

# THE TRUTH ABOUT ACEs

## WHAT ARE THEY?

ACEs are  
ADVERSE  
CHILDHOOD  
EXPERIENCES

The three types of ACEs include

### ABUSE



Physical



Emotional



Sexual

### NEGLECT



Physical

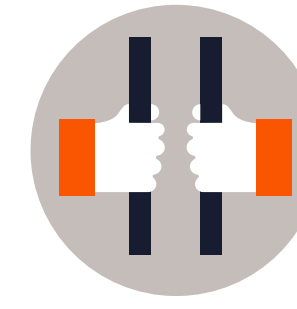


Emotional

### HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

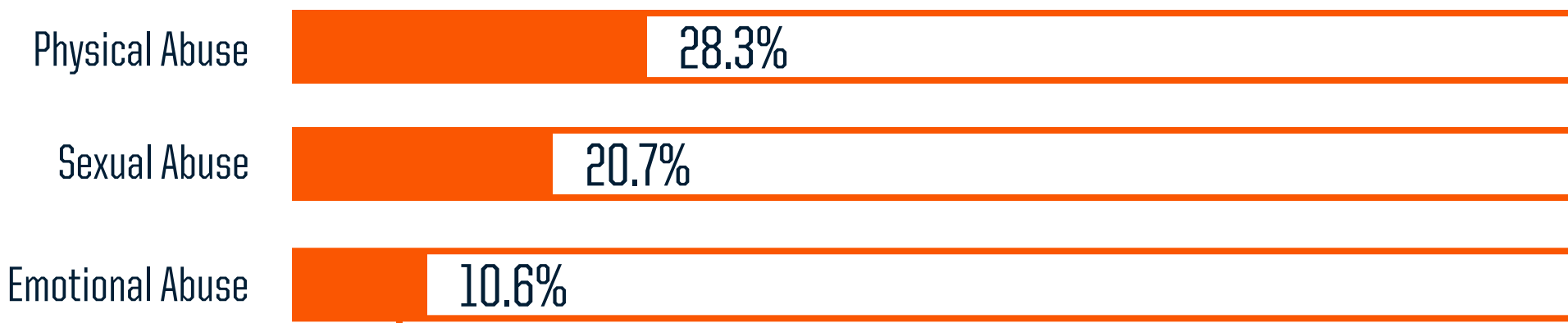


Divorce

## HOW PREVALENT ARE ACEs?

The ACE study\* revealed the following estimates:

