The Adverse Childhood Experiences (ACE) Study and Practice Implications for Attorneys for the Child

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Introduction

The Adverse Childhood Experiences (ACE) Study is an ongoing collaboration between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Health Appraisal Clinic, a Health Maintenance Organization (HMO) in San Diego, California. The ACE Study began in 1995 and is a longitudinal public health study that examines the association between a wide range of childhood adverse experiences and a broad range of adult health risk behaviors and diseases throughout the participants' lifespan. The ACE Study is the largest study of its kind both in size and scope of information collected.

The ACE Study revealed that ten adverse childhood experiences are very common even among the white middle-class. The study found a direct link between adverse childhood experiences and adult onset of chronic diseases and mental illness. The ACE Study uses a simple scoring system that was designed to measure the cumulative exposure of adverse childhood

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5 Id.
experiences. The adverse childhood experiences that were measured were: sexual abuse, verbal abuse, physical abuse, an alcoholic or mentally ill parent, a mother who was a victim of domestic violence, a family member who had been incarcerated, loss of a parent through divorce or abandonment, emotional neglect, and physical neglect. Exposure to each type of adverse childhood experience counted as one point and the points were then totaled. Thus, the ACE score ranged from zero to ten. For example, if someone was verbally abused thousands of times during his or her childhood, but did not experience any other type of childhood trauma, the ACE score is one point. Additionally, if a person experienced verbal abuse, lived with a mentally ill mother, and an alcoholic father, the ACE score is three points. The scoring revealed that only one third of participants reported no exposure to adverse childhood experiences. The scoring also revealed that as the ACE score increased, the chances of being a user of street drugs, tobacco, or alcohol abuse increased in a stepwise fashion. The most notable finding from the ACE Study is that participants with an ACE score of four or more had a 240% greater risk of hepatitis and sexually transmitted disease, were 390% more likely to have chronic obstructive pulmonary disease, were 460% more likely to suffer from depression, and were 1,220% more likely to have attempted suicide. Additionally, participants with an ACE score of four or more were twice as likely to be

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8 Id.


smokers, twelve times more likely to have attempted suicide, seven times more likely to be an alcoholic, and ten times more likely to have injected street drugs.\textsuperscript{12}

**I. Background on the ACE Study**

**A. How the ACE Study Began**

From the 1980s to the early 1990s, the CDC researched and collected information about risk factors for diseases.\textsuperscript{13} This information was provided to the public through education and prevention programs.\textsuperscript{14} The CDC found that risk factors for smoking, alcohol abuse, and sexual behaviors were not randomly distributed throughout the population.\textsuperscript{15} Thus, a study was needed to examine what influences preceded the development of risk factors for disease, disability, and early mortality.

In 1985, Dr. Vincent Felitti, the Chief Physician at Kaiser Permanente’s Department of Preventive Medicine, oversaw an obesity clinic in San Diego that provided care to more than 50,000 people each year. At this clinic, patients were screened for diseases that tests could pick up before symptoms appeared. But Dr. Felitti was perplexed about the 50% dropout rate. He could not understand why people who were consistently losing weight dropped out of the program. Dr. Felitti discovered the link by mistake while interviewing one of the members who dropped out. During the interview, the woman admitted to first being sexually active when she weighed about 40 pounds. She explained that she was four years old and the sexual activity was initiated by her

\textsuperscript{12} Id.\textsuperscript{12}
\textsuperscript{14} Id.
\textsuperscript{15} Id.
father. Dr. Felitti and his colleagues continued to interview approximately 286 people that dropped out of the clinic and found that most of them were sexually abused as children.\textsuperscript{16}

