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Addressing Adverse Childhood Experiences (ACEs) in the School Setting

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Abstract

Adverse childhood experiences (ACEs) are traumas such as abuse, neglect, or household dysfunction which occurred between the ages of birth to eighteen years old (Felitti et al., 1998). Adverse childhood experiences have been analyzed in the past few decades in relation to stress, trauma, and development. Children can begin to fall behind in school as well as in life stages due to high levels of ACEs within their lives. This paper contains information about the impact ACEs can have on a person's health, development, and well-being. For students within a school, ACEs can be inhibiting them to focus on school, struggle socially, and develop unhealthy habits. Trauma-informed care has been recently added to school systems with positive influences for students, staff, and families.

Keywords: Adverse childhood experiences, ACEs, trauma, childhood abuse, household dysfunction, trauma-informed care

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Introduction

The word “trauma” creates a picture of despair, heartache, and damage. Typically when thinking of trauma, the society may view trauma as a physical harm where one can see the damage done. In recent years, the realization of what trauma is has changed. Trauma can impact not only a person’s physical health, yet it can damage an individual’s mental and emotional health as well. Researchers have been conducting studies on adverse childhood experiences (ACEs) (Felitti et al., 1998). ACEs are potentially traumatic events that can have negative, long-lasting effects on an individual’s health and well-being (Sacks, Murphey, & Moore, 2014). The potential long-term effects are discussed further in the paper to explain the harmful impact ACEs can have on an individual’s life. The effects of trauma may not be seen until years down the road and impact an individual’s in all aspects of their life.

The ACEs study was created by a team of researchers who were working towards understanding the relationship between health risk behaviors and exposure to adverse childhood experiences. Through a series of studies, the researchers found that there is a strong correlation between health risk behaviors and trauma experienced as a child which could unlock more knowledge about the human brain and body (Felitti et al., 1998). After the discovery of ACEs being connected to health related issues, more states began to conduct their own research in their states in order to discover their own ACEs prevalence. With the new found evidence (Sacks et al., 2014), states are beginning to wonder what can be done to prevent such health related issues? How can ACEs be less common in our state and community? Before states can take action towards preventing such an issue, researchers as well as the public need to understand what adverse childhood experiences are and how they impact the human body, mind, and soul. The

purpose of this capstone paper is to shine light on ACEs as well as the harmful impacts on children and begin to incorporate trauma-informed care into school systems.

Review of Literature

Adverse childhood experiences have been shockingly common among the general population across the Unites States. During the ACEs study conducted from 1995 to 1997, researchers surveyed more than 17,000 adults about any of nine childhood experiences and almost 70% of the participants reported to have experienced at least one ACE (Felitti et al., 1998). As more researchers began to conduct ACEs studies, the adverse childhood experiences broke down into two categories with the number of experiences condensing into eight. The first category is childhood abuse which includes physical, psychological, and sexual abuse. The second category is household dysfunction which includes substance abuse, member imprisoned, mental illness, adult violence, and parental separation or divorce. A case of childhood abuse refers to the child as the target, whereas household dysfunction refers to events among adults living in the same household (Gunmunson, Ryherd, Bougher, Downey, & Zhang, 2013). ACEs are traumatic events that can dramatically upset a child's sense of safety and well-being (Central, 2016). The silent epidemic of adverse childhood experiences happening in the United States which today's society is not aware of is frightening.

About half of children (46%) in the United States have experienced at least one adverse childhood experience with economic hardship being the most prevalent across states (Sacks et al., 2014). When families experience economic hardships, the implications to follow can be damaging to a child's body, mind, and sense of well-being. In a study in Wisconsin, researchers found that respondents with $25,000 or less annual income a year are twenty-seven percent less likely to report no ACEs and nearly twice are likely to report four or more ACEs (Children's

Trust, 2012). More than one in four children has been exposed to economic hardship before the age of five. The shocking findings do not stop there as research shows that one in five has experienced parental divorce or separation, one in ten has lived in a household where an adult has an alcohol or drug problem, and more than one in ten children across the United States has experienced three or more adverse childhood experiences before the age seventeen (Sacks et al., 2014).

