of the fabric of
our agency”*

KATHY SZAFRAN,
CEO OF CRITTENTON SERVICES



Crittenton Services has found that the experience of taking the ACE survey is less traumatizing than taking the full trauma history that is required by the agency or its funding sources. Completing the survey first enables them to tailor

the trauma assessments based on what they have learned from the survey. Therapists have observed that a significant number of clients don't see their experiences as being traumatic. Because the concepts of exposure to different forms of adversity are relatively easy to understand, it provides an opportunity to talk about individuals' reactions to adversity throughout treatment services. Moreover, it connects the dots between the experiences and how they may be contributing to their current physical and mental health needs and long term well being.

Prior to administering the ACE survey, Crittenton Services adopted the Attachment, Self-Regulation and Competency (ARC) framework as their treatment model. Crittenton knew that a majority of clients were living in generational poverty, and that there was a connection between poverty and trauma. Concerned that many of their clients were experiencing trauma but didn't fit specific categories of mental illness found in the Diagnostic and Statistical Manual of Mental Disorders (DSM), the ACE survey provided a way to take a snapshot of childhood adversity and the resulting trauma that complements other more clinical assessments they have in place. In short, they have found that ACE helps them to make more accurate diagnoses than can be determined by solely using the DSM and informs treatment planning along with other state and agency required assessments.

The use of the ACE has significant benefits for both therapists and families in improving the way supports and services are provided. For instance, when working with a 4 year old, staff learned through the administration of the ACE with her caregiver that she had an ACE score of 6, which is considered very high in terms of risk for future chronic disease and mental health issues. This young girl had been locked in the attic while her mother was doing drugs, physically abused by a relative, and more. Crittenton therapists say that the caregiver survey responses provided them with a much quicker understanding of the complex history of this young girl that allowed them to act in a targeted and intensive trauma focused manner to prioritize the creation of a healing environment. Based on the assessment process, Crittenton worked with the 4-year-old's caregiver to create a routine, structured, and caring environment that led to stability and a strong sense of safety.

In addition to supporting the effective assessment and treatment for individual clients and families, Crittenton Services has shared the agency's ACE data with local, state and federal policy makers. At the state level Crittenton has used the data, which demonstrates a very high ACE score throughout their service continuum, to advocate for a universal assessment process to assess trauma experiences across systems that serve children and families. The West Virginia Department of Health and Human Resources is currently in the process of developing such a tool that will be required for many of the individuals served by agencies such as Crittenton.

For additional information about Crittenton Services' approach in implementing ACEs, contact Kathy Szafran, CEO at (304) 242-7060 or KSzafran@crittentonservices.com.

Crittenton Services for Children and Families

SOUTHERN CA



Crittenton Services for Children and Families (Crittenton SoCal) is headquartered in Fullerton, CA and provides a continuum of gender and culturally responsive, trauma informed and developmentally appropriate mental health, family preservation, and family reunification services to families in various settings, including residential treatment, alternatives to detention, shelter care, foster care and adoption, transitional living, and in their own homes. Learn more about Crittenton SoCal's programs and other work at <http://crittentonsocal.org/about-us/>.

The ACE questionnaire is being administered at Crittenton SoCal in combination with a full battery of assessment tools in their residential, community based and wraparound programs. The administration of the survey is conducted on a 1:1 basis and in a private setting whenever possible. Most importantly, the ACE administration takes place only after individuals have established a trusting relationship with their therapist in the event that any of the questions are difficult or traumatic for clients to answer. Despite this precaution, therapists have found that the majority of clients do not have any difficulty completing the questionnaire and exhibit little to no re-traumatization associated with taking the ACE. Therapists do not share ACE scores with their clients, but instead use it to guide their treatment planning.



“ACE is a powerful tool to use with our community stakeholders. It can open a window to the effects of adversity and the impact of complex trauma so we can work with our partners more effectively to mitigate the lifelong negative consequences and support the increase of resiliency.”

JOYCE CAPELLE, CEO OF
CRITTENTON SOCAL

For additional information about Crittenton Services for Children and Families’ approach in implementing ACEs, contact Joyce Capelle, CEO at (714) 680-9000 or jcapelle@crittentonsocal.org.

Crittenton SoCal staff has observed that responses to the ACE questions often do not match the client history provided by the referring organizations, particularly for girls. This “underreporting” of exposure to childhood adversity and trauma history may be caused by a number of factors, including:

- ▶ Normalization or minimization of adverse experiences such as abuse and neglect because clients have experienced them repeatedly throughout their lives and think it is “no big deal”;
- ▶ Lack of awareness by clients that what they have experienced has actually caused them to be traumatized;
- ▶ Fear that if they acknowledge the incidents, such as neglect, addiction, or mental health issues in the home they won’t be able to return to their family; and
- ▶ Young people who are consistently in and out of the juvenile justice and child welfare systems, are weary of the surveys and assessments they have to take, and have become savvy at pretending they are “ok.”