Dr. Felitti made the connection that overeating made patients feel better by soothing their anxiety, fear, anger, or depression and losing weight increased their anxiety, fear, and depression to levels that were intolerable. He introduced his findings at a convention in Atlanta, where he met Dr. David Williamson and Dr. Robert Anda, both medical epidemiologists for the CDC. These three doctors and their colleagues began laying out the criteria for the ACE Study to understand how childhood events might affect adult health.\textsuperscript{17} The ACE Study was designed to answer the question: “If risk factors for disease, disability, and early mortality are not randomly distributed, what early life influences precede the adoption or development of them?”\textsuperscript{18}

**B. Conducting the ACE Study**

The initial phase of the study began by asking approximately 26,000 members of Kaiser Permanente’s HMO, who sought treatment at Kaiser Permanente’s Department of Preventive Medicine, to complete a detailed biopsychosocial (biomedical, psychological, social) medical questionnaire and undergo a complete physical examination and extensive laboratory tests. The members were told that this study would help doctors understand how childhood events might affect adult health. Approximately 17,000 members agreed to participate in this study.\textsuperscript{19}

The initial surveys and exams were conducted at Kaiser Permanente in two waves from 1995 through 1997; then the participants were followed for approximately fifteen years. In the


\textsuperscript{17} Id.


surveys, each participant provided detailed information about their childhood experiences of abuse, family dysfunction, neglect, and their current health status and behaviors. Initially, the survey focused on the eight types of adverse childhood experiences, which included three types of abuse (sexual, verbal, and physical) and five types of family dysfunction (a parent who was an alcoholic or mentally ill, a mother who was the victim of domestic violence, a family member who had been incarcerated, and the loss of a parent through divorce or abandonment). Later, emotional neglect and physical neglect were added to the survey.20

Thus, the ACE Study assessed ten types of common stressful and traumatic childhood experiences.21 These ten adverse childhood experiences were identified through a review of literature and discussions with experienced researchers and were chosen based upon prior research that had shown these experiences to have significant adverse health or social implications.22 Additionally, these ten types of adverse childhood experiences were included in the study because they were the most commonly mentioned by a group of approximately 300 Kaiser Members.23 Although the ACE Study examined retrospective reports of adverse childhood experiences, the American Psychological Association (APA) examined and found good to excellent reliability in the reports of adverse childhood experiences during adulthood.24 Further, the APA found the test-retest

20 Id.
reliability in the responses to questions about adverse childhood experience and the resulting ACE score to be good, and moderate to substantial.25

The participants are middle-class Americans whose mean age was 56 and average age was 57. Almost exactly half were men (46%) and half were women (54%). The educational breakdown of participants is 39% graduated from college and 36% had some college education. Only 7% had not graduated from high school. The racial breakdown of participants is 80% White including Hispanic, 10% Black, and 10% Asian.26

C. ACE Study Findings

As previously mentioned, the ACE Study found a direct link between adverse childhood experiences and adult onset of chronic diseases and mental illness.27 Further, the ACE Study found that the adverse childhood experiences measured are highly inter-related.28 Specifically, about two-thirds of the 17,000 participants had experienced one or more types of adverse childhood experiences and of those, 87% had experienced two or more types.29 For example, this shows that people who had an alcoholic father were likely to experience physical abuse or verbal abuse.30

30 Id.
Thus, adverse childhood experiences did not occur in isolation.\textsuperscript{31} Lastly, the study found that people who experienced more adverse childhood experiences had a higher risk of medical, mental, and social problems as adults.\textsuperscript{32}

The ACE Study findings suggest that certain adverse childhood experiences are major risk factors for the leading causes of illness and death in adulthood.\textsuperscript{33} The study found a strong graded relationship between the extent of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.\textsuperscript{34} The ACE Study found that adverse childhood experiences are also strongly related to the development and prevalence of health risk behavior, such as smoking, alcoholism, illicit drug use, obesity, and sexual promiscuity, and disease in adulthood, such as liver disease, chronic obstructive pulmonary disease, coronary artery disease, and autoimmune disease.\textsuperscript{35} Further, behaviors such as alcohol or drug abuse, smoking, or sexual promiscuity are likely the result of the effects of adverse childhood experiences on childhood development.\textsuperscript{36} In many cases these behaviors may act to alleviate the emotional or social distress that result from adverse childhood experiences.\textsuperscript{37}

The ACE Study also looked into the implications of engaging in high risk behaviors and a variety of other aspects. Please see the Appendix for a variety of charts that depict the relationship

\begin{itemize}
\item \textsuperscript{31} Id.
\item \textsuperscript{32} Id.
\item \textsuperscript{34} Id.
\item \textsuperscript{37} Id.
\end{itemize}
between adverse childhood experiences and healthcare costs, sexual behavior, and psychiatric disorders.

As previously stated, the ACE Study found a link between adverse childhood experiences and developing medical diseases later in life. These medical diseases include liver disease, chronic obstructive pulmonary disease, coronary artery disease, and autoimmune disease. One might blame these tendencies on the fact that individuals who suffered from adverse childhood experiences are more prone to engage in high risk behaviors such as smoking, drinking, or doing drugs. Therefore, one might be prone to medical diseases from their high risk behavior and not from the stress of suffering from multiple adverse childhood experiences. However, to disprove that the medical diseases were from high risk behaviors and not the underlying trauma, there was an effort to control the high risk behaviors to see if the medical diseases were present. The following charts show the relationship between adverse childhood experiences and medical disease while controlling for traditional risk factors for coronary disease like smoking, alcohol abuse, and cholesterol.38

Each chart shows a trend that as the ACE score increases, the risk of getting a medical disease increases. The reason for this is that chronic stress from adverse childhood experiences

does not simply cause a person to smoke, which, in turn, causes coronary disease; rather it leads to other physical manifestations from underlying stress. These stress responses are chronic hypercortisolemia, pro-inflammatory cytokines, and other stress responses on the developing brain and body systems, which cause these people to be more prone to these medical conditions.  

This chart shows the relationship between the ACE score and heart disease, cancer, stroke, breathing difficulties, and diabetes. As you can see the relationship between medical conditions increases as the number of adverse childhood experiences increases in an individual. Heart disease, cancer, diabetes, liver problems, and even breathing problems can all be attributed to untreated

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<th>Disease condition</th>
<th>Number of categories</th>
<th>Sample size (N)</th>
<th>Prevalence (%)</th>
<th>Adjusted odds ratio</th>
<th>95% confidence interval</th>
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<td>Referent (0.7–1.3)</td>
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<td>(0.6–1.4)</td>
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<td>590</td>
<td>4.6</td>
<td>1.4</td>
<td>(1.3–3.7)</td>
</tr>
<tr>
<td></td>
<td>4 or more</td>
<td>545</td>
<td>5.6</td>
<td>2.2</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8,022</td>
<td>3.8</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Any cancer</td>
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<td>1.9</td>
<td>1.0</td>
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<td>588</td>
<td>1.9</td>
<td>1.0</td>
<td>(0.7–1.5)</td>
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<tr>
<td></td>
<td>4 or more</td>
<td>545</td>
<td>1.9</td>
<td>1.9</td>
<td>(1.3–2.7)</td>
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<td>(1.4–3.3)</td>
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<td>566</td>
<td>5.7</td>
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<td>(2.6–3.8)</td>
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<td>8.7</td>
<td>3.9</td>
<td>—</td>
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<tr>
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<td>Total</td>
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<td>4.0</td>
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<td>—</td>
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<td>4.3</td>
<td>1.0</td>
<td>Referent (0.7–1.8)</td>
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<td></td>
<td>4 or more</td>
<td>542</td>
<td>5.8</td>
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<tr>
<td></td>
<td>Total</td>
<td>8,027</td>
<td>4.3</td>
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</tbody>
</table>

*Sample sizes will vary due to incomplete or missing information about health problems.

*Prevalence estimates are adjusted for age.

