

TIP SHEET

Personal Responsibility
Education Program

Adverse Childhood Experiences: Implications for Adolescent Pregnancy Prevention Programs

September 2021



TIPS FOR ADDRESSING ACEs

- Practice Self and Community Care
- Adopt a Trauma-informed Approach
- Promote Safety and Emotional Regulation
- Cultivate Supportive Relationships and Connections
- Foster Empowerment, Choice and Resilience
- Develop Referral Networks and Partnerships

INTRODUCTION AND OVERVIEW

Adverse childhood experiences (ACEs) are highly stressful and potentially traumatic experiences that happen before the age of 18. ACEs can be a single event or daily exposures that threaten one's sense of safety and security. The impact of ACEs on the health and well-being of individuals, families, and communities is increasingly recognized and understood. Into the third decade of research on ACEs, we know that ACEs are common and lead to wide-reaching health and social impacts when not addressed.

We also know that healing and well-being in the face of adversity is achievable. This tip sheet provides a description of ACEs, their implications for Adolescent Pregnancy Prevention (APP) programs, and useful resources for educators and organizational leaders to address ACEs and associated health conditions.

ADVERSE CHILDHOOD EXPERIENCES

Though there are many different types of adverse experiences in childhood that matter, the term “ACE” most commonly refers to three domains of 10 different categories of adversities from the hallmark Adverse Childhood Experiences Study (ACE Study) (Felitti et al., 1998). As illustrated in the graphic below, these are often referred to as the “original ACEs” and include abuse (physical, emotional, and sexual), neglect (physical and emotional), and household challenges (parental separation or divorce, incarcerated parent, substance use, intimate partner violence, and mental illness) (Bhushan et al., 2020).

The Original 10 ACEs (Adverse Childhood Experiences)



Image Source: [NumberStory.org](https://www.numberstory.org/) (n.d.).

The ACE Study used an ACE score as a measure of an individual's cumulative exposure to adverse experiences during childhood. In determining an individual's ACE score, one point is given for each exposure to the different categories of adversities (e.g., sexual abuse, emotional neglect, or family members with mental health issues). For example, an ACE score of zero reflects no exposure to any adversities, and an ACE score of 10 reflects exposure to all of the adversities. The number of times a person has experienced a particular adverse event is not factored into the ACE score.



The original ACE Study and subsequent research have shown that:

- 1. ACEs are common, and they frequently co-occur.** A national survey of adults found that 61% reported having experienced at least one ACE and nearly 1 in 6 reported having experienced four or more (Merrick et al., 2018). The 2018 National Survey of Children's Health showed that 33% of children under the age of 18 were reported to have at least one ACE in their lifetime and 14% experienced two or more ACEs (HRSA Maternal and Child Health, 2020).
- 2. ACEs are associated in a dose-response fashion with many leading causes of poor health in children and adults.** In other words, the more ACEs a person has, the more likely they are to experience poor health outcomes (Bhushan et al., 2020). See [The Impact of Aces on Development and Health](#), below, for more information.
- 3. While ACEs affect all communities, some populations are disproportionately affected.** Inequities exist by race, ethnicity, class, gender, sexuality, and educational attainment that often are rooted in structural and systemic factors (e.g., concentrated poverty, racism and discrimination, community violence, poor housing conditions) (Bhushan et al., 2020).
- 4. Protective factors can buffer the harmful effects of ACEs.** ACEs are not a destiny, and resilience can be developed at any age. While there are several internal characteristics and external supports that contribute to a person's resilience, having at least one stable and committed relationship with a supportive parent, caregiver, or other adult is the single most common factor for children who develop resilience in the face of adversity (Bhushan et al., 2020; Harvard University Center for the Developing Child, n.d.).

BEYOND THE ORIGINAL 10 ACES

The ACE Study was groundbreaking in that it helped us better understand how our health can be impacted by the events that happened to us in childhood. However, we know that the original ACEs studied are not the only sources of adversity children face.

Beyond the 10 ACEs

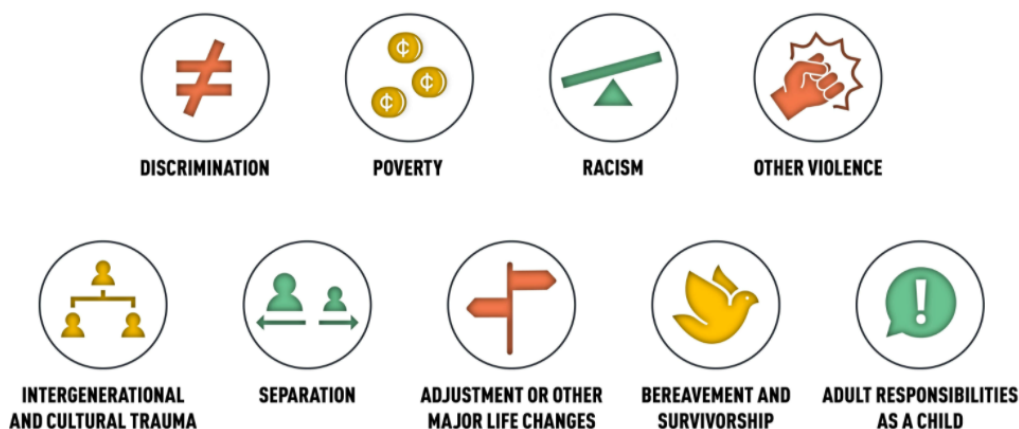


Image Source: [NumberStory.org](#) (n.d.).