Crittenton SoCal staff use the ACE survey results, along with other assessments, to create individualized treatment plans that address the unique experiences of each client. They also strategize with teachers and other adults who have consistent contact with the client so they can be more understanding and tolerant in addressing behaviors and learn strategies to support them. “ACE is a powerful tool to use with our community stakeholders,” says Joyce Capelle, CEO of Crittenton SoCal. “It can open a window to the effects of adversity and the impact of complex trauma so we can work with our partners more effectively to mitigate the lifelong negative consequences and support the increase of resiliency.”

Finally, Crittenton SoCal has educated the broader community and policy makers on the two or multiple generation implications of adverse childhood experiences on children and families. The simplicity of talking about complex trauma through the lens of an “ACE score” helps them to emphasize how a high ACE score can impact the brain of a child and prevent them from reaching critical developmental milestones. By talking about the impact of ACEs on child brain development and the negative neurological responses that children have to trauma, they can expose the reality of every day life for the youth with whom they work: both the challenge and the opportunity. Although committed to reducing the over-reliance on residential treatment, Crittenton believes that returning traumatized youth to their home or other community setting should occur with appropriate follow-up services to ensure ongoing support for their healing. Crittenton SoCal is committed to continuing to promote this dialogue to create a wider understanding and more compassionate response to the behavioral and emotional responses that young people exhibit because of the trauma in their families, schools and communities.

TESTIMONIALS

BEYOND ACE: MAKING A DIFFERENCE TWO-GENERATIONS AT A TIME

Cassandra, Katie, Lisette, and Tanya are all women who received services from Crittenton agencies at some point in their lives. Each learned about and took the ACE Questionnaire long after leaving the agencies. This is just a sampling of the thousands of women who have found how empowering it is to take the ACE survey, learn about the broader research that links high ACE

scores to poor outcomes, and become educated about how the trauma and healing process is manifested in their daily lives. Additionally, young parents find that learning about ACE helps motivate them to break the destructive cycles of exposure to childhood adversity to ensure that their children's experiences are different from theirs.



Cassandra
TENNESSEE

“The ACE information proved to me that I am a survivor and not a damaged person full of blame and shame.”

My journey in life began in April of 1983. I was born into a family with two older brothers and later would come two younger sisters. We all had different fathers and we were born to a mother who was addicted to drugs and alcohol. We lived a daily routine of physical, emotional and sexual abuse and unimaginable neglect and often found ourselves with no food to eat. Eventually, we ended up separated and bouncing back and forth between our mother, group homes and foster families.

At 11 years old, I was drinking, taking drugs and driving illegally and it is not an understatement to say my life was not important to me. In the end, through the love of my foster parents and the support provided through the Florence Crittenton agency, I began to heal, graduated from high school, and bought my first house when I was 22 years old. I looked back on my life and realized that without my experiences throughout childhood, I wouldn't be the person that I am

today. Still, I continued to try to understand why my siblings and I responded to life the way that we do – through a lens of chaos and insecurity. Even though I had come a long way, I had a sense that something was missing, and that I still couldn't put all the pieces together. As a mother, my desire for answers intensified.

Then, I was presented with ACE. After learning about the study, completing the questionnaire and seeing my score I knew that these were the answers I had been looking for. Now, knowing my score and the risk factors that are associated with it, it's easier for me to accept the ways that I respond to the world and to modify or control my responses. Today, I feel like I have the tools needed to move forward in my life and the ability to educate others on the ACE study. Where I am in my life and the person I have become makes sense in the context of my life experiences and my score. The ACE information proved to me that I am a survivor and not a damaged person full of blame and shame. Most importantly, I know it is in my power to take actions to protect my children from exposure to adverse experiences – I can stop the cycle that is my family legacy. Without a doubt, the ACE study has saved my life.



Katie
NORTH CAROLINA

“Finding out my ACE score was impactful because I shouldn't be here; the odds were stacked against me before I reached adulthood.”

Coming from a home that was dysfunctional and marked with extreme poverty, I had no positive parenting tools or role models and I was terrified of what kind of parent I would be. I can tell you forthrightly that I have made many mistakes in parenting my three sons. Over the course of the 14 years I have been parenting, I have grown tremendously and my sons have borne those growing pains as much as I have. I cannot accurately convey to anyone who hasn't been in a similar situation how most of those years were so focused on simply surviving that I had nothing left with which to thrive. And yet, I persevered and knew that my life stands for something and has such value that no one and nothing can keep me from my destiny.

Upon learning about the ACE study, I was intrigued to learn that there is a simple diagnostic tool being used to effectively gauge exposure to categories of childhood adversity that lead to trauma – all suffered before the age of 18. The research made intuitive sense to me: the higher the ACE score, the greater the risk of suffering a host of poor outcomes and ailments: under-education and under-employment, chronic disease, addiction, emotional impairment, exposure to violence, and much more. I was blown away to be a 9 out of 10 on the ACE survey. The only category that didn't apply, thankfully, was having an incarcerated parent.

I was also reminded that trauma is complex and varied and we all work through and heal differently. Finding out my ACE score was impactful because I realized that the odds are against me being here; the odds were stacked against me before I reached adulthood. Certainly, the chances of achieving my childhood dream of becoming a lawyer were nearly none, and yet I graduated from law school with my sons by my side in 2013. I am one of the lucky ones. This has

made me hugely curious to better understand how some of us channel our trauma as a catalyst for beating the odds while others become the odds.

I have apologized to my sons and have asked for their compassion and forgiveness. Harder still is forgiving myself and acknowledging that inside this 35 year old body still resides the little girl who was exposed to things she had no control over and no protection from. My journey is relating my story to that of my sons – of seeing the parallels that I have created and of healing myself so they too can heal. This is what keeps me going – when they are 18, I don't want their score to be a "9."



Lisette
MARYLAND

"I'm proud that I can see a difference in the ACE scores for my children."

I am the first generation in my family to be born in the United States. My mother came to the United States in 1983, and I was born in 1986. Settling in a new country is a challenge even when you have all the resources needed for a smooth transition. For us it was a difficult process and there was a lot dysfunction in our home. When I became pregnant at age 15 and lost the trust of my family, I felt I had become invisible to society and they no longer saw a girl with potential. I was a straight "A" student and then all of the sudden I was only a statistic of a soon to be high school dropout.

I condemned myself to be at the side of an abusive man who constantly gave me everything I did not deserve: domestic violence, loneliness, and fear. I no longer believed in me. I no longer had goals, not even when my little girl arrived did I think I could be a good mommy to her. But it only takes one person to believe. Luckily for me one person grew to be many and while my journey to self-empowerment and confidence has not always been easy – I am living proof that it's worth the work.

I was excited to learn more about what the ACE survey would reveal to me and to anyone who has experienced some kind of adversity and is working to heal from trauma. I was blown away to learn how certain experiences have such an impact on one's life. It was a little hard reading the questionnaire and having to re-live some of the experiences that had in some way shaped me. But, it made me realize how far I've come, and was also an eye opener as to why I felt and experienced some of the things I had lived through.

I want to say I was surprised to see how high my score was, but knowing that there were still some things in my life that hadn't been worked on, the score made it real and helped me acknowledge I was on a journey of healing. It also made me feel proud that my children haven't lived through some of the experiences that I have lived through and that there is a difference between the scores of my oldest child and the younger child – because I am now taking steps to improve their lives.

Today, I am happily married, a homeowner and on my way to getting my Masters Degree. Some people would say that a woman like me is an exception to the rule

because I survived and succeeded. But I would tell them that I am not, because there are millions of young women with high ACE scores like me, just waiting (even though they don't know it) for the insight that information like the ACE study can provide to deepen their understanding of themselves.



Tanya
SOUTH CAROLINA

“Before taking the ACE, I had never seen the things that I experienced at home during my childhood in a survey before. It was actually a relief to know that even people with money have high ACE scores.”

I was only 14 years old as I stood before the judge, but I was already accustomed to running away to escape the abuse that I lived with every day. It wasn't only my mother's physical abuse that caused me to flee. My childhood was taken when I was six. Stolen, not by a thief in the night, but by goblins masquerading as men. Looking at me on the sly. Knowing that I should be forbidden, but excusing all reason and taking my body anyway. The only thing that I felt gave me power was my ability to physically move my body and run away. But I ended up getting arrested for running away and spent a week in detention while waiting for someone to represent me. I was trying to escape the abuse and violence in my home and ended up being re-traumatized by the experience – handcuffed, shackled and strip-searched at 14. I was being punished for trying to stand up for myself.

More than two decades later my healing process continues. Today, through my work as an advocate working with young women I know that my experience continues to repeat itself around the country. Yet, I see a glimmer of hope now. Some of that hope comes from increased research and information that helps explain the behaviors, emotions and reactions of children and youth to the experiences we survived as children. The ACE Study is part of the body of knowledge that can bring secrets into the light.

