

draft

The ACE Controversy

“Do I count myself as being in jail?” I wonder while taking the Adverse Childhood Experiences (ACE) 10 question assessment. At 16, I was incarcerated so I decide to count it as a “yes.” My ACE score becomes six, including affirmative answers about sexual abuse and a parent suffering mental illness. Five decades since experiencing my ACEs, this assessment disturbs me. It’s too simplistic and excludes consideration of an individual’s resiliency, which can protect them from being traumatized by adversity.

Trauma is not a fixed state that all individuals experience when facing adversity. Adversity is most often “converted by the survivor into a growth-producing stren.¹” Hollister, 1967, invented the word *stren* after Margret Mead told him in 1947: “We have the word 'trauma' to designate an unfortunate blow that injures the personality, but as yet we have no word that describes an experience that is fortunate, that strengthens the personality. The closest thing we come to this is to say, 'It’s a blessing.’ Counting our blessings does not really meet our need for a collective noun directly opposite in meaning to ‘trauma.’² Individuals are mostly resilient and not traumatized by loss and violence.³ “[A]n experience that is fortunate, that strengthens the personality” can result from adversity.⁴ My research and life experiences confirm this.

¹ Proulx, Jocelyn, Catherine Koverola, Anne Fedorowicz, and Michael Kral. “Coping Strategies as Predictors of Distress in Survivors of Single and Multiple Sexual Victimization and Nonvictimized Controls.” *Journal of Applied Social Psychology* 25, no. 16 (August 1995): 1464–83. <https://doi.org/10.1111/j.1559-1816.1995.tb02627>. pg. 1466.

² Hollister, W.G. (1967). The Concept of Sterns in Education: A Challenge to Curriculum Development. In E.M. Bower & W.G. Hollister (Eds.), *Behavioral Science Frontiers in Education*. NY: John Wiley & Sons. pg. 197.

³ Bonanno, G. A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist*, 59(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>.

⁴ Hollister, *supra* note 2, at 197.

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I have studied resiliency for 25 years, which is driven by my personal experiences. My childhood family was troubled. My mother experienced unipolar depression, had six kids, and had not completed high school. She and my father, her second husband, had serious conflicts. There was screaming, fear, and apprehension in our home. They divorced when I was ten (the year I finally learned to read), but she had kept the divorce a secret from my two younger siblings and me. It was two years later, when I was 12 and my beloved 17-year-old brother was dying in the hospital when she finally told us about the divorce. Our father, too, had kept up the charade, writing us letters inferring he was coming home any day now. It was astonishing to learn he wasn't coming home, and it was devastating for my family to lose my brother. By 14 I had moved out to live with a variety of single women who needed childcare. My mother allowed me to leave home with the admonition that: "If you get into any trouble you'll be put into foster care." I earned room and board from babysitting, but anything else I needed was obtained through theft and selling LSD and marijuana. By 15 I dropped out of school. When I was 16, I was arrested for possession of marijuana in Seward, Nebraska. I'd been with two older men there looking for wild hemp to pick and sell in California. We had some smoking stash, and one of them got me to hold it, so I was charged with possession. The police gave me Miranda warnings, which I took seriously. I stayed silent despite the cops' threats: "You're going away to reform school until you're 18 if you don't tell us the truth about those guys." (I didn't, and the men were released while I stayed in jail for a week.) The experience motivated me to completely desist from crime. I had also convinced one of the men I was with to marry me. He had a job, and survival sex with him got me through the next few years. At 17, the sweet dog I loved got run over, and I decided to have a baby. By 18 I'd heard about this amazing school called Montessori. I asked my father, who I had no relationship with, to pay for a Montessori teacher training correspondence course from England. With that support I was able to complete the course, and by the time I was 20 I had a job teaching preschool and

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kindergarten. I could support myself and my three-year-old daughter. At 21 I was able to leave my husband. By 23, I'd become bored teaching preschool and moved to Kaua'i, where I waitressed. When I was 24, I was assaulted by a stranger. It was an attempted rape that turned into an attempted murder. I needed surgery and was hospitalized. After being released, I saw a therapist who helped me through the depression I was experiencing. He also convinced me to try college, despite my protests that I was "not college material."