*Odds ratios adjusted for age, gender, race, and educational attainment.

*Indicates information recorded in the patient’s chart before the study questionnaire was mailed.

39 Id.
childhood trauma and untreated stress. The combination of various adverse childhood experiences creates a dangerous health risk for a person if their stress is unresolved and untreated.40

D. Accomplishments of the ACE Study

The ACE Study was designed to provide scientific information that would be useful for developing new and more effective prevention and treatment programs for adverse childhood experiences. Because the ACE Study links adverse childhood experiences to an array of health and social problems across a person’s lifespan, it shows that prevention and treatment of adverse childhood experiences can have an enormous impact on the health of our society. To date, because of this study, more than fifty scientific articles have been published and more than one hundred conference and workshop presentations have been conducted.41 Additionally, parallel research has been performed at many hospitals and universities through the United States and the World Health Organization has launched an international ACE Study.42

II. Loss of a Parent through Divorce or Abandonment as an ACE Factor

As previously stated, loss of a parent through divorce or abandonment is one of the ten adverse childhood experiences that Dr. Felitti included in the ACE Study questionnaire. The study made no distinction between the ten different types of adverse childhood experiences. Thus, again, death of a parent, being sexual abused, and having parents who are divorced, as well as the rest of the seven factors, all count for the same value in this study. Although divorce is not treated

differently from the other factors, Dr. Felitti eludes to some adverse childhood experiences as having more substantial impacts on a person than others. There is room for more information in this area. The following section will explore whether the ACE Study’s design accurately depicts the trauma experienced by a child who has suffered a loss of a parent through divorce. Further, this section will determine whether giving someone one point for loss of a parent through divorce accurately reflects the impact of the adverse childhood experience on the individual.43

Dr. Felitti's ACE Study reveals that children who have experienced the loss of a parent are more likely to engage in dangerous and high risk behaviors. The feelings of loss, anxiety, and stress from divorce and separation all have tragic impacts on a child’s development and their health because of untreated childhood stress. In a presentation given by Dr. Felitti he explained that unlike other adverse childhood experiences, in certain divorces a parent chooses to divorce or separate from their partner. As a result it can seem to a child like the parent is choosing to leave them. This experience is a voluntary action by a parent leaving a child with a sense of abandonment. In the presentation Dr. Felitti described that abandonment can often be worse for a child than losing a parent by death, because children have to try to rationalize that a parent chose to leave the child or leave the other parent. If a parent succumbs to a disease, a child can be angry at the disease. If a parent gets incarcerated, a child can be mad at the system or mad at the parent for committing a crime. Unlike other experiences that might seem more traumatic at first glance, divorce and separation leaves a child with a lot of guessing as to why their parents could not stay together. The result is a lot of untreated resentment and stress.44

As previously stated, loss of a parent through divorce or abandonment is one factor under “household dysfunction” in the ACE Study. A report by the Centers for Disease Control and

43 Presentation by Dr. Vincent Felitti, Chicago Safe Start, http://www.chicagosafestart.net/content/dr-felittis-presentation/100.
44 Id.
Prevention (CDC) titled “The Effects of Childhood Stress on Health across a Lifetime” was based on the results of the ACE Study. It describes divorce and separation as a type of “tolerable stress” meaning that the stress is very intense but normally short-lived. The report went on to describe that if a child has the support of a caring adult, tolerable stress caused by divorce and separation can usually be overcome and not have a long-term impact on a child. However, if the child lacks adequate support, tolerable stress can become toxic that can lead to long-term negative health effects.45 Divorce and separation could also be considered toxic stress if the experience is intense or dragged out for a long period of time.46