### ABUSE

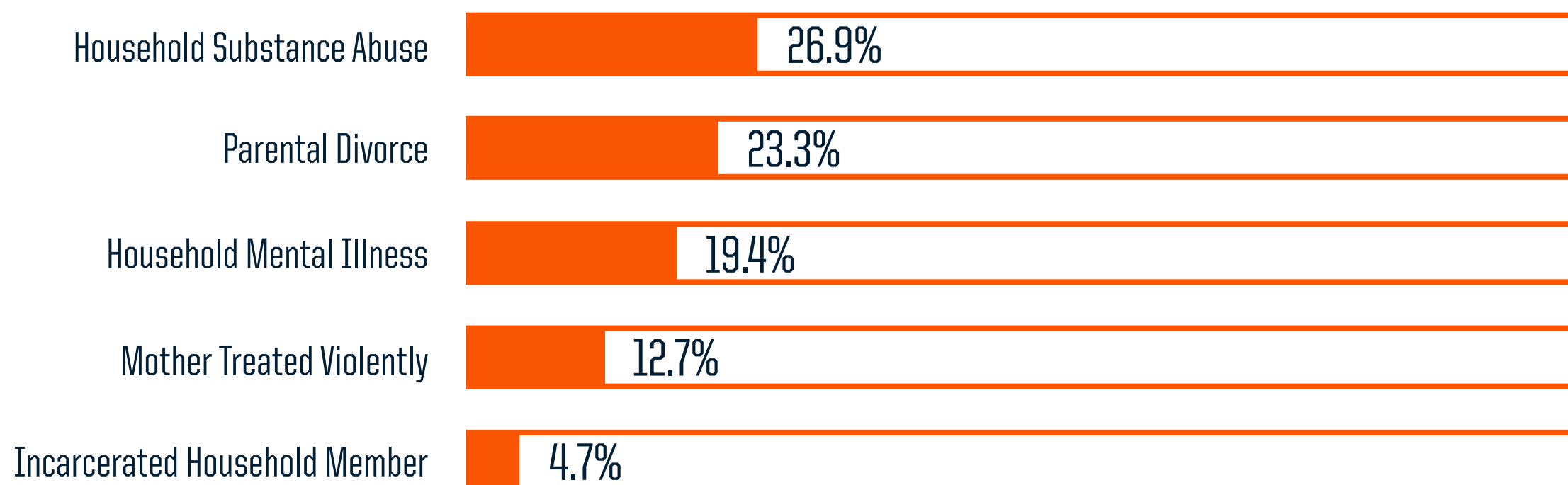


percentage of study participants that experienced a specific ACE