With such alarming high statistics being reported across the United States, what would those statistics look like if one focused on the Midwest? For the purpose of this paper, the three states that were analyzed were Iowa, Wisconsin, and Minnesota. In Iowa, fifty-five percent of Iowa adults have experienced at least one ACE with childhood emotional abuse being the highest rated at twenty-eight percent (Gudmunson et al., 2013). In a study focusing only on children birth to age seventeen, Iowa had the highest ACE experience to be divorce (22%) with economic hardship to be a close second (22%). The 3rd highest ACE experienced in Iowa was alcohol abuse (13%) with mental illness (13%) and domestic violence (8%) to follow (Sacks et al., 2014). Iowa's numbers are not far behind the national data since economic hardship and divorce are common across the United States.

In addition to Iowa, Wisconsin and Minnesota's numbers are concerning as well. Specifically, Wisconsin reported that fifty-eight percent of their residents have experienced an ACE with twenty-one percent experiencing two ACEs, twenty-five percent experiencing three ACEs, and fifteen percent experiencing four or more ACEs (Children's Trust, 2012). Wisconsin noted that economic hardship increased the likelihood of individuals experiencing more ACEs than those who are more financially stable. In the National survey for children ages birth to seventeen, Wisconsin reported the highest level of economic hardship between the three states

with their number being twenty-five percent. Divorce was the second highest in their state being twenty percent prevalent with alcohol and mental health being ten percent and violence eight percent in their state (Sacks et al., 2014).

With Iowa and Wisconsin being close to national statistic, it comes as no shock that Minnesota has relatively the same statistics as its Midwest counterparts. Minnesota's statistics are as follows: economic hardship (22%), divorce (20%), alcohol (13%), and mental illness (9%) (Sacks et al., 2014). The state reported that nearly fifty-five percent of all Minnesotans have experienced one or more ACE in their childhood (Minnesota, 2013). Over half of the populations in each of these states have experienced an adverse childhood experience before the age of eighteen and those numbers are only growing.

Nearly 20 million children in the United States alone have been abused, neglect, and traumatized which opens those children up to problems such as anxiety, impulsivity, aggression, sleep problems, depression, respiratory and heart problems, vulnerability to substance abuse, antisocial and criminal behaviors and school failure (Plumb, Bush, & Kersevich, 2016). There has not been much light shed on the problem or impactful components of ACEs yet research is beginning to grow in recent years. There is a positive correlation between ACEs and difficulties across the lifespan which have been previously mentioned. With all those problems for children who have experienced ACEs slowly surfacing, researchers are struggling to get the information out the public about the serious issues connected to childhood trauma. As the research continues to become more widely known, schools may wonder what to do now that they are aware of the issue.

Types of Trauma

In order to understand how to prevent ACEs, one must understand the damaging effects of trauma throughout a child's life lifespan. Although ACEs focus on eight categories of types of trauma, the National Child Traumatic Stress Network Core Data set covers broader criteria of traumas which includes:

> (a) sexual abuse/maltreatment; (b) sexual assault/rape; (c) physical abuse/maltreatment; (d) physical assault; (e) emotional abuse/psychological mal-treatment; (f) neglect; (g) domestic violence; (h) war/terrorism/political violence inside the United States; (i) war/terrorism/political violence outside of the United States; (j) illness/medical trauma; (k) injury/accident; (l) natural disaster; (m) kidnapping; n) traumatic loss, separation, bereavement; (o) forced displace-ment; (p) impaired caregiver; (q) extreme personal/interpersonal violence (not reported elsewhere); (r) community violence (not reported elsewhere); (s) school violence; and (t) other trauma (any type of trauma not previously captured) (Pynoos et al., 2014, p.11).

Within their data collection, the degree or type of trauma as well as the multiple traumas were also taken into consideration when collecting their data. There are three types of trauma an individual can experience: acute, chronic, and complex. Acute trauma occurs during a single event such as a natural disaster or family member suicide. Chronic trauma occurs when there is repeated exposure to assaults on the mind or body such as repeated sexual abuse or domestic violence in a home. Complex trauma occurs when an individual is exposed to chronic trauma, generally by a primary caregiver, and the impact of expose happens over a long period of time (Plumb et al., 2016). The impact of trauma from an adverse childhood experience can damage the brain development which is different depending on the stage of development and the type of

trauma. When the trauma is accepted as real and the experience of the individual is validated, the effects are short-term and have few or no lasting detrimental impacts on an individual's well-being (Whitfield, 1998). The trauma are processed and expressed in a healthy way which helps the individual heal quickly and "bounce back" so to speak.

