



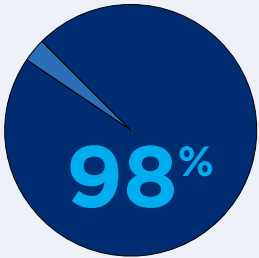
What Are **ACEs**? *A Guide For Probation Officers*

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.



98% of the prison population has experienced at least one ACE, and more than three quarters of incarcerated individuals have a significant trauma history (4 or more ACEs).ⁱⁱⁱ

Girls are more likely to experience traumatic events than boys, and BIPOC children are more likely to experience ACEs than white children.^v

Every 2 out of 3 children experience 1 or more traumatic events before the age of 16.^{iv}



Why Probation Officers?

Probation officers can play a crucial role in identifying adverse childhood experiences of the individuals under community supervision on their caseloads. Studies show that adverse childhood experiences can be predictive of an individual's risk to reoffend.^{vi} This provides an opportunity for probation officers to mitigate re-traumatization of the individuals under community supervision and reduce recidivism.

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.



Undermining

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

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.^{viii}

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).^{vii}

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.^{vii} (e.g., an increased risk of chronic diseases like diabetes, cancer, and heart disease).

3 MAJOR POINTS:

What could an ACEs aware probation system look like?

1. Operating with a trauma-informed lens

- Realizing that trauma has a widespread impact on individuals, families, groups, organizations, and communities and having an understanding of paths to recovery
- Advocating for **department-wide trainings** on recognizing the signs and symptoms of trauma in individuals under community supervision, staff, and others in the system. Creating a list of local services and resources that would be beneficial for those who need additional support. You can find an example of this on page 4.
- Resisting re-traumatization of individuals on your caseload by **creating a sense of safety** in the areas that you and that individual meet.



2. Screening all individuals for ACEs

- By using an **ACE questionnaire** like the ACEs Aware Adult Questionnaire [linked here](#)^{ix}, both you and the individual under community supervision can gain a better understanding of their trauma background.
- After screening for ACEs, providing **person-centered interventions** and working with the individual/family on solutions that aim for the best possible outcome.



3. Becoming a bridge to support

- Once a high ACE score is identified for the individual under community supervision, therapeutic resources and services should be implemented to address this past trauma, (e.g., a mental health professional), which has the potential to reduce their risk of recidivism.^{vi}
- Connecting individuals under community supervision to resources that can **elevate their education level, vocational skills, and self-control** can lower their risk of reoffense.^{vi}
- **Modeling healthy, trustworthy relationships** by establishing clear boundaries/expectations and displaying healthy emotion management.
- Using **strength-based protective questions** which can contribute to resilience and can be interspersed with questions about adversity. Including these questions contributes to better solution.



Protective Questions in Action:

- Allows the person responding to feel recognized for more than just negative events and problems in their life.
- Gives a fuller, more accurate picture of the situation, opens more potential solutions, increases a sense of manageability, and decreases the chances of “armoring” by workers faced with community member problems that seem insurmountable.
- Increases the likelihood that the strengths can be used during the service delivery process, providing a source of further skill development for the individual under community supervision that can play a role in increasing positive outcomes.

Examples of Protective Questions:

“In your childhood, was there a person or persons in your family who took a positive interest in you?”

“Did people in your family look out for and support each other?”

“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?”

Community Resource Contact List

Please fill out the services that your community has available within each section to create a quick reference desk resource. Feel free to copy and add additional boxes for contacts as needed.

Service Area	Agency Name	Contact
Mental Health/Behavioral Health		
Substance Use		
Medical Services		
Housing Services		
Education/Vocational		
Transportation		
Financial Services		
Child and Family Services		

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