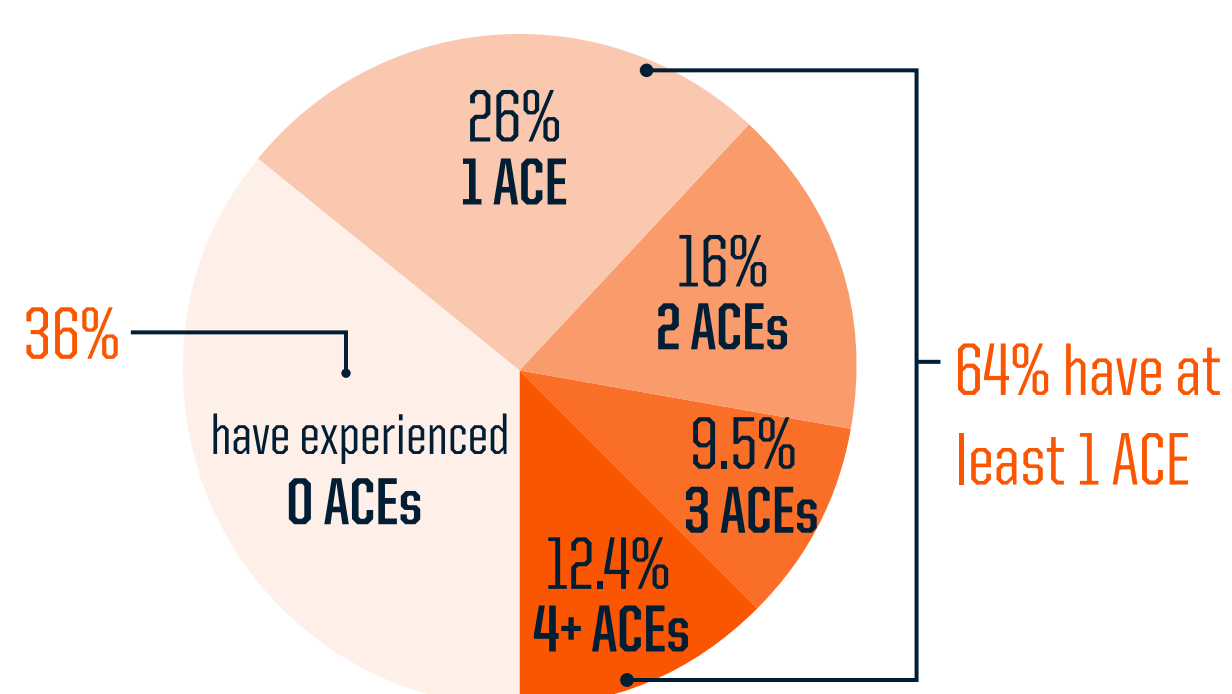
### NEGLECT



### HOUSEHOLD DYSFUNCTION

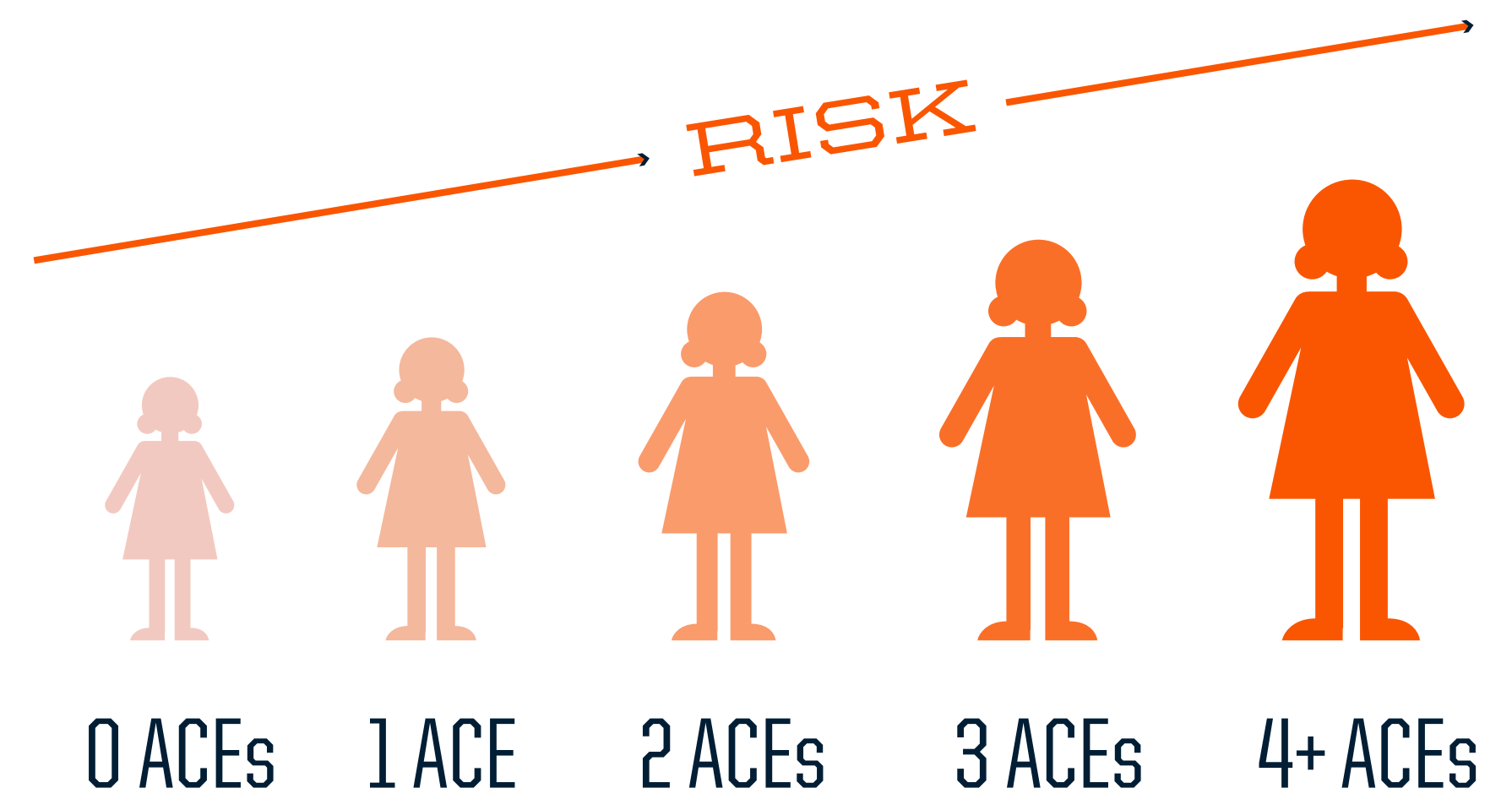


Of 17,000 ACE study participants:

