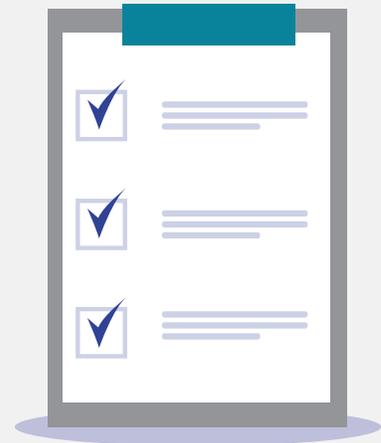


What Are **ACEs**? *A Guide For Judges*

Adverse Childhood Experiences (**ACEs**)

ACEs are disruptions to the promotion of safe, stable, and nurturing family relationships and are characterized by stressful or traumatic events that occur during an individual's first 18 years of life.ⁱ

Research consistently indicates that limiting ACEs is central to healthy child development and wellness across an individual's lifespan.



What is an ACE score?

An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a rough childhood.

A majority of Americans have at least one or more ACEsⁱⁱ

Every 2 out of 3 children

experience 1 or more traumatic events before the age of 16.ⁱⁱⁱ



Girls are more likely to

experience traumatic events than boys, especially in the African American population.^{iv}



Lower Income

Are socioeconomically disadvantaged, with a lack of education

Are likely to have



and tend to develop



negative health outcomes



ACEs

CATEGORIES



ABUSE

Emotional Abuse

The child is frequently sworn at, insulted, put down, humiliated, or made them fearful of being physically hurt.

Physical Abuse

An adult living in the household frequently pushes, grabs, slaps, or throws things at the child, or hits them to become injured.

Sexual Abuse

A person at least 5 years older than the child touches or fondles the child in a sexual manner, or attempts to have, or has, sexual intercourse with the child.

HOUSEHOLD CHALLENGES

Domestic Violence

A family member is being pushed, grabbed, slapped, kicked, bitten, hit with a fist, or threatened with a gun or knife.

Substance Use

A household member misuses alcohol or uses street drugs.

Mental Illness

A household member is depressed, mentally ill, or has attempted suicide.

Parental Separation or Divorce

or the child lost a biological parent through divorce, abandonment, or another reason.

Incarceration

A household member went to prison.

NEGLECT

Emotional Neglect

The child's feelings are ignored, or their family does not look out for each other, make them feel close, or supported.

Physical Neglect

The child does not have enough to eat, has to wear dirty clothes, and has no one to take them to the doctor if needed. An adult is too under the influence to care for the child.



Association Between ACEs & Health Outcomes

Undermining

a child's sense of safety and stability and exacerbate levels of toxic stress can harm aspects of the nervous, endocrine, and immune systems and lead to disrupted neurodevelopment across the lifespan.^{vi}

Susceptibility to Mental Health Challenges

Childhood trauma and household challenges correlate to lifetime depression, anxiety, and post-traumatic stress

disorder. Approx. 2/3 of suicide attempts are attributable to exposure to forms of trauma encompassed in ACEs.^{vii}

Disruption and Absence of Intervention

lead to social, emotional, and cognitive impairment, and the adoption of health risk behaviors (e.g. smoking, drug use, disordered eating, unsafe sexual behaviors – often adopted as coping mechanisms).^{vi}

Likelihood for Diminished life Opportunities

Socioeconomic indicators (e.g. educational attainment, employment, and income) are often interconnected and serve as determinants to subsequent life opportunities, which impact a person's health and quality of life.^{iv}

A Guide For Judges

Judges can play a crucial role to mitigate re-traumatization within the carceral system while delivering trauma-sensitive interventions through their courts.

3 MAJOR POINTS:

What could an ACEs aware court look like?

1. Screening of all individuals for ACEs

- Using the ACE questionnaire
- Providing person-centered interventions once ACEs are indicated and working with the individual/family on solutions that aim for the best possible outcome. Once a score is determined, 4 or more is considered serious, a person-centered interventions is imperative - working with that individual or family on solutions that may help them have the best outcome



2. Not only focusing on the negative

using strength-based, protective questions which can contribute to resilience and can be interspersed with questions about adversity. Including strength-based questions contributes toward better solutions in many ways:

1. It allows the person responding to feel recognized for more than just negative events and problems in their life.
2. It gives a fuller, more accurate picture of the situation, opening more solution options, increasing a sense of manageability, and decreasing the chances of “armoring” by workers faced with client problems that seem insurmountable.
3. It increases the likelihood that the strengths can be used during the service delivery process, providing a source of further skill development for the child that can play a role in increasing positive outcomes.



Protective questions include:

- “In your childhood, was there a person or persons in your family who took a positive interest in you?”
- “Did some people in your family look out for and support each other sometimes?”
- “Were there some things as a family you enjoyed doing together?”
- “In your childhood was there a person or persons outside the family who supported you? Motivated you? Seemed to appreciate your strengths?”

3. Operating with a trauma-informed lens

- Realizing that trauma has a widespread impact on individuals, families, groups, organizations, and communities and has an understanding of paths to recovery;
- Ability to recognize the signs and symptoms of trauma in clients, staff, and others in the system;
- Integration of trauma knowledge into policies, programs, and practices

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