The main question to ask from this information on divorce and separation is whether the stress from divorce and separation can be seen as equal to the stress from the other adverse childhood experiences. As previously discussed, a child whose parents divorced or separated creates problems and stress for a child that is unique from the problems and stress created from the other adverse childhood experiences measured. For example, with respect to the ACE score, a child who has lost a parent through divorce, had a mother treated violently, and had household substance abuse receives an ACE score of three. Further, a child also receives an ACE score of three if he or she had experienced emotional abuse, physical abuse, and verbal abuse. Receiving a three for suffering household dysfunction arguably has quite different impacts on a person as compared to someone who received a score of a three for abuse. However, the ACE Study treats both scores of three as equal and does not differentiate between the health problems found later in life. This is a gray area in the ACE Study that should be looked into further. There is limited information on whether divorce and separation has a different impact on health compared to the other adverse

childhood experiences, but some studies have left room for further research.\textsuperscript{47} It would be thought provoking to see if the different types of adverse childhood experiences lead to different health problems or if stress, regardless of which adverse childhood experience caused it, causes the same overarching health problems in adulthood.

\textbf{III. Practice Implications for Attorneys for the Child}

From the ACE Study data, it is evident that Attorneys for the Child (AFCs) often represent child clients who have been exposed to adverse childhood experiences. Those children with higher ACE scores are more susceptible to long-term effects of childhood traumatic stress due to retraumatization, i.e. a situation, interaction, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them.\textsuperscript{48} Children whose parents have divorced and who perhaps also witnessed domestic violence and suffered verbal abuse or some similar scenario are at high risk of the long-term effect of trauma because most lack steady living situations, stable caregivers, and balanced routines.\textsuperscript{49} In addition, many of these children may have been exposed to high rates of violence, abuse, or neglect.\textsuperscript{50} While AFCs are zealous advocates for their clients, they often are pressed for time and, therefore, have little opportunity to develop a trusting, working relationship with their clients to combat the effect

\textsuperscript{47} One study looked at the impact of all of the other nine ACE factors on the likelihood of heart disease, but loss of a parent through divorce or abandonment was not explored. This chart is available in the Appendix.


\textsuperscript{49} See id. at 4, see also Karen A. Reitman, \textit{Attorney for the Children Guide to Interviewing Clients: Integrating Trauma Informed Care and Solution Focused Strategies}, 1, 2 (2011), \url{http://www.nycourts.gov/ip/cwcp/Publications/attorneyGuide.pdf}.

of trauma. As discussed, the consequences of untreated trauma are lifelong and life threatening. Thus, the ability of AFCs to effectively use time and energy to address past exposure to, suggest treatment of present symptoms, and minimize future trauma is critically important.

AFCs must take trauma into account when working with child clients who have been traumatized. From the ACE Study, it is clear that trauma has a lifelong impact on victims. AFCs can take action by (1) using ACE Study findings to advocate for their clients and (2) recognizing trauma and recommending trauma informed services.

A. Proactive Use of the ACE Study by AFCs

The ACE Study unearthed a hidden link between the lifetime impact of stress and neurodevelopment in childhood that must be addressed by a holistic, integrated professional response. As previously mentioned, early childhood stress changes neurobiological development and this has a lifelong impact on the brain and body. If left untreated, the nearly invisible signs of trauma can lead to serious, even fatal, consequences in adulthood, which extend beyond high risk behaviors and stunted emotional development. These consequences include cardiovascular disease, cancer, heart attack, high blood pressure, stroke, diabetes, weight gain (particularly abdominal fat), reduced growth hormone levels, compromised immune function, exhaustion, and bone loss.

To respond to the ACE Study, interventions must integrate all levels of society, which include the individual (e.g., delinquency, substance abuse, lack of social skills), relationships (e.g.,

51 Reitman, supra note 49.
52 See id.
inadequate parental monitoring, supervision, discipline, peer norms supporting violence), and the community (e.g., social disorganization, lack of cohesion, lack of economic or supervised recreational activities for youth). AFCs have the ability to work with the court to obtain services that will benefit their child clients.