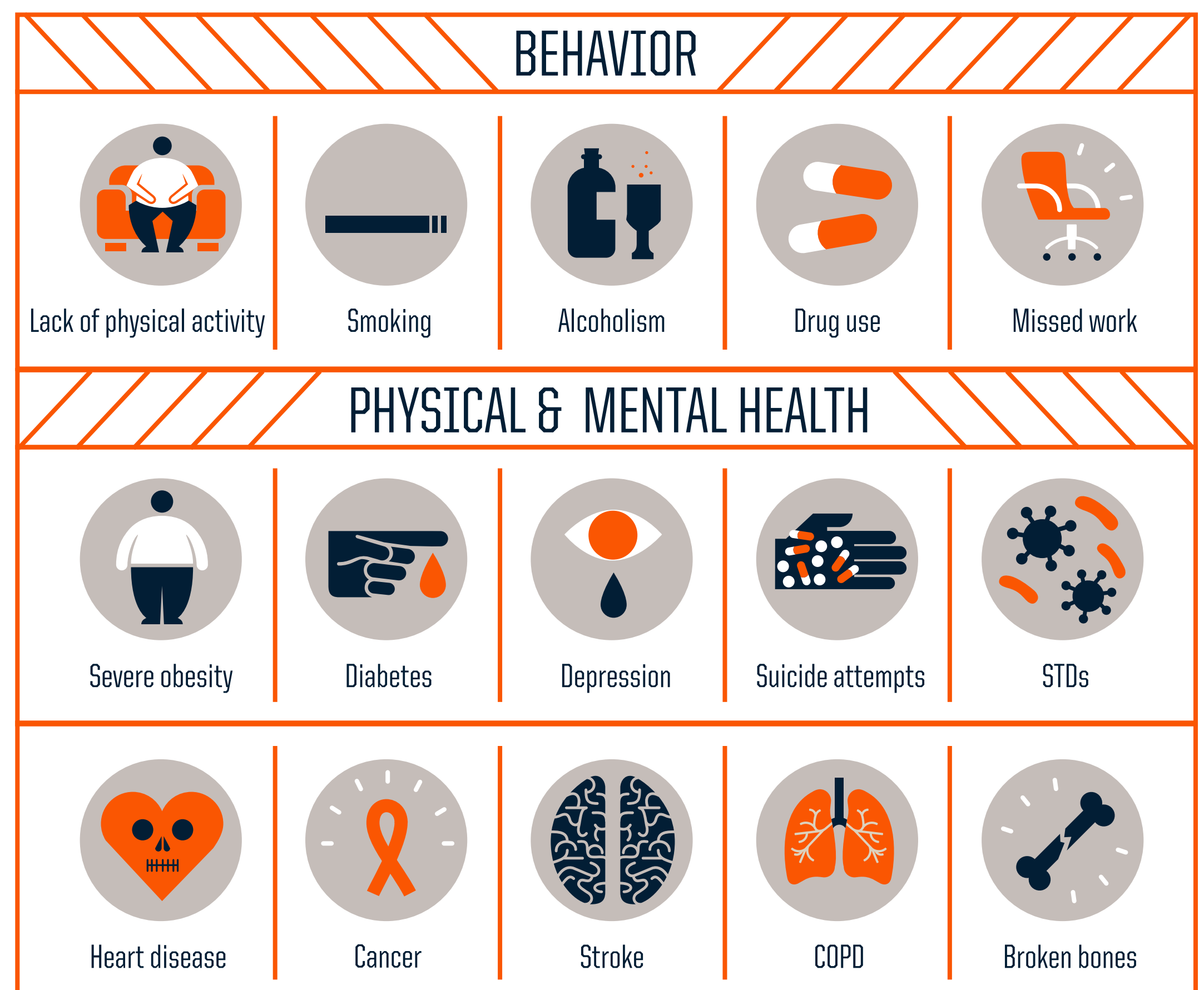


## WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:



“Twenty years of medical research has shown that childhood adversity literally gets under our skin, changing people in ways that can endure in their bodies for decades. It can tip a child’s developmental trajectory and affect physiology. It can trigger chronic inflammation and hormonal changes that can last a lifetime. It can alter the way DNA is read and how cells replicate, and it can dramatically increase the risk for heart disease, stroke, cancer, diabetes—even Alzheimer’s.”

— Nadine Burke Harris, [The Deepest Well: Healing the Long-Term Effects of Childhood Adversity](#)

“Sleep, mental health, healthy relationships, exercise, nutrition, and mindfulness—we saw in our patients that these six things were critical for healing. As important, the literature provided evidence of why these things were effective. Fundamentally, they all targeted the underlying biological mechanism—a dysregulated stress-response system and the neurologic, endocrine, and immune disruptions that ensued.”

— Nadine Burke Harris, [The Deepest Well: Healing the Long-Term Effects of Childhood Adversity](#)

“The profound discovery was that our patients with four or more ACEs were twice as likely to be overweight or obese and *32.6 times* as likely to have been diagnosed with learning and behavioral problems.”

— Nadine Burke Harris, [The Deepest Well: Healing the Long-Term Effects of Childhood Adversity](#)

“The brain-disease model overlooks four fundamental truths: (1) our capacity to destroy one another is matched by our capacity to heal one another. Restoring relationships and community is central to restoring well-being; (2) language gives us the power to change ourselves and others by communicating our experiences, helping us to define what we know, and finding a common sense of meaning; (3) we have the ability to regulate our own physiology, including some of the so-called involuntary functions of the body and brain, through such basic activities as breathing, moving, and touching; and (4) we can change social conditions to create environments in which children and adults can feel safe and where they can thrive.

When we ignore these quintessential dimensions of humanity, we deprive people of ways to heal from trauma and restore their autonomy. Being a patient, rather than a participant in one’s healing process, separates suffering people from their community and alienates them from an inner sense of self.”

— Bessel A. van der Kolk, [The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma](#)



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## How Do We Address ACEs at the Community Level?

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Exposure to toxic stress and other social determinants such as income, housing, food, transportation, etc. all have an enormous impact on health outcomes. There are a growing number of people and organizations within our local community who realize that health is about more than what happens in the doctor's office. **The Caswell Chapter of The Health Collaborative** is working to bring those folks together to work towards the policy, systems, and environmental changes that lead to good health outcomes. Addressing those root causes and working together to create a more trauma-informed community reduces ACEs and increases resilience.

Similar efforts are underway across the state. You can learn more through Prevent Child Abuse North Carolina at [www.PreventChildAbuseNC.org](http://www.PreventChildAbuseNC.org) or NC Child at [www.NCChild.org](http://www.NCChild.org).

For more information specific to the work in Caswell, or the collaborative model they are using, please contact Shannon Moretz at [smoretz@compassionhealthcare.org](mailto:smoretz@compassionhealthcare.org) or (336) 694-1181 ext. 221.

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## Finding Support

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A strong support system can be extremely helpful in combatting the effects of toxic stress. Behavioral health professionals can be a crucial part of the support system, providing a listening ear and a variety of strategies for building resilience. If you or someone you love needs to strengthen their support system by adding a behavioral health professional, please call the NAMI Helpline at 1-800-451-9682.

Vaya Health's Behavioral Health Crisis Line is a toll-free number that is available 24/7 for people in crisis or seeking information or providers. Call them at 1-800-849-6127.

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## A Documentary to Help Explain

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**RESILIENCE: The Biology of Stress and the Science of Hope** is a one-hour documentary that delves into the science of Adverse Childhood Experiences (ACEs) and the birth of a movement to treat and prevent Toxic Stress. Now understood to be one of the leading causes of everything from heart disease and cancer to substance abuse and depression, extremely stressful experiences in childhood can alter brain development and have lifelong effects on health and behavior. Resilience is a 2016 production of KPJR Films LLC. Please contact the Caswell Chapter of The Health Collaborative if you would like to host a screening of the film for your church, organization, or community.