Trouble occurs for individuals when they or others deny or invalidate the impact trauma has on their lives. For example, when an adult in their lives diminishes the event such as sexual abuse or says it never happened, the individual will never be able to process about what happened to them or may not be able to heal completely from the adverse effects of chronic or complex trauma. In order to heal from trauma caused by adverse childhood experiences, the individual must be able to grieve the associated pain cause by the event. In order to grieve, the individual must remember the trauma well enough to name is properly such as "I was raped by my father." Remembering the trauma is the key to healing and resolving the adverse effects of trauma which may be difficult for most individuals (Whitfield, 1998). Extensive research has been done to link the exposure to traumatic events such as abuse, neglect, or household dysfunction and the growth of the brain (Plumb et al., 2016).

Toxic Stress and Development

When an individual experiences stress or feels threatened, the body responds by increasing the heart rate, blood pressure and muscle tone. Learning to cope with stress is a natural and important part of child brain development; however, the toxic stress induced by trauma can be harmful to a developing brain and body (Gudmunson et al., 2013). Toxic stress refers to strong, frequent, or prolonged activation of an individual's body stress management system (Central, 2016). As individuals grow and develop, their brains develop from the bottom up and the inside out. First part of our brain to develop is the "downstairs" which is responsible

for regulating breathing, heart rate, and other basic functions. The downstairs part of our brain provides the survival reaction to high levels of stress with a fight, flight, or freeze response (Central, 2016). The central nervous system, which includes the brain and spinal cord, can be affected directed by ACEs and is developing throughout childhood and into adulthood. The limbic system regulates functions such as emotional control, heartbeat, physical balance, as well as the fight, flight, or freeze response. If these parts of the brain are damaged during trauma, an individual will struggle with their body's stress response, social cues and language, ability to sleep, wake, breathe, and relax, as well as sexual behavior (Plumb et al., 2016).

Other critical parts of the brain that can be damaged during trauma are the mid-brain and cerebral cortex. The mid-brain develops between birth and age six and can impact an individual's motor function, coordination, and spatial awareness. The cerebral cortex is responsible for an individual's high functioning tasks such as synaptic pruning which begins at age three and is most active is growth at age six (Plumb et al., 2016). This part of the brain is connected to what is called the "upstairs" part of our brain that is responsible for higher functioning such as decision-making, setting priorities, and building relationships is not fully developed until age twenty-five (Central, 2016). If these parts of the brain are damaged, an individual will have difficulties in planning, problem-solving, use of language, and develop higher order of thinking (Plumb et al., 2016). The upstairs helps an individual to regulate the more impulsive, reactive downstairs part of our brain (Central, 2016).

During high levels of stress, the brain begins to function from the downstairs part of the brain causing an individual's body to react. When a child is experiencing an ACE which causes high levels of stress, the body begins to activate a prolonged stress state which can lead to disruptions in the brain development, increase stress-related diseases and cause cognitive

impairment. The more adverse experiences a child encounters during childhood, the greater likelihood of that child having developmental delays and health related issues such as heart disease, diabetes, substance abuse, and depression (Gudmunson et al, 2013).

The toxic stress experienced by children who have an ACE can wear on the body. Studies have shown that individuals who have had an adverse childhood experience or more increase their risk of developing health issues caused by stress. The more ACEs an individual encounters in their childhood, the higher their chances are for health-risk and complications such as heart attacks, kidney disease, diabetes, and more. If an individual has 3 or more ACES, their chances of developing a heart disease increases by 150% (Gudmunson et al., 2013). Stress alone can cause the body to attack itself and produce damage throughout the lifetime. When individuals experience stress or trauma, they can begin to develop unhealthy coping mechanisms which can later lead to health-risks as well.

Health-Related Issues

Exposure to ACEs is collected through a survey where individuals are asked to answer yes or no to ten questions related to the eight ACEs categories. If the individual can answer yes to a question, they are giving a point. At the end of the survey, individuals will add up their number of yes answers to receive an ACE score (Stevens, 2017). Please refer to Appendix B to see the variety of questions that are asked in an ACEs survey. ACEs research has shown a strong correlation between experiencing childhood trauma and health-risk for physical, mental, and social aspects. For example, the higher an individual's ACE score, the higher their risk for physical health-risk (Central, 2016). As that number of childhood trauma continues to grow, an individual's mental health increases at an alarming fast rate. When the score is four or more

ACEs, an individual is 2.5 times more likely to rate their mental health as “not good” (Central, 2016).

This may be related to the report of 2.5 times more likely to have limits in activities due to those physical, mental, and emotional problems linked to ACEs. These negative components are due to the biological and psycho-social factors such as negative role models, unhealthy coping habits, high levels of stress and so forth. A study was conducted to analyze health-related issues to the association of having an ACE score revealed a wide variety of health-risk behaviors and conditions (Chartier, Walker, & Naimark, 2010). Common risk-factors and poor health associated with ACEs were as follows: smoking, alcohol abuse, obesity, illicit drug use, injection drug use, multiple somatic symptoms, poor self-rated health, and high perceived risk of AIDS (Anda, Butchart, Felitti, & Brown, 2010). All the risk-factors could lead to serious health issues or possibly early death.

ACEs Pyramid

The ACEs study created a pyramid to explain how ACEs are strongly related to developing these risk factors and continue to impact an individual throughout their lifespan. Appendix A contains the ACEs Pyramid to give a visual representation of the various levels an individual may go through during their lifetime. At the bottom level, there is the adverse childhood experience. This experience may lead to disrupting the neurodevelopment of the brain which could lead to a variety of concerns for a growing child. The next level of the pyramid is social, emotional, and cognitive impairment where an individual can begin to fall behind developmental from their peers. As an individual continues to climb the pyramid, the next level is the adoption of health risk behaviors such as smoking. Smoking can lead to the fourth layer of disease, disability, and social problems which may push the individual to the final step on the

ACEs pyramid, premature death (Layne, Briggs, & Courtois, 2014). The sequence of layers may go as follows: adverse childhood experience, depression or anxiety, overeating, diabetes, heart attack, and premature death (Central, 2016).

If an individual began to escalate through the ACEs pyramid, they can begin to fall fast into serious health-risks. The problem with adverse childhood experiences is that they are often overlooked or ignored as a serious mental issue. Perhaps an individual is not showing any physical signs of trauma yet they are suffering mentally. ACEs have been associated with depressive disorders, anxiety, panic reactions, sleep disturbances, memory disturbances, and poor anger control (Anda et al., 2010). Depression is six time more likely to occur in individuals who have four or more ACEs throughout their childhood. Depression is one of the most common mental health disorders in the United States today (Central, 2016). Such mental health issues can impact a child's learning, social skills, and development.

As ACEs continue to go unnoticed or schools continue to be uneducated about them, children will continue to suffer the consequences of unresolved health issues due to adverse childhood experiences. In the past twenty years, ACEs studies have begun to pop up all over the United States as states begin to gain more interest in the topic (Sacks et al., 2014). Health-related issues sparked the interest of neuro-biologist as they began to study the effect of ACEs on the brain. This lead to the study of health concerns for the body which continued to stretch into mental health issues. Schools are beginning to develop their own studies and prepare their staff with the necessary tools to help children who have experienced ACEs. The silent cycle of trauma will not be stopped without interventions and best addressed by the educational system (Plumb et al., 2016). In order to decrease the long-lasting impact that ACEs can have on an individual, the

school system has to look at how they address children who may act out or shut down within a classroom.

Trauma-Informed Education

Children who are experiencing high levels of toxic stress due to an ACE or multiple ACEs are unable to achieve their full academic potential. Like stated previously, ACEs can change a child's brain chemistry and structure thus placing the child behind in emotional, mental, and physical health (Plumb et al., 2016). The child will begin to act out through behaviors or fall behind in their abilities to learn. This can be problematic in the school setting due to the inability to understand why a child is acting in a certain way or what is causing the child to fall behind academically. Research has been done to alter the question of "what's wrong with you?" to "what happened to you?" (Bloom & Sreedhar, 2008). By changing the way schools look at behaviors and learning delays for children who have encountered adverse childhood experiences, school personnel can begin to help and understand the child's actions and behaviors.