Across the professions, the ACE Study is slowly gaining recognition. Dr. Jeffrey Brenner, founder and Executive Director of the Camden Coalition of Healthcare Providers noted that, “For nearly 15 years, we’ve had the secret to delivering better care at a lower cost in America. The information has sat, hidden away in the medical literature and barely mentioned among physicians.” Further, William Foege noted the same thing 15 years ago, wherein he recognized that, “With this information, comes a responsibility to use it.” AFCs have the ability to use the ACE Study to their advantage by requesting and recommending clients obtain certain services that will address the effect of past and present adverse childhood experiences and minimize the lifelong consequences.

Using the findings of the ACE Study can lead to positive changes in a child’s development and can positively alter the course of a child’s future. For example, Pediatrician Nadine Burke Harris spoke on National Public Radio’s This American Life regarding adverse childhood experiences and its impact on childhood development. Dr. Harris explained that when someone sees a bear in the woods, his or her fight or flight system floods the brain with adrenaline and cortisol, which turns off the part of the brain that thinks of other reactions. However, if a child comes face to face with a bear, such as divorce, sexual abuse, physical abuse, or dysfunctional

57 Jane Ellen Stevens, Dr. Jeffrey Brenner, I believe ACE scores should become a vital sign, as important as height, weight and blood pressure, ACES Too High News (2014) available at http://ACEStoohigh.com/2014/01/29/dr-jeffrey-brenner-i-believe-ACES-scores-should-become-a-vital-sign-as-important-as-height-weight-and-blood-pressure/
home life, everyday, the child’s pre-cortex is stunted because the brain is so preoccupied with running from danger.\textsuperscript{59} This information is incredibly persuasive, in that, addressing a child’s immediate adverse childhood experiences can have an impact on their brain development both now and in the future.

To fully use the ACE Study to their advantage, AFCs must realize that all of their children clients have an ACE score of at least one. As previously mentioned, the ACE Study weighs all adverse childhood experiences the same, i.e. sexual abuse is weighed the same as parental separation or divorce or physical abuse is weighed the same as domestic violence present in the home. Thus, AFCs must consider that every client has a general trauma score of one or more regardless of the type of experience.\textsuperscript{60}

The ACE Study is incredibly persuasive and can be an instrument when dealing with hesitant parents, judges, referees, therapists, and more. It may be influential to inform parents of their child’s ACE score and how it might affect their child’s life if trauma continues or goes untreated. Equally important is the use of the ACE Study statistics to advocate for certain services for clients in court. For example, when advocating for a client, AFCs can refer to the ACE Study and identify to the court that if left in a current living situation, the child is at higher risk of serious health problems later in life. Finally, it is crucial to discuss trauma with clients themselves. Because not everyone experiences trauma the same way, services should be formed around client preference. Counseling does not have to take one form. With the ACE Study statistics in hand, AFCs have the opportunity to hurdle the bureaucracy of the legal system and advocate for flexible


\textsuperscript{60} Major Findings, Centers for Disease Control and Prevention (2013) available at \url{http://www.cdc.gov/ACES/findings.htm}
counseling services that best address their client’s trauma, including, but not limited to activities, sports, art therapy, meditation, and music therapy.

B. Recognizing Trauma and Offering Trauma Informed Services by AFCs

To best serve their clients’ future needs, AFCs must consider the child’s past and present. It is critical for AFCs to consider the impact of trauma on the child’s mentality, i.e. how trauma has impacted the way the child experiences and responds to events and how the child functions in daily life, including developmental and emotional function and thought process, and the child’s ability to communicate. AFCs do not have to be social workers or mental health professionals to deliver trauma informed services. By recognizing signs of trauma and minimizing retraumatization in their approach to the attorney-client relationship, AFCs can become first responders in preventing the lifelong consequences of adverse childhood experiences.