# TRAUMA INFORMED COMMUNITY BUILDING

A Model For Strengthening Community In Trauma Affected Neighborhoods

## IMPACT

Community is ready to engage in traditional community building and benefit from sustained community development

## TICB OUTCOMES:

- Self-efficacy and coping skills
- Personal support systems
- Network of responsive and high quality services
- Community leadership and empowerment
- Social cohesion
- Trust of institutions
- Personal and community pride
- Stable, reliable and consistent environments
- Vision for the future
- Racially and socioeconomically integrated environment

## STRATEGIES



### INDIVIDUAL

- Provide opportunities for joy, physical activity and fun.
- Provide opportunities for consistent, frequent interactions and trust-building to build authentic relationships.
- Provide opportunities for self-determination, planning and a sense of accomplishment.
- Meet residents where they are with a low barrier to entry.
- Set realistic expectations and never over-promise.



### INTERPERSONAL

- Model healthy behaviors.
- Create safe spaces for interactions and sharing.
- Cultivate opportunities for shared experiences.
- Integrate relaxation and mindfulness exercises and conflict management skills.
- Build mutual accountability and reliance on each other.



### COMMUNITY

- Communicate often, in a consistent and inclusive way.
- Cultivate formal and informal leadership opportunities.
- Continuously encourage greater participation (breadth and depth).
- Create opportunities for mixed-income culture building.
- Provide visible activities that reflect community change.
- Expand incrementally, based on successes.



### SYSTEMS

- Ensure a high capacity backbone institution to coordinate partners and promote long-term vision and goals.
- Build strategic service partnerships with trauma informed partners and patient funders.
- Ensure clear partnership roles, responsibilities and expectations.
- Hold service partners accountable for results.
- Provide platform for outside entities to engage residents in an authentic way.
- Elevate resident voices and needs throughout the process.

**PRINCIPLES:** Do No Harm • Acceptance • Community Empowerment • Reflective Process

The Trauma Informed Community Building Model does not outline a set of prescribed activities, but instead describes foundational principles and strategies that can be adapted to meet the specific needs and challenges in a given community. Source: *Trauma Informed Community Building: The Evolution of a Community Engagement Model in a Trauma Impacted Neighborhood*, BRIDGE Housing (2018)

## Finding Your ACE Score

### While you were growing up, during your first 18 years of life:

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

Total Score \_\_\_\_\_

### Finding Your Resilience Score

Please answer the questions below using the following scoring guide:

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Definitely Not True	Probably Not True	Not Sure	Probably True	Definitely True

1. I believe my mother loved me when I was little. 0 1 2 3 4
  
2. I believe that my father loved me when I was little. 0 1 2 3 4
  
3. When I was little, other people helped my parents take care of me and they seemed to love me. 0 1 2 3 4
  
4. I've heard that when I was an infant, someone in my family enjoyed playing with me and I enjoyed it too. 0 1 2 3 4
  
5. When I was a child, there were relatives in my family who helped me feel better when I was sad or worried. 0 1 2 3 4
  
6. When I was a child, neighbors or my friends' parents seemed to like me. 0 1 2 3 4
  
7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me. 0 1 2 3 4
  
8. Someone in my family cared about how I was doing in school. 0 1 2 3 4
  
9. My family, friends neighbors and friends talked about making our lives better. 0 1 2 3 4
  
10. We had rules in our house and were expected to keep them. 0 1 2 3 4
  
11. When I felt really bad, I could almost always find someone I trusted to talk to. 0 1 2 3 4
  
12. As a youth, people noticed that I was capable and could get things done. 0 1 2 3 4
  
13. I was independent and a go-getter. 0 1 2 3 4
  
14. I believe that life is what you make it. 0 1 2 3 4
  
15. There are people I can count on now in my life. 0 1 2 3 4

Total Score: \_\_\_\_\_