Trauma-informed education is important to incorporate into the school system to place preventative practices. Researchers have developed a curriculum to teach systems about the importance and improvements trauma-informed care can have for their clients (Strand, Abramovtiz, Layne, Robinson, & Way, 2012). The key concepts of the program are focused on learning about the impact that traumatic experiences have on an individual's: personal characteristics, life experiences, current circumstances, etc. Trauma can often generate secondary adversities, life changes, and be distressing on all aspects of a child's life. With traumatic experiences, children can react in a wide range of emotions and behaviors such as the fight, flight, or freeze response to trauma which was discussed earlier (Strand et al., 2012). If adverse

childhood experiences were understood or caught at an early age for individuals, schools could begin to re-teach or model for the children healthy coping mechanisms.

With the trauma-informed education system, school personnel would learn about the severe health complications that could emerge years after the trauma has occurred. In order to truly understand the need for trauma-informed education, school personnel would be shocked to learn about the strong correlation between health-risk and ACEs. As stated before, severe health concerns such as heart disease and depression are connected to having experiences one or more adverse childhood experiences before the age eighteen (Anda et al., 2010). The research surrounding trauma-informed care discusses the challenges associated with response and recovery from those ACEs as well as the damage that can be done (Strand et al., 2014).

Through the research surrounding trauma-informed education, school personnel need to be sensitive to the reality of traumatic experiences in the lives of most children and their families. By taking the trauma-informed approach to the school system, the environment will focus on healing from physical, psychological, and social injuries caused by those adverse childhood experiences (Bloom & Sreedhar, 2008). There are three pillars of trauma-informed care in which schools should begin to make the transition. Safety, connections, and managing emotions are the key pillars in healing from trauma (Bath, 2008). Schools must provide a safe and nurturing environment for students to learn and grow in where they can begin to regulate their body's high stress reaction. Children need to feel safe emotionally and physically which can take the shape through different forms. When creating a safe environment for learning, schools need to consider consistency, reliability, availability, honesty, and transparency (Bath, 2008). School personnel may be available at a wide variety of times for students as well as having consistent teachers and familiar faces throughout the day.

Trustworthiness and transparency have been discussed by other researchers in the field of trauma-informed care. Harris and Fallot (2001) molded the five primary trauma-informed care principles which elaborate on the importance of safety, transparency, choice, collaboration, and empowerment. Transparency considers the open discussion and decisions that are being made in regards to the student or students. By involving the students with the conversation, this begins to establish a trust between student and school personnel thus creating an emotionally and physically safe environment.

Once the safe environment has been created, all school personnel can begin to become positive role models for children within their school system. How are school personnel treating the children who they interact with each day? What message are they sending to children? When children experience trauma, they begin to associate adults with negative emotions they have developed such as hostility, suspicion, or avoidance. The goal for school personnel is to alter the student's outlook on emotions and begin to associate positive emotions with adults in their lives such as happiness, joy, or the feeling of security (Bath, 2008). These positive emotions can be accomplished through collaboration or partnership. School personnel can work with students in order to find a solution that works for all parties involved. Leveling the power differences can be done through practices such as restorative circles.

A restorative circle brings all parties together who are involved in a particular situation such as problem solving a classroom issue, student success team, or an emotional response to an event. The goal of a restorative circle is to gain an understanding and explore how the situation has affected those involved. What can be done to make things right or better? These circles are a good combination of listening and supporting one another involved in order to identify problems as well as solutions (O'Grady, 2017). With this type of practice, choice and empowerment are

giving to a student which is part of the five principles of trauma-informed care according to Harris and Fallot (2001). They are allowed to speak their mind without judgement, giving feedback from peers or school personnel, making those important connections with adults, and becoming empowered to handle situations on their own.

As children begin to become a part of the discussions, the third pillar of trauma informed care is managing emotions. This ties back to when the child is responding to events in a constant flight, fight, or freeze response. The individuals have not learned about healthy coping skills or how to manage stress or anger in a way that is helpful instead of hurtful. School personnel using trauma-informed education would be teaching and supporting children as they learn new ways of effectively managing their emotions and impulses (Bath, 2008). As they make strong connections with adults, they will start to learn how to self-regulate. This could be a topic of a restorative circle or a powerful discussion between a trusting adult and student. Numerous schools across the country have been beginning to educate their staff about ACEs and trauma-informed education (O'Grady, 2017). With high rates of improvements across the board, more schools and states need to become educated on trauma-informed care principles.

Discussion

The research behind the harmful, long-lasting effects of ACEs is concerning. The purpose of this capstone paper is to reveal and discuss what ACEs are and how states and schools can begin to prevent them. Hopefully by shedding light on the topic, schools and states will begin to put forth efforts such as trauma-informed care and restorative circles into practice in their school systems.