Other common childhood adversities beyond the 10 original ACEs are illustrated in the graphic above and detailed below (Bhushan et al., 2020; Numberstory.org, n.d.):

- **Discrimination** based on race, ethnicity, gender identity or sexual orientation (such as LGBTQ+); religion; learning differences or disabilities;
- **Poverty, food and housing insecurity** that strain family resources;
- **Other violence**, like bullying or witnessing or experiencing community violence;
- **Intergenerational and cultural trauma**, like the displacement and genocide of indigenous people, slavery, and the Holocaust;
- **Separation from a parent or caregiver** because of immigration or foster care (out of home care);
- **Bereavement and survivorship**, like losing a caregiver, sibling, or peer due to death, surviving an illness or injury and a natural disaster or major accident; and
- **Other major life changes**, like migration or immigration, being a refugee or seeking asylum.



It is important to recognize that adversities rooted in systemic and structural factors increase the likelihood of experiencing other ACEs and can reduce caregivers' ability to provide safe, stable, and nurturing relationships and environments (Bhushan et al., 2020; Centers for Disease Control and Prevention, 2019; Ellis & Dietz, 2017).

THE IMPACT OF ACES ON DEVELOPMENT AND HEALTH

- When left unaddressed or without the buffering support of caring adult relationships and safe, stable environments, ACEs can negatively impact a child's social, emotional, and cognitive development and later health outcomes (Bhushan et al., 2020).
- High doses of adversity in a child's life may lead to prolonged activation of the body's stress response system. This is also known as toxic stress. During a child's development, toxic stress can cause harm to the nervous, endocrine, and immune systems and even alter how genes are read and transcribed (Bhushan et al., 2020). This can result in challenges with paying attention, regulating emotions or impulses, making rational decisions, learning new skills, and succeeding in academia overall (Shonkoff, 2012).
- ACEs potentially can be traumatic. Trauma results from an event or set of circumstances that are perceived by an individual as physically or emotionally harmful or life threatening and that have lasting adverse effects on the individual's functioning, including their sense of self and ability to form trusting relationships with others (Substance Abuse and Mental Health Services Administration, 2014). For children and adolescents who have had traumatic sexual experiences, shame and blame are often prevalent as children internalize that the abuse was their fault or something they deserved or wanted (Panisch et al., 2020).
- Children and adolescents may develop maladaptive behaviors and coping strategies in response to ACEs, toxic stress, and trauma, particularly in the absence of nurturing and responsive caregivers and supportive school and community environments (Evans et al., 2013). Such behaviors include use of substances, internalizing and externalizing behaviors, over or under eating, and sexual behaviors (Centers for Disease Control and Prevention, 2019).

- With respect to adolescent sexual behaviors, ACEs are associated with early sexual initiation, having multiple sex partners, engaging in unprotected sex, contraceptive nonuse or misuse, having a sexually transmitted infection, dating violence, sex trafficking victimization, and being involved in an unintended pregnancy (regardless of biological sex) (Anda et al., 2002; Hall et al., 2018; Hillis et al., 2004; Hughes et al., 2017; Reid et al., 2017; Song & Qian, 2020). In some cases, relationship difficulties are found to result from a sense of powerlessness and low self-esteem created by the abuse experience; from the use of sex to secure affection and intimacy; and from low assertiveness, which makes it difficult to negotiate contraceptive use (Saewyc, Magee, & Pettingell, 2004; Kendall-Tackett, 2002; Wilson, 2008).
- Not all children and youth are the same, and they may respond differently in the face of adversity based on their biologic predispositions, timing and type of exposure, individual characteristics, other known risk factors, and available resources and supports in their families, schools, and communities.



IMPLICATIONS AND STRATEGIES FOR ADOLESCENT PREGNANCY PREVENTION

ACEs are preventable, and their associated health impacts can be addressed. APP programs are in a unique position to prevent ACEs by strengthening skills of adolescents and caregivers to cultivate safe, supportive, and nurturing relationships and family environments. APP programs can also help connect young people and their caregivers who might be struggling with ACEs to the necessary supports. Here are some practical strategies that APP programs can take to address ACEs and associated health conditions:

- **Practice Self and Community Care.** First, take care of yourself and other staff to more fully attend to the needs of youth. People who work with youth impacted by ACEs and trauma are vulnerable to experiencing secondary traumatic stress. Program facilitators can support their own well-being and that of others by becoming aware of the signs of secondary traumatic stress, asking for support and offering support to colleagues, and engaging in and encouraging others to engage in self-care (National Child Traumatic Stress Network, 2008).
- **Adopt a Trauma-informed Approach.** Provide training for all staff on a trauma-informed approach and apply the trauma-informed principles of safety, choice, collaboration, trustworthiness, and empowerment (Substance Abuse and Mental Health Services Administration, 2014) to all aspects of APP programming. This approach could broaden the reach of sexual health interventions and more fully support all youth. For youth with a history of ACEs or trauma specifically, this approach can help minimize internalized shame and encourage more engagement in sexual health content (Panisch et al., 2020).

Signs of Secondary Traumatic Stress

- Increased irritability or impatience
- Difficulty planning classroom activities and lessons
- Decreased concentration
- Denying that traumatic events impact youth or feeling numb or detached
- Intense feelings and intrusive thoughts, which don't lessen over time, about a young person's trauma
- Dreams about a young person's traumas

Source: National Child Traumatic Stress Network (2008).

- **Promote Safety and Emotional Regulation.** Stress and trauma undermine our sense of safety and predictability. Educators must prioritize physical, emotional, and social safety and predictability so that students are able to focus on thinking and learning rather than managing threats to their well-being.
 - » Establish and maintain predictable routines and rituals.
 - » Co-create community agreements, and equitably adhere to clear behavioral expectations. Be sure that agreements promote respectful and inclusive language, establish confidentiality among the group, and support the right to pass.
 - » Make instructions easily digestible in small chunks, using clear and simple language.
 - » Integrate emotional regulation strategies like mindful breathing, drumming, dancing, and other movement.
 - » Validate and normalize the range of student emotions. You can help students self-regulate by staying calm and listening to and validating student experiences when they are in need.
 - » Avoid shaming language around sexual behaviors, sexually transmitted infections, and adolescent pregnancy. See this [Guide to Trauma-Informed Sex Education](#) for suggestions on ways to reframe common shaming language.
 - » Stay attuned to student energy and behaviors, recognize student triggers when they occur, and develop skills to de-escalate situations. See resources from the [Trauma Responsive Educational Practices \(TREP\) Project](#) for useful strategies.
 - » Have a plan in place to handle disclosures and triggers. See [A Trauma-Informed Approach for Adolescent Sexual Health](#) for sample scripts.



- **Cultivate Supportive Relationships and Connections.** Safe and supportive relationships are important for building resilience. Our ability to form trusting, compassionate relationships with youth is essential for helping them feel safer, cared for, and connected.
 - » Establish and maintain a positive and responsive relationship with every student that conveys both warmth and structure.
 - » Model healthy relationship skills, like respectful communication and consent.
 - » Create opportunities for students to meaningfully connect and nurture their relationships with each other.
 - » Encourage and support the development of family and school connectedness.
- **Foster Empowerment, Choice and Resilience.** We can build youth resilience by enhancing their personal agency, nurturing their strengths, and instilling a sense of hope.
 - » Recognize youth as experts in their own lives and experiences. Engage youth in the design, planning, implementation and evaluation of programs so that youth feel valued, respected, and supported.
 - » Give students choices throughout lessons to help them experience more control over their lives.
 - » Notice and acknowledge student effort, strengths, successes and resilience – no matter how small.
- **Develop Referral Networks and Partnerships.** Develop partnerships with other social service and community-based organizations that can address the wide range of needs (e.g., mental health, food and housing support, parenting support) presented by young people.

Routine ACEs Screening in Clinical Settings

- The American Academy of Pediatrics recommends screening for ACEs in primary care settings to identify young people at risk for ACE-associated health conditions. **Screenings for ACEs should be implemented by a trained professional.**
- Once a history of ACEs is determined, adolescents can be referred to targeted interventions and offered anticipatory guidance around sexual health.
- Screening for and addressing ACEs is particularly important for expectant teens to facilitate intergenerational healing for parents who have aspirations to break cycles of trauma (SmithBattle, 2018).
- For more information on ACE screening and trauma-informed patient care, visit [ACEsAware.org](https://www.acesaware.org). The Adolescent Health Initiative also offers an online course on implementing [Trauma-informed Care with Adolescent Patients](#).

RESOURCES

Several organizations provide training and resources on trauma-informed approaches, including:

- [Flourish Agenda](#)
- Trauma and Learning Policy Initiative: [Helping Traumatized Children Learn](#)
- [National Child Traumatic Stress Network](#)
- Kaiser Permanente: [Ready, Set RISE \(Resilience in School Environments\)](#)
- RHNTC: [Reproductive Health National Training Center](#)
- National Child Traumatic Stress Network: [Trauma Aware Schools](#)
- [Trauma Responsive Educational Practices \(TREP\) Project](#)
- The Regents of the UCSF: [UCSF Healthy Environments and Response to Trauma in Schools](#)

Other useful resources for educators to implement trauma-informed practices include:

- Resources for Resolving Violence, Inc.: [A Trauma-Informed Approach for Adolescent Sexual Health](#)
- Cardea Services: [Guide to Trauma-Informed Sex Education](#)
- ETR: [ETR Virtual Vitality: Adapting Trauma-Informed Practices to a Virtual Environment](#)

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