VICTIMFOCUS FACTSHEET

Debunking Adverse Childhood Experiences (ACEs)

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What are Adverse Childhood Experiences (ACEs)?

Adverse childhood experiences (ACEs) are stressful, often traumatic events that occur in childhood which impact on an individual's health later in life. Within many organisations and systems within society an ACEs scoring tool is used to indicate the impact of an individual's childhood experiences on their health. It can also determine the support or interventions that they may receive amidst other factors which we will discuss later on in this factsheet.

The ACES scoring tool incorporates 10 statements presented as adverse experiences one may be subjected to during childhood. These include types of verbal abuse, types of physical abuse, parental separation/divorce, a mother/step mother being subjected to domestic abuse, members of a household being mentally ill and household substance abuse. If someone has been subjected to an experience they score 1. Hence, a score of 0 would indicate the individual had not been subjected to this type of experience listed in a statement. The scores are then added up to provide an individual's overall ACE score. A score of 4 or higher means the individual is at high risk of mental health and physical problems.

Where does the theory on ACEs come from?

Dr Felitti and Dr Anda in 1998 conducted the ACEs study, this was a collaborative piece of research between the U.S. Centers for Disease Control and Prevention and Kaiser Permanente. The research explored stressful events in childhood and their relationship to mortality risk factors. They found that the coping strategies used by many who had been subjected to adverse childhood experiences often led to health issues and sometimes death. For example, coping strategies as a result of trauma may include smoking, drinking alcohol and eating.

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> ***"An essential question posed by our observations is, "Exactly how are adverse childhood experiences linked to health risk behaviors and adult diseases?" The linking mechanisms appear to center on behaviors such as smoking, alcohol or drug abuse, overeating, or sexual behaviors that may be consciously or unconsciously used because they have immediate pharmacological or psychological benefit as coping devices in the face of the stress of abuse, domestic violence, or other forms of family and household dysfunction"***
>
> *Felitti, et al, 1998*

How are ACEs being applied and misused?

The questionnaire within the original ACEs study (1998) is being used as a scoring tool to assess individuals. It is being used in a variety of arenas such as public health, policy, clinical work. ACEs are even being used to inform employers decision making about potential employees and in some countries, such as Australia and New Zealand, ACEs are used to guide insurance and mortgage decision making.

A score over 4 is indicative that the individual is at more a risk of health-related problems. Services are using these scoring tools to predict and guide decisions such as determining what support options or interventions may be available for the individual or whether an employer feels the applicant for a job would be a 'risk' to employ due to the predictions of bad health issues as a result of their ACEs.

Furthermore, some schools are now using ACE scores and risk stigmatising children. Pondiscio (2020) states "careful practitioners will want to be mindful of the important cautions raised by Anda and his colleagues and ask informed questions if and when we are encouraged to view individual students through the lens of their ACE score."

> ***"it leads us to label certain families—particularly working-class families—as unable to deal with children's emotions and invites schools to intrude ever further into children's lives."***
> *U.K. teacher and author David Didau cited in Pondiscio, 2020*
>
> ***"it's been adapted for uses it was never intended for."***
> *Anda cited in Pondiscio, 2020*

Are ACEs trauma informed?

ACEs and their scoring tools are being used incorrectly and being portrayed as trauma informed. ACEs are not trauma informed, they are in fact deficit based and we should not be using them to predict outcomes for individuals or to determine what a person can or cannot access.

One of the original authors identifies that the ACEs study does not account for and cannot assess the "frequency, intensity, or chronicity of exposure to an ACE or account for sex differences or differences in the timing of exposure" (Anda et al, 2020, p293).

> ***"A person with an ACE score of 1 may have experienced intense, chronic, and unrelenting exposure to a single type of abuse, whereas another person who has experienced low-level exposure (intensity, frequency, and chronicity) to multiple adversities will have a higher ACE score"***
>
> *(Anda et al, 2020)*

The original ACEs study did not link the trauma of the childhood experiences to the health-related risks but in fact, linked the coping strategies as a result of the trauma that then would increase health-related risks. Other reasons why the use of ACES scoring tools is deficit based includes:

- Predicting negative outcomes of a child as a result of their ACE score completely eradicates any possibility for growth, development and potential of a child who has been subjected to trauma. There is currently nothing strengths based about this frame of thinking provoked by applying the ACES scoring tools and assessments.
- There are only 10 items on the ACEs questionnaire – this misses out many, many other forms of trauma and adverse experiences a child may have been subjected to.
- You cannot score and predict outcomes of trauma. Everyone responds to trauma individually and will use their own unique coping strategies. This does not stay static throughout the lifespan.
- The ACEs questionnaire in the original study was never meant to be an assessment tool. Any screening tool should go through rigorous testing, using many participants and tested over a long period of time – sometimes years! The use of the ACES measure was never promoted by the original authors.

Is it true that my ACE score can predict my chances of health issues?

ACEs cannot calculate or predict your future, including the future of your health. ACEs were never intended to be used as a tool to calculate predictions. How can we calculate the trauma of a child based on an incomplete list of traumas and how can we measure trauma and its impact when every person responds to trauma individually? Furthermore, predicting an outcome of a child's life eliminates their ability to change, strengths and potential. We have to remember the study was looking at coping strategies not the adverse experience in itself.