Hawai'i allows anyone over age 18 to attend community college with or without a high school diploma. I did not expect to remain in college, but within days I found myself thriving at Kaua'i Community College. A year later I wanted to become a lawyer. I saw another therapist when I transferred to the University of Hawai'i on O'ahu. Both therapists helped me process the adversity and abuse I experienced in my youth. They both helped me believe I was intelligent, creative, and had a hardy disposition. Importantly, too, they each helped me see that I was not damaged by my experiences but made stronger and more resilient because of them.

I took the Hawai'i state bar examination at the same hotel where the police and ambulance had rescued me seven years earlier when I had been attacked. I clerked for judges and became a deputy attorney general for the state of Hawai'i. Besides becoming a lawyer, I married a great man my age. We had two more children, and we sent my first child to college. When she graduated from the University of California, she gave me her bachelor's degree on Mother's Day. It is framed in my office today. Having her was the best decision of my life, despite making it when I was a 17-year-old high school dropout needing someone to love.

While studying for my master's degree in public health, I studied and wrote my thesis on conflict and resiliency. I wrote about the Kaua'i Study where that island's whole 1955 birth cohort was studied until they reached their fifties. The study found that some of the cohort who faced tremendous adversity, became more resilient than their peers who had more fortunate families. "With few exceptions, the resilient children grew into competent,

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confident, and caring adults whose educational and vocational accomplishments were equal to or exceeded those of the low-risk children in the cohort who had grown up in more affluent, secure, and stable environments.”⁵

To date I have written a couple books and roughly fifty papers. One of my first papers was about how restorative justice practices promote resiliency.⁶ When I took the ACE test, I had second thoughts about my resiliency: “Maybe my sleeping trouble is because of the trauma I suffered?” But I have always been a light sleeper. No, it was the 10 question ACE test that caused me to question my mental stability and coping skills.

ACE caused me the “unintended consequences that can influence practices and programs to the detriment of the very individuals they intend to serve.”⁷ I experienced first-hand how individuals can be harmed from ACE. I realized quickly if that could happen to me, what would happen to the many people I work with and represent who might take ACE and lack my understanding of resiliency and conflict?

“Re-traumatization” has been documented in service providers and social work students.⁸ Leitch lists “[o]ver-attention to the negative,” it brings up “[e]thical issues,” and is known for “[g]enerating and reinforcing dysregulation” as serious concerns with ACE and trauma informed care.⁹ George Bonanno, Columbia University clinical psychology professor, whose

⁵ Werner, Emmy & Smith, Rut, *Overcoming the odds: High risk children from birth to adulthood* (New York: Cornell University Press, 1992) 192.

⁶ Walker, Loren. “Second International Conference on Conferencing and Circles: Restorative Practice in Action.” *In Restorative Practice in Action: Selective Papers*. Bethlehem, PA: IIRP, 2000. <https://www.iirp.edu/news/conferencing-a-group-process-that-promotes-resiliency?highlight=WyJsb3Jlbn4iLCJsb3Jlbn4ncyIsIndhbGtlciIsIndhbGtlcidzIiwibG9yZW5uIHdhdGtlciJd>.

⁷ Leitch, Laurie L. "Action Steps Using ACEs and Trauma-Informed Care: A Resilience Model." *Health Justice* 5, no. 1 (April 28, 2017): 5. <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-017-0050-5#citeas>.

⁸ See Turner, Francis J. *Social Work Treatment: Interlocking Theoretical Approaches*. Oxford: Oxford University Press, 2017 and Butler LD, Carello J, Maguin E. “Trauma, Stress, and Self-Care in Clinical Training: Predictors of Burnout, Decline in Health Status, Secondary Traumatic Stress Symptoms, and Compassion Satisfaction.” *Psychol Trauma*. 2017 Jul;9(4):416-424. doi: 10.1037/tra0000187. Epub 2016 Sep 12. PMID: 27617660.

⁹ Leitch, *supra* note 6, at 4-5.