As the ACEs studies continue to pop up throughout the country, one may wonder how accurate the numbers and statistics. The ACEs survey that participants have been asked to fill out

is reliant of honest answers to questions concerning a variety of traumatic events. Do people answer honestly? Do they choose not to report certain topics? These are the types of questions which cannot be answered yet. With the statistics as high as they are, it would be tragic to learn about the number of unreported types of traumas. Fueled with the information society has gained through research, we, as a country, need to take a good look at how school systems prepare school personnel to handle children who have experienced trauma.

A possibility for schools would be to reach out to their students to fill out an ACEs survey. There has not been much research on administering the survey to students nor what age would be appropriate for the survey. If students answered honestly to the questions, would school counselor or administration be able to share children's ACE score with other school personnel? This could be beneficial in supplying the student with the best possible support or helping school personnel understand the student a little more. Perhaps parents could be asked to complete the survey for younger students or parents could consent to having their child take the survey with the counselor. If those scores could not be shared for individuals, the school score would be beneficial for staff to know and understand what kind of environment they, as a team, are creating and maintaining.

Training school personnel in trauma-informed care could alter the way students are approached to handle issue such as lack of motivation, emotional outburst, hostile attitudes, etc. The limitation for most schools is the lack of funds schools have in order to provide such training for all school personnel. If training cannot be provided, it may be interesting for staff to take the ACEs survey which is available to anyone at https://acestoohigh.com/. What kind of ACE score does the staff has as a whole? Perhaps one person can attend the training and begin by educating the staff about what ACEs are and how it impacts an individual. As school personnel begins to

understand this new approach to students, they are also learning more about themselves and can make connections to the trauma-informed principles.

In the future, school counselors would be the most likely to gain the training of trauma-informed care. It may not be something the school is interested in participating in at first, yet school counselors could present the information about ACEs at a school board meeting or staff development day. The knowledge of ACEs is not only meant for those in counseling, social work, or helping professions. Trauma-informed care could transform a school within the way school personnel interacts with students, teaches in classrooms, or approaches difficult situations like disruptive behaviors. The school counselor is only one person yet each school staff member can make an impactful difference on the life of a child by taking on trauma-informed principles.

With research only beginning to surface in the last few decades, it is hard to know the long-term effects of trauma-informed care. Future school counselor can begin to collect data on the amount of discipline actions that are taken each year, amount of students coming to their office, or amount of teachers coming to their office with issues. From there, school counselors can implement a trauma-informed development day or begin by asking administration or teachers to try restorative circles and see what happens. Once school counselors begin to collect data for the amount of trauma within the walls of their own school and provide the harmful effects of trauma on a development body, the data will speak for itself. This new information may reveal the need for more mental health services to be connected to the school or the need for a powerful change which is trauma-informed care.

Author's Note

As a new school counselor about to enter the field, I believe this topic is extremely important to know about since it can impact numerous students in different ways. For me, it would be extremely important to educate my fellow co-workers about the impact of trauma. It can affect a child's mood, learning, behaviors, and health. As a school counselor, all of those areas are of great importance to me. In a school setting, children need to feel safe, feel comfortable to reach out to an adult in the building, and most of all, feel ready to learn. If a child is dealing with a trauma outside of the walls that no one is area of and they are struggling to even be in school, I want all staff to understand their impact on those children.

Even though all staff may not know about the trauma in a child's life, why not consider approaching children with a high level of sensivity and awareness; as if they have experienced trauma? It is common for information about a child's home life, experiences, etc. to be kept confidential from staff members. For this reason, I feel like it is important for staff members to be educated in trauma-informed care. This is where we change the message from what is wrong with you to what has happened to you, and how can we help? This will begin to create a safe, positive learning environment where students are giving freedom in their choices, make connections with positive adults in the building, learn healthy coping strategies and develop self-regulation of their emotions. My hope is to continue to expand my knowledge of ACEs and connect with the community and families to educate beyond the walls of the school. Together as a community, the school and families can begin to support and create healthy, positive students to reach for their full potential.

