Frequently Asked Questions about

Adverse Childhood Experiences in Alaska

How do you determine who has an adverse childhood experience?

Most of the studies have used surveys of adults remembering back to when they were under age 18. Researchers have looked into the question of remembering these events from, for some people, so long ago and determined that this method most likely underestimates exposure to traumatic events.

One study in Washington State used administrative records to determine an abbreviated list of ACEs for over 100,000 children in their Medicaid system. The results of the analysis showed that children with higher ACE scores were more likely to be receiving mental health and or substance abuse services. It can be found at the attached link.

How many people were surveyed in Alaska for the 2013 ACE study conducted through the Behavioral Risk Factor Surveillance System (BRFSS) Survey?

Approximately 4,000 Alaskan adults were contacted by phone (both cell and land lines) and asked approximately 140 questions about their health and lifestyle, including 11 questions about Adverse Childhood Experiences. The BRFSS is done every year here in Alaska and in all fifty states. People in rural areas are over sampled to make sure they are represented in the final product. The data were gathered and weighted so as to be a representative sample of the population of Alaska based on the most current population estimates.

This survey was different from the original ACE studies in that two questions about neglect (physical & emotional) were not included. When comparing to other states that have done the study, however, the methodology and questions is the same.

The BRFSS doesn't survey people who are in institutions such as prisons or nursing homes and of course cannot survey people without phones. For more information about this survey follow this link.

What questions were asked of Alaskan adults for this study?

Alaskans were asked the following 11 questions and were instructed to report about experiences prior to their 18th birthday.

ACE Category	BRFSS Question	Response That Resulted in an ACE
Physical abuse	"How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking."	"Once" or "More than once"
Sexual abuse	1. "How often did anyone at least five years older than you or an adult ever touch you sexually?" 2. "How often did anyone at least five years older than you or an adult try to make you touch them sexually?" 3. "How often did anyone at least five years older than you or an adult force you to have sex?"	"Once" or "More than once" to any question
Verbal abuse	"How often did a parent or adult in your home ever swear at you, insult you, or put you down?"	"More than once"
Mental illness in a household member	"Did you live with anyone who was depressed, mentally ill, or suicidal?"	"Yes"
Substance abuse in a household member	1. "Did you live with anyone who used illegal street drugs or who abused prescription medications?" 2. "Did you live with anyone who was a problem drinker or alcoholic?"	"Yes" to either question
Divorce	"Were your parents separated or divorced?"	"Yes"
Witnessed abuse	"How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?"	"Once" or "More than once"
Incarceration of a household member	"Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?"	"Yes"

If I have a high ACE score, does that mean that I will have the negative outcomes associated with them by the studies?

No! The Adverse Childhood Experiences studies are about population risk and are not predictive for any individual. Many people do not have the negative results and more and more research is exploring why this occurs. Resilience is a key factor – some people who had a very rough start find a teacher, church or coach that really makes a difference for them. There is always hope to help people avoid the poor outcomes associated with ACEs. Sometimes just the knowledge of what happened can lead to positive results.

Is this just an excuse for avoiding responsibility for poor choices like substance abuse or bad eating practices?

Everyone is responsible for the choices they make as an adult – we know that smoking, obesity and substance abuse have consequences. This research shows that we also bear the costs and responsibilities of decisions made for us before we were adults.

The knowledge that comes from the research in neurobiology and prevention sciences is showing that the more we know about how ACEs impact our bodies and brains the better we are able to help mitigate and prevent bad health outcomes. It also reinforces our need to help families and communities provide the most secure environment possible for their children. The cost savings potential in both human and economic terms are staggering with effective intervention. See this link to the research of James Heckman, a Nobel Prize winning economist.

Do all adverse childhood experiences really have the same impact?

The following is from Robert Anda, one of the principle researchers in the original ACE study when asked this question:

"No single ACE stood out in a consistent way across various outcomes. This was done using logistic regression entering one ACE into the equation and adjusting

for demographic factors and then looking at the ORs (odds ratios) for the ACEs across each regression (see JAMA article chart below)."

