Understanding ACEs & Leading Trauma-Informed Schools

A Resource Guide for Building Leaders

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WHAT ARE ADVERSE CHILDHOOD EXPERIENCES (ACES)?

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before age 18. The concept was introduced through the landmark CDC-Kaiser Permanente ACE Study (Felitti et al., 1998). Between 1995 and 1997, more than 17,000 adults enrolled in Kaiser Permanente's health care program were surveyed about their childhood experiences and current health. The results changed the way researchers, clinicians, and educators think about health, behavior, and human potential.

The study identified ten categories of ACEs across three domains. Each category counts as one point in the ACE score, regardless of the number of incidents within that category.

The Original 10 ACEs

Domain	Category	Includes
Abuse	Physical Abuse	Hitting, kicking, burning, or other physical harm by an adult in the household
Abuse	Emotional Abuse	Being sworn at, insulted, put down, or threatened by an adult in the household
Abuse	Sexual Abuse	Sexual contact or attempted contact by an adult at least 5 years older
Neglect	Physical Neglect	Lack of adequate food, clothing, shelter, or medical care
Neglect	Emotional Neglect	Failure of family members to provide emotional support, love, or a sense of belonging
Household Dysfunction	Domestic Violence	Witnessing violence against a mother or stepmother
Household Dysfunction	Substance Use	Living with someone who was an alcoholic or used street drugs
Household Dysfunction	Mental Illness	Living with someone who was depressed, mentally ill, or suicidal
Household Dysfunction	Parental Separation	Parental separation or divorce
Household Dysfunction	Incarceration	A household member who went to prison

THE EXPANDED ACES FRAMEWORK

The original CDC-Kaiser study measured adversity inside the home. But trauma also lives in the community. The Philadelphia ACE Project and later community-level research expanded the framework to include experiences outside the household that profoundly affect child development:

- Bullying by peers
- Witnessing community violence
- Racism and discrimination
- Living in an unsafe neighborhood
- Economic hardship and housing instability
- Loss of a loved one or grief
- Experience with foster care or system involvement

Why This Matters for Our Schools

Many students carry adversity that the original ten categories don't capture. When we think of ACEs as only what happens behind closed doors, we miss significant sources of trauma that shape how students show up in our classrooms, hallways, and offices every day.

THE DOSE-RESPONSE RELATIONSHIP

One of the most significant findings of the ACE study was the graded dose-response relationship between ACE scores and health outcomes: the higher the score, the greater the risk. Risk does not jump at a single threshold. It rises with every additional ACE. More recent CDC data show that about 61% of U.S. adults report at least one ACE, and about 1 in 6 report four or more (Merrick et al., 2019).

What 4 or More ACEs Can Mean

Compared to adults with zero ACEs, adults in the original study with four or more ACEs had:

Health Risks	Behavioral and Mental Health Risks
2.2 times the risk of ischemic heart disease	7.4 times the risk of alcoholism
2.4 times the risk of stroke	10.3 times the risk of having injected drugs
3.9 times the risk of chronic bronchitis or emphysema (COPD)	12.2 times the risk of having attempted suicide
1.9 times the risk of cancer; 1.6 times the risk of diabetes	4.6 times the risk of extended periods of depression

Source: Felitti et al. (1998). Figures are odds ratios compared with adults reporting no ACEs.

A Lens, Not a Score

The ACE questionnaire was built for population research, not to screen individual children. Building leaders don't need to know a student's ACE score to respond with care, and tallying scores for individual students can label children and invite assumptions. Instead, assume that any student might be carrying something you can't see, and build systems that work for all of them.

ACES AND THE BRAIN & BODY

Traumatic childhood experiences don't just affect emotions. They alter the physical architecture of the developing brain. Understanding these biological mechanisms helps us respond with compassion rather than frustration when students struggle.

The Stress Response System

When a child experiences a threat, real or perceived, the body activates the hypothalamic-pituitary-adrenal (HPA) axis, flooding the body with cortisol and adrenaline. This prepares the body for fight, flight, or freeze. For a child with a safe home, stress levels return to normal once the threat has passed.

Three Types of Stress

Positive stress: Brief, mild stress with a supportive adult nearby. Normal and healthy (a new school, a hard test).

Tolerable stress: More serious stress, but buffered by caring relationships and support.

Toxic stress: Strong, frequent, or prolonged stress without a supportive adult relationship. This is what chronic trauma produces.