I had never seen the things that I experienced at home during my childhood in a survey before. I was used to doing different personality type questionnaires so I was used to answering questions about myself, but to answer questions specific to the experiences that gave birth to my trauma was sobering and eye opening. I suspected before answering the questions that my score was pretty high. So there was no real surprise there.

For many years, prior to learning of the ACE study, I felt as if I was fighting a losing battle. I simply mean that I did not think that I would ever get out of my own way by letting go of self-sabotage so that my life could be better. I know now that the “self-sabotage” was actually a normal reaction to the abuse I experienced. While I keep working on stopping it, I now know that it is not my fault. The ACE information has given me insight – I now know that I sometimes revert to my childhood protective gear in my adult life, because I'm still learning to trust that there is an adult (me) that can take care of herself.

KEY RESOURCES ON ADVERSE CHILDHOOD EXPERIENCES (ACES)

RESOURCES FROM THE NATIONAL CRITTENTON FOUNDATION

Summary of Results: Crittenton Adverse Childhood Experiences (ACE) Pilot – Young Mothers (2012)

Summarizes the results of Crittenton's pilot data collection effort in 2012 with a specific focus on ACEs for young mothers.

<http://www.nationalcrittenton.org/wp-content/uploads/2015/03/ACEResults.pdf>

Summary of Results: Crittenton Adverse Childhood Experiences (ACE) Pilot – Girls in the Juvenile Justice System (2013)

Summarizes the results of Crittenton's pilot data collection effort in 2012 with a specific focus on ACEs for girls and young women involved in the juvenile justice system.

http://www.nationalcrittenton.org/wp-content/uploads/2015/03/ACEResults.JJ_.pdf

Summary of Results: Crittenton Adverse Childhood Experiences (ACE) Pilot – All Clients (2012)

Summarizes the purpose of and results of the Crittenton ACE pilot data collection effort in 2012, with a specific focus on ACEs for individuals in residential service settings.

<http://www.nationalcrittenton.org/wp-content/uploads/2015/03/3.25ACESummaryRES.pdf>

WEBSITES

ACES Too High

Comprehensive website on the science of ACEs and how non profit organizations, government agencies and communities are implementing trauma informed programs and practices based on the research.

<http://acestoohigh.com>

ACEs Connection

A social network aimed at accelerating a global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health, and reforming communities and institutions to help heal and develop resilience.

<http://www.acesconnection.com>

Centers for Disease Control and Prevention Website on the ACE Study

Includes information about and links to the original ACE Study, as well as new information and resources about ACEs and how the research is being applied.

<http://www.cdc.gov/violenceprevention/acestudy/>

Robert Wood Johnson Foundation Website on Adverse Childhood Experiences

Includes a number of resources on ACEs, including articles, profiles of leaders, videos, and infographics.

<http://www.rwjf.org/en/library/collections/aces.html>

Washington State Department of Health Website on Adverse Childhood Experiences

Provides a list of resources related to ACEs, including examples of initiatives in Washington State.

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthResources/AdverseChildhoodExperiences>

ARTICLES

Baglivio, M.T., Epps, N., et al. The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders (2014)

Examines the prevalence of ACEs among a group of juvenile offenders in Florida, and finds extremely high rates of ACEs compared to other populations.

<http://www.journalofjuvjustice.org/JOJJ0302/article01.htm>

Center for Youth Wellness, Data Report: A Hidden Crisis: Findings on Adverse Childhood Experiences in California (2014)

Examines the impact of ACEs in California through four years of data collected by the annual California Behavioral Risk Factor Surveillance System.

<https://app.box.com/s/nf7lw36bjr5kdfx4ct9>

National Survey of Child and Adolescent Well-Being (NSCAW), No. 20: Adverse Child Experiences in NSCAW (2013)

Summarizes an analysis of the NSCAW data that examined rates of ACEs among children who have been reported for maltreatment to the child welfare system. The analysis found that more than half of the children in the NSCAW II sample report four or more adverse childhood experiences.

http://www.acf.hhs.gov/sites/default/files/opre/aces_brief_final_7_23_13_2.pdf

The Philadelphia Urban ACE Study

The first study to examine the ACEs specifically in an urban setting.

<http://www.instituteforsafefamilies.org/philadelphia-urban-ace-study>

Wade, R., Shea, J.A., Rubin, D., & Wood, J. “Adverse Childhood Experiences of Low-Income Urban Youth” (2014)

Examines ACEs among young adults in Philadelphia who grew up in a low-income area, emphasizing the importance of gathering the youth perspective on these experiences.

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BOOKS

Donna Jackson Nakazawa, *Childhood Disrupted: How Your Biography Becomes Your Biology and How You Can Heal* (2015)

Describes the consequences of toxic stress caused by ACEs as well as the resilience research, which confirms that our bodies can heal if given the chance.