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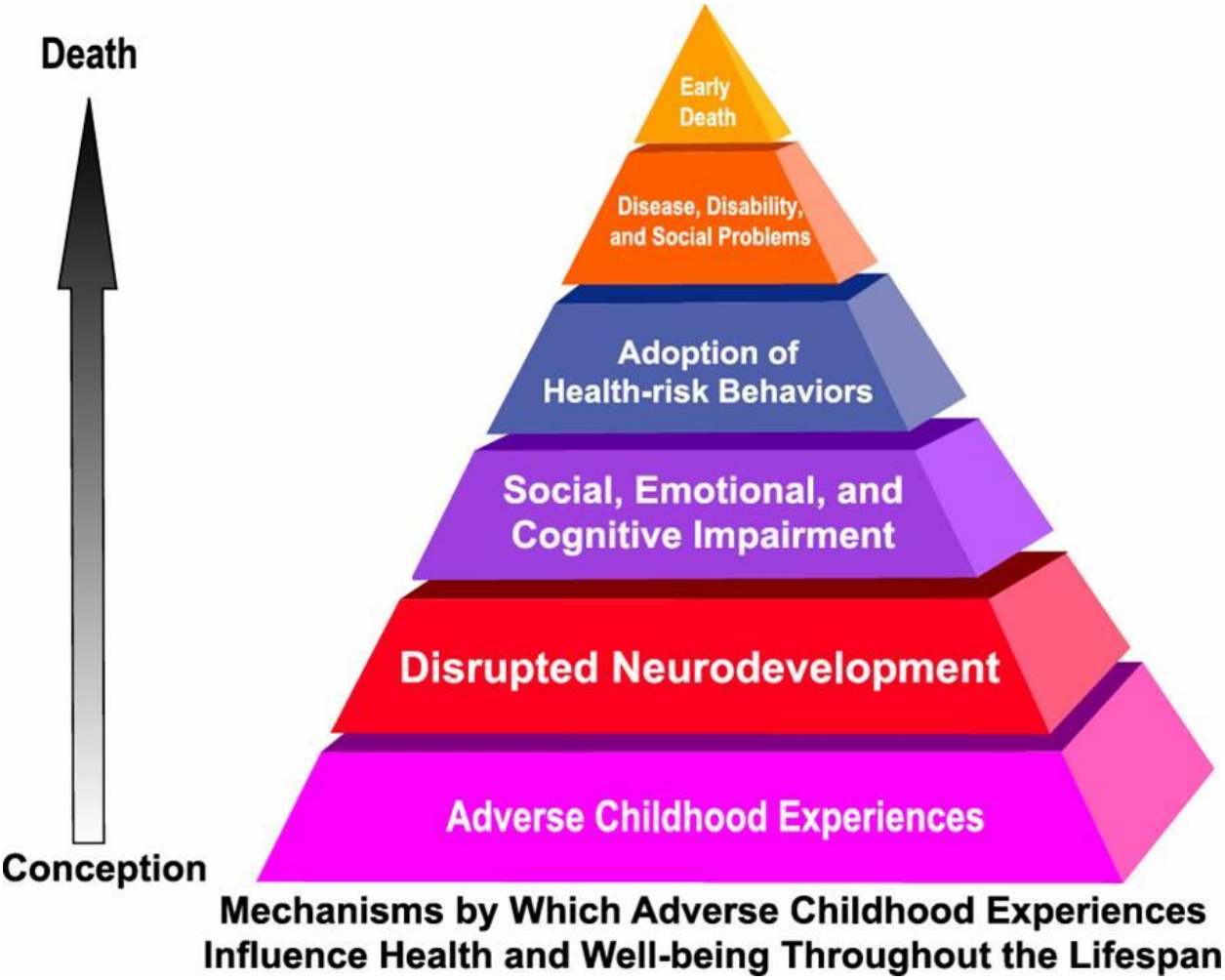
Appendix A

ACEs Pyramid



Appendix B

ACEs Survey

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
   No___If Yes, enter 1 __
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
   No___If Yes, enter 1 __
3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
   No___If Yes, enter 1 __
4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
   No___If Yes, enter 1 __
5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   No___If Yes, enter 1 __
6. Were your parents ever separated or divorced?
   No___If Yes, enter 1 __
7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   No___If Yes, enter 1 __
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
   No___If Yes, enter 1 __
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? No___If Yes, enter 1 __
10. Did a household member go to prison?
    No___If Yes, enter 1 __

Now add up your "Yes" answers: _ This is your ACE Score