How Toxic Stress Changes the Brain

Toxic stress keeps the body in chronic hyperarousal, like revving a car engine for hours at a time. Over time, this produces measurable changes in brain structure and function:

Brain Region	Function	Effect of Toxic Stress
Prefrontal Cortex	Executive function, self-regulation, decision-making, planning	Impaired ability to regulate emotions, control impulses, and make complex decisions
Amygdala	Threat detection, emotional reactions, learned fear	Becomes hyperactive; the child reads neutral situations as dangerous
Hippocampus	Memory formation, regulating stress responses	Reduced volume; affects learning, memory, and the ability to put stress in context
HPA Axis	Cortisol regulation, stress response	Dysregulated cortisol; excess cortisol suppresses immune function

Neuroplasticity: The Hopeful Part

The same brain science that describes the damage of toxic stress also offers hope. Neuroplasticity, the brain's ability to form new neural connections across the lifespan, means the effects of early adversity are not permanent. Consistent, caring relationships and environments can help rebuild and strengthen neural pathways.

> *"The brain can re-enter plastic states, and negative outcomes may be mitigated, even later in life."*
> — Karatsoreos & McEwen (2013)

The Question That Changes Everything

It's not ***"What's wrong with you?"*** but ***"What happened to you?"***

This reframe changes how we see behavior, and how students experience us.

The Cycle of Trauma

Children exposed to chronic trauma come to expect danger, and those expectations shape how they read ordinary moments (Pynoos et al., 2012). When their survival responses are met only with punishment, they can be re-traumatized, which reinforces the very behaviors we are trying to change (Dutil, 2020). This is why the response to a referral matters as much as the referral itself.

THE RESEARCH: ACTIVATING THE ACTIVE INGREDIENT

My doctoral research (Martin, 2021) was a qualitative case study of an alternative charter high school in Southern California that serves foster youth and other students at risk of dropping out. I interviewed 13 teachers and Chasers about how they use relationships to help students persist in school. Chasers are college students, many of them graduates of the school, who come from backgrounds similar to the students. They mentor, tutor, and remove barriers like transportation, working side by side with teachers.

The Active Ingredient

Li and Julian (2012) argue that programs built on "inactive" ingredients like accountability systems, curriculum, and incentives often fail to produce results because they miss the active ingredient: developmental relationships. For building leaders, the implication is clear. Discipline matrices, PBIS systems, and MTSS flowcharts are necessary, but relationships are what make them work.

What the Data Showed

1. Foster youth face many challenges to persisting in school, including frequent moves, lost records, an overwhelming number of adults and services in their lives, and difficulty trusting adults.
2. Teachers and Chasers working together as a team become more than the sum of their parts.
3. Staff help students succeed through developmental relationships, and all five elements of the Developmental Relationships Framework appeared in the data.

Developmental Relationships from the AP's Office

Element	What It Means	What It Looks Like from the AP's Office
Express care	Show students they matter	Greet the student by name the day after a referral
Challenge growth	Push students to keep getting better	Hold students accountable for harm, and expect repair
Provide support	Help students complete tasks and reach goals	Remove barriers like missed breakfast, transportation, or an unannounced schedule change
Share power	Treat students with respect and give them a say	Let students help build their own plans
Expand possibilities	Connect students to people and opportunities	Connect a student with an adult or program that fits them

Framework: Search Institute (2019).

Behavior as Communication

A child who has experienced trauma isn't being defiant, manipulative, or lazy. Their nervous system is responding to real or perceived threats in the only ways it knows. When we understand behavior as communication, our response shifts from punitive to curious, and that shift builds trust.

What You Might See	What It May Mean	What Helps
Defiance or complete shutdown	Fight or flight: nervous system in threat-response mode	Calm, non-threatening tone; offer a choice; avoid power struggles
Can't focus, restless, hyperactive	Hypervigilance: scanning the environment for danger	Predictable routines; movement breaks; clear structure
Won't make eye contact	Shame, or a learned distrust of adults	Side-by-side interactions; avoid demanding eye contact
Explosive or aggressive reactions	Dysregulation, not disobedience	Space to de-escalate first; address behavior when calm, not in the moment
Withdrawal or dissociation	Freeze response; emotional shutdown	Gentle check-ins; don't force engagement; quiet presence
Lying or stealing	Survival behavior rooted in scarcity or fear	Curiosity over punishment; address the need underneath
Clinginess or attention-seeking	Unmet need for connection and safety	Predictable positive attention; brief, consistent check-ins

A Trauma-Informed Lens on MTSS and PBIS

Tier	Trauma-Informed Practices
Tier 1: All students	Predictable routines and warnings before transitions · Greetings at the door · Calm-down or regulation spaces · Staff learning on behavior as communication · Referral forms that ask, "What happened right before?"
Tier 2: Some students	Check-in/check-out with an adult the student chooses · Referral reviews that look for patterns in time of day, setting, and transitions · Small-group skill building
Tier 3: A few students	Plans built with the student and family · Coordination with caseworkers, community mental health partners, and other systems in the student's life

Coaching the "Why": The Teeter-Totter

In my study, teachers and Chasers watched which adult's relationship with a student was "up" