

**Trauma Informed Care:  
Adverse Childhood Experiences (ACEs) and Adolescent Sexual Aggression**

Dina McManus, LCSW-R  
David Wallace, LCSW-R

Beginning in 1995, Kaiser Permanente, the largest managed care corporation in the United States, began to explore the linkages between exposure to childhood trauma and adult physical health impairment. In the initial phase of the study, lasting approximately 2 years, over 17,000 participants engaged in a standardized health examination and have been monitored regularly since. According to the Centers for Disease Control web site (<http://www.cdc.gov/ace/index.htm>), over 50 studies have been published illustrating the correlation between childhood trauma and adult emotional and physical dysfunction that leaders in the social sciences have suspected for decades.

Likewise, trends in child welfare and juvenile justice have begun to move in the direction of highlighting trauma as an underlying and precipitating factor in delinquent and problematic childhood behaviors that are often categorized as mental illness. That is, leaders in the field are beginning to suggest that many common disruptive behavior disorders in our youth such as aggression, irritability, and hyperactivity, may, in fact, be “reasonable, normal responses to toxic stress caused by trauma during childhood” (Stevens, 2012).

The scope of this workshop is to provide a brief overview of the vast body of evidence that has emerged in the literature since the Centers for Disease Control (CDC) and Kaiser Permanente began their original Adverse Childhood Experiences (ACEs) studies in 1995. In doing so, speakers will identify emerging national and local trends in ACEs scores of youth in multiple levels of care and how an individuals’ score can impact treatment planning and longitudinal outcomes. Presenters will specifically illustrate how LaSalle School has begun to utilize the ACEs questionnaire as a standard component of assessment and how scores impact admission, treatment planning, risk assessment, supervision, and discharge planning decisions.

Speakers will also facilitate a discussion of how ACE scores can impact the dialogue between clinicians, external decision makers, and stakeholders in residential care (i.e., family court, probation, parents, and social services) and can potentially affect local regional policies regarding residential care.

**References:**

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