> ***"projecting the risk of health or social outcomes based on any individuals ACE score… can lead to significant underestimation or overestimated of actual risk"***
>
> *(Anda et al, 2020)*

We must also realise that a person with an *"ACE score of 1 may have experienced intense, chronic and unrelenting exposure to a single type of abuse"* (Anda et al, 2020). Therefore, demonstrating that the overall ACE score does not account for the individuals experience of trauma and its individualized impact. It might be the person with the ACE score of 1 engages in coping strategies that lead to health issues whereas, the person with an ACE score of 6 engages in alternative coping strategies which do not lead to health issues.

Assumptions regarding *'individual risk for health outcomes'* should not be *'based upon an ACE score'* (Anda et al, 2020).

Is it true that people with an ACE score over 4 are more likely to become involved in criminal behaviour and bad lifestyles?

The information around ACEs are not only being used incorrectly but are also fabricating further narratives around the result of adverse childhood experiences. For example, we see in a well-known educational tool used with many professionals how fabricated narratives are being applied to understanding ACES and the consequences. One of these educational tools show that the future of a child who has ACES leading them to criminal behaviours and getting a 16-year-old pregnant – none of which was ever discussed in the original ACES study.

There are plenty of well established and successful adults who have been subjected to a variety of adverse childhood experiences.

- 51% of social workers have their own childhood traumas (Conrad & Kellar-Guenthar, 2006)

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> ***The authors discussed primary, secondary and tertiary public health strategies without ever promoting the use of their measure for identifying people"***
>
> *(Kelly-Irving and Delpierre, 2019)*

Has anyone spoken out about the use of ACES?

One of the original authors, Anda in 2020, brought out an article highlighting that ACEs are being used inappropriately as screening tools. Anda et al argue various points, some of which are highlighted in the box below.

- ***The ACE score is not a standardized measure of childhood exposure to the biology of stress.***
- ***The ACE score is neither a diagnostic tool nor is it predictive at the individual level.***
- ***The ACE score is not suitable for screening individuals and assigning risk for use in decision making about need for services or treatment.***
- ***ACE scores are being misappropriated as a screening or diagnostic tool to infer individual client risk and misapplied in treatment algorithms that inappropriately assign population-based risk for health outcomes from epidemiologic studies to individuals.***
- ***Programs that promote the use of ACE scores in screening and treating individuals should receive the same rigorous and systematic review of the evidence of their effectiveness.***

Additionally, there are others are beginning to question the use of ACEs. Kelly-Irving & Delpierre (2019) state "it is an insufficient and ill-adapted tool for implementation by social workers, medical practitioners, child protection workers, and likely to stigmatise families and children."

Conclusion

The ACEs tool is not fit for purpose as a screening or assessment tool, this is not what the original study intended it to be nor was it tested to be such a tool. It is deficit-based practice to use ACEs in this predictive and calculating manner with regards to a child's life and future.

It is also important to note that there are many who have been subjected to various adverse experiences and traumas within their childhood but yet have become successful individuals in society. Furthermore, why do so many individuals who have been subjected to various childhood traumas go onto achieving high levels in education, careers in professions such as safeguarding, psychology, therapy, teaching, policing, etc. Consequently, demonstrating that if you have a high ACE score this does not mean your future is doomed in the way that is implied through the misuse of the original study.

Therefore, not only is the ACEs tool being incorrectly applied but it also cannot predict the future of an individual who has been subjected to adverse childhood experiences.

What should we use instead of the ACEs scoring tool?

Most of us came into the professions we do because we believed in the power of change, strengths and ability for brighter futures despite what adverse experiences someone has been through in their childhood. Deficit models like the ACEs work against this and perceive individuals as damaged for life with affected futures. Instead of using the ACEs tool we should be working from strengths based and trauma informed approaches. This means that we would see the individual's trauma responses and coping mechanisms as rational, valid, understandable, common, justified and natural. You would work with them to empower them, help rebuild them and enable them to grow and thrive. You would bring hope to their present and their future. A professional's best tools are:

- Listening and talking to them about trauma
- Showing care, empathy and compassion
- Providing a safe space to work within
- Believing children and enabling them to have a voice
- Working with them to realise and utilise their strengths

Further Reading

For further reading we encourage you to look at the original study and the article published by Anda et al more recently, you can find these both online.

Felitti, V.J and Anda, R.F. et al, 1998. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. 14(4) pp245-258.

Anda et al, 2020. Inside the Adverse Childhood Experience Score: Strengths, Limitations, and Misapplications. American Journal of Preventive Medicine. 59(2) pp293–295.

Additionally, you may want to explore other work challenging ACES such as Professor Sue White and the organisation 'Drop the Disorder.'

Sources of support

Samaritans provides confidential, non-judgemental emotional support for people experiencing feelings of distress or despair, including those that could lead to suicide. You can phone, email, write a letter or in most cases talk to someone face to face.

Telephone: 116 123 (24 hours a day, free to call) Email: jo@samaritans.org Website: https://www.samaritans.org

Shout is the UK's first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help.

Text: 85258 Website: https://www.giveusashout.org/