Recognizing the signs of trauma can be difficult because everyone experiences and responds to trauma in different or unique ways. However, survivors will often present symptoms in one of four ways. Thus, AFCs will likely have clients that fall within one of the following categories: “SAD,” “MAD,” “BAD,” or “I’ve been HAD”. First, child clients may present as SAD, thereby exhibiting persistent sadness, thoughts of suicide, low self-esteem, feelings of hopelessness, feelings of helplessness, feelings of isolation, feelings of shame, or self-destructiveness. Second, child clients may present as MAD, thereby exhibiting explosive anger, hyper-sexuality, drug use, truancy, gang related violence, preoccupation with revenge, physical fights, and hostility towards authority figures. Third, child clients may present as BAD, thereby exhibiting dissociative episodes,

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61 Reitman, supra note 49.
63 See id.
64 See id.
compulsions, depersonalization, obsessive thinking, paranoia, eating disorders, or intense guilt. In dealing with trauma, it is necessary to recognize and shift personal paradigms from “What’s wrong with you?” to “What happened to you?”

Further, throughout the attorney-client relationship, AFCs should incorporate trauma informed principles into their practice, i.e. (1) safety, (2) trustworthiness, (3) choice, (4) collaboration, and (5) empowerment. First, safety refers to both physical and emotional safety of clients. The principle of safety goes beyond simply ensuring basic needs are met; it ensures that safety measures are in place; it provides children with consistent expectations; and it creates a respectful environment in which a child can maintain predictable, stable routines. Second, the principle of trustworthiness is marked by sharing information, allowing for voluntariness, and creating and maintaining boundaries. Third, the principle of choice recognizes client experiences and allows for clients to become active stakeholders in their future. Fourth, collaboration refers to client collaboration with AFCs and with family members, their community, and the legal system. Finally, the principle of empowerment is the culmination of all these principles combined.

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65 See id.
66 See id.
70 Id.
Specifically, a client can recognize their own strengths and use their own skills to have control over their healing process, their reactions to retraumatization, their goals and dreams, and their future.\textsuperscript{71}

The client interview is a prime example of how these principles can be used to deliver trauma informed services. AFCs conduct thousands of child client interviews and are likely to incorporate best legal practices into structuring their interviews, such as employing cultural awareness, creating a comfortable environment, and using age appropriate language. Additionally, AFCs should use trauma informed principles in the interview process.\textsuperscript{72} Small changes to interview techniques can help AFCs deliver trauma informed services. For example, safety can be obtained by creating a comfortable environment for a child.\textsuperscript{73} Further, direct questioning may be difficult for many children and AFCs can soften interviews by playing, eating, or walking to encourage honesty and increase comfort.\textsuperscript{74}

The principle of trustworthiness can be achieved by both non-verbal and verbal cues. For example, matching a child’s body language and sitting next to or kitty-cornered to a child are important for gaining a child’s trust and increasing the sense of the child’s empowerment.\textsuperscript{75} Another technique that can be used is informing the child of the role of the AFC and explaining attorney-client privilege.

Offering child clients choices are central to the job of the AFC, from the big choices like, “Where do you want to live?” to the little choices like, “What game you want to play?”\textsuperscript{76} A child

\textsuperscript{71} Id.
\textsuperscript{72} Reitman, supra note 49.
\textsuperscript{74} See id. at 5.
\textsuperscript{75} See id. at 5-6.
\textsuperscript{76} Id.
becomes more empowered with each choice he or she makes. It is central to honor the child’s choice and zealously advocate for his or her decision otherwise retraumatization can occur.

Once safety, trustworthiness, and choice have been established, collaboration with a client becomes easier. For example, open-ended questions lead to increased collaboration. In client interviews, open-ended questions allow the child to tell his or her story rather than a child answering to obtain approval from closed-answered questions.

The end result of using trauma informed principles is client empowerment. Child clients should leave AFC interviews feelings like they have a safe place and a trusted advocate. Further, they should feel as though they have been listened to and they have the support they need to begin healing. Although complete empowerment will not occur in one interview, one day, or even one year, AFCs should offer their clients trauma informed services to help minimize retraumatization and to begin the healing process.

**IV. Going Forward**

In sum, the ACE Study is an insightful study that brought to light the link between ten adverse childhood experiences and a person’s health in the future. Although the study has been around for years, it is only slowly gaining recognition. Dr. Jeffrey Brenner, founder and Executive Director of the Camden Coalition of Healthcare Providers and 2013 MacArthur Foundation genius award winner recently published an article condemning the medical field for failing to use the ACE Study. Dr. Brenner stated, “In my training as a family physician, I was told not to pull up the lid on something you don’t have the time and training to deal with, like early life trauma”. It is critical that AFCs and other professions accept the study as a useful advocacy instrument and combine

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77 Id.
78 Id. at 4.
80 Stevens, supra note 57.
forces to form a holistic response to address adverse childhood experiences. This study puts AFCs in a unique position because they may be the first professionals to recognize and identify a child’s ACE score and request treatment or services to combat the effects of adverse childhood experiences. Thus, AFCs can be stakeholders in each of their client’s lives. The Attorney General’s Task Force on Children recommends that “every professional and advocate serving children exposed to violence and psychological trauma learn and provide trauma informed care and trauma focused services”.

With the rise of healthcare reform, the ACE Study is considered an asset. For example, Vermont recently proposed H. 762, an “Adverse Childhood Experience Questionnaire,” that calls for integrating healthcare services and ACE Study screening. Further, the ACE Study questionnaire is to be integrated into healthcare professions and higher education curriculum. Additionally, Western New York has begun to focus strategies and practical applications of the ACE Study by professionals within the community. For example, Mark J. Robinson, the ED and CEO of the Care Management Coalition of Western New York (associated with Baker Victory Services, the Buffalo Urban League, Catholic Charities of Buffalo, Child & Family Services, Crisis Services, Every Person Influences Children, the Family Help Center, Gateway-Longview, Gustavus Adolphus Family Services, New Directions Youth and Family Services, and the Sarah Minnie Badger Foster Care Agency) found the ACE Study findings to be “staggering and too compelling to ignore”. In the fall of 2013, he reported to the Buffalo News that more money has to be spent on

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81 Klein, supra note 48.
82 Elizabeth Prewitt, Vermont First State to Propose Bill to Screen for ACES in Health Care, ACE STUDY Too High News (March 17, 2014) http://ACEStoohigh.com/2014/03/17/vermont-first-state-to-propose-bill-to-screen-for-ACES-in-health-care/.
83 Scott Scanlon, Are You at Risk of Chronic Disease Because Your Dad was a Drunk?, THE BUFFALO NEWS, (October 17, 2013), available at http://blogs.buffalonews.com/refresh/2013/10/are-you-at-risk-of-chronic-disease-because-your-dad-was-a-drunk.html.
84 Id.
prevention of child abuse to address ACE scores and consequences of unresolved trauma. He noted that, "Our goal really is to have Western New York become a trauma-informed community. It affects everything, including how we do our daily jobs and how we look at people who need our services."

The University at Buffalo, School of Social Work is equally in line with this shift; in January of 2014, the school engaged in a partnership with the Care Management Coalition to create a new trauma-informed care initiative. Further, Western New York Court systems are already working to prevent trauma in recognizing the impact of untreated ACEs. Judge Claire has headed a pilot study in Chautauqua County Family Court titled “Integrating Trauma Informed Solution Focused Strategies in Family Court”, wherein the UB School of Social Work, New York State Child Welfare Court Improvement Project, and Chautauqua County examine the long-term and everyday aspects of a child welfare case. These findings will be used improve training for professionals who work with families throughout their family court experience.85 This integrated professional response is crucial to creating a healthier, happier community, one child at a time.

85 Claire, supra note 67.