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career has focused on studying how people deal with loss and tragedy, believes ACE measurements are “more or less useless.”¹⁰

From my many years of work with children in foster care, families in child welfare cases, people harmed by crime and social injustice, including incarcerated people, I know very well that many suffer from trauma and systemic biases. ACE might help identify society’s structural problems, but for individuals it is not reliable and can be harmful. Kelly-Irving & Delpierre, argue that ACE research should only be used “for population-level or structural policies, it is an insufficient and ill-adapted tool for implementation by social workers, medical practitioners, child protection workers, and likely to stigmatize families and children. . . . The individualized use of the original ACEs questionnaire poses many potential ethical questions. What can an individual do with this information? Will they fear for their health, or even their lives even though the majority of exposed people will not develop any ACE-related problems?”¹¹ Kelly- Irving & Delpierre also argue the original ACE researchers, Felitti, et al, 1997, promoted its use for “structural change” and not for “identifying people.”¹² Focusing on individuals’ deficits is unhelpful while acknowledging their strengths and how they have managed to cope with past hardships is.¹³

ACE’s “limitation of recall bias (relying on the memory of adults)” is also problematic.¹⁴ A meta-analysis of prospective and retrospective studies measuring childhood maltreatment shows measurements like ACE are not as reliable as interviews and reports when the adversity

¹⁰ George Bonanno, personal communication to author, February 26, 2021.

¹¹ Kelly-Irving, M. & Delpierre, C. (2019). “A Critique of the Adverse Childhood Experiences Framework in Epidemiology and Public Health: Uses and Misuses,” *Social Policy and Society*, Cambridge University Press. <https://hal.archives-ouvertes.fr/hal-02088653/document>, pg. 11.

¹² *Id.* at 12.

¹³ Bannink, F. (2008). “Posttraumatic Success: Solution-Focused Brief Therapy,” *Therapy, Training, Coaching, and Mediation Practice*, 1-11, https://www.fredrikebannink.com/bannink/wp-content/uploads/2011/03/Art_Posttraumatic_success.pdf.

¹⁴ Zimmerman, Woolf & Haley, (2015). “Understanding the Relationship Between Education and Health: A Review of the Evidence and an Examination of Community Perspectives.” In (Eds.), *Population Health: Behavioral and Social Science Insights*, 347-384. Rockville, MD: National Institutes of Health. <https://www.ahrq.gov/sites/default/files/publications/files/population-health.pdf>. pg. 364.

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happened.¹⁵ Other researchers recommend the ACE 10 questionnaire should “not be used in clinical practice or for research surveys.”¹⁶

All individuals who have suffered abuse and adversity need access to health care and services. Some people will suffer trauma, but not all will, and we should not create assessments that infer that they will. Some Indigenous people have said: “We are not to be defined by HT [historical trauma]...[c]olonizers would like us to be ‘victims’ to be ‘saved, fixed, etc.’ and colonial dependency that the Nation state requires can creep into helping systems relationship (good client, medicalization of HT).”¹⁷

Suggesting to someone they have suffered trauma can create a “self-fulfilling prophecy.”¹⁸ “Everyone does the best they can with what they have,” my teacher and mentor Insoo Kim Berg taught me. Let’s work to give people more by being solution-focused. Let’s notice strengths, goals, and how amazing the disadvantaged people we work with manage to cope with hardship. Let’s stop assuming and suggesting everyone who faces adversity has suffered a deficit and is traumatized.

¹⁵ Baldwin, J., Reuben, A. Newbury, J. & Danese, A. (2019). “Agreement Between Prospective and Retrospective Measures of Childhood Maltreatment: A Systematic Review and Meta-analysis,” *JAMA Psychiatry*, 76:6, 584-593.

¹⁶ McLennan, John D., Harriet L. Macmillan, and Tracie O. Afifi. "Questioning the Use of Adverse Childhood Experiences (ACEs) Questionnaires." *Child Abuse & Neglect* 101 (2020): 104331. doi:10.1016/j.chiabu.2019.104331. pg. 3.

¹⁷ Walters, Karina, “Imaiyachi (to overcome) Living the dreams of our ancestors: transcending historical trauma.” YouTube Video, 45:16. <https://www.youtube.com/watch?v=dtHZOKLG5xI>.

¹⁸ Kelly-Irving, *supra* note 10, at 15.