Table 3. Association Between Categories of Adverse Childhood Experiences (ACEs) and the Likelihood of Selected Smoking Behaviors: Kaiser Permanente, San Diego, Calif, 1995-1996*

	Early Smoking Initiation		Current Smoking	
Category of ACE	**Prevalence, %**	**OR (95% CI)**	**Prevalence, %**	**OR (95% CI)**
Verbal abuse				
No	8.6	1.0 (referent)	8.2	1.0 (referent)
Yes	16.1	2.3 (1.9-2.8)	14.4	1.6 (1.3-2.0)
Physical abuse				
No	7.4	1.0 (referent)	8.0	1.0 (referent)
Yes	14.2	2.0 (1.7-2.3)	11.1	1.3 (1.1-1.5)
Sexual abuse				
No	8.4	1.0 (referent)	8.2	1.0 (referent)
Yes	13.5	2.0 (1.7-2.3)	11.7	1.4 (1.2-1.6)
Battered mother				
No	8.9	1.0 (referent)	8.2	1.0 (referent)
Yes	13.6	1.7 (1.4-2.0)	14.4	1.6 (1.3-2.0)
Household substance abuse				
No	7.9	1.0 (referent)	7.4	1.0 (referent)
Yes	14.1	1.9 (1.6-2.2)	13.4	1.5 (1.3-1.8)
Mentally ill household member				
No	8.6	1.0 (referent)	8.3	1.0 (referent)
Yes	13.4	1.7 (1.4-2.0)	11.5	1.3 (1.1-1.5)
Parental separation or divorce				
No	8.0	1.0 (referent)	7.9	1.0 (referent)
Yes	14.2	1.8 (1.5-2.1)	12.4	1.3 (1.1-1.6)
Incarcerated household member				
No	9.1	1.0 (referent)	8.7	1.0 (referent)
Yes	18.0	2.1 (1.6-2.9)	14.8	1.3 (1.0-1.9)

*Each logistic regression analysis adjusted for sex, age, race, and education. OR indicates odds ratio; CI, confidence interval.

Anda RF, Croft JB, Felitti VJ, Nordenberg D, Giles WH, Williamson DF, Giovino GA. Adverse childhood experiences and smoking during adolescence and adulthood. *Journal of the American Medical Association* 999; 282:1652–1658.

He went on to write, "A second major consideration is that ACEs are highly interrelated--so emphasizing any one with regard to a particular outcome would be--in my opinion--a mirage. The ACEs have a cumulative graded relationship to so many outcomes... So the importance of the data is that it calls for integrated approaches to preventing the ACEs we studied--when historically they had been treated separately."

Can I get data about my community or region?

Yes and no. For areas with large populations like the Mat-Su Borough an analysis of 2013's data are possible but for smaller areas they are less likely to have statistically accurate information. Nevertheless, the questions were asked in 2014 and are being asked again in 2015. With each subsequent year the data becomes more meaningful and can be explored in more depth. Contacting the Behavioral Risk Factor Surveillance System office is the place to start. Their website is at this link.

Should I ask the children and youth I work with the ACE questions?

The Adverse Childhood Experiences Studies have generated enormous interest from a diverse cross-section of our communities. The resulting curiosity about measuring a specific group's or individuals' ACE scores are a natural extension of the studies powerful results. Key concepts about the ACEs research follow:

- The ACE study was a medical research study supervised by physician/researchers and overseen by an Institutional Review Board.
- The ACE questionnaire was developed as a health survey and a research instrument.
- Several laws require that research on human subjects be conducted with very specific legal and ethical considerations and safeguards.
- Parental consent is required

It is important to remember that the tool used in the studies is **not a screening tool for individuals and anonymity can be difficult to maintain in a small group**. Below are links to several websites which highlight the many considerations which should be reviewed before asking people these questions outside of a clinical relationship. Unfortunately, the problem of ACEs cannot be easily fixed in the short run. We can become Trauma-Informed and improve our communities and systems of care. This is a long-term process of change and we need to be careful to ***do no harm*** in our genuine efforts to resolve these very real problems.

http://www.uaa.alaska.edu/research/ric/irb/

http://socialworkers.org/pubs/code/code.asp Section 5.02

http://www.apa.org/ethics/code/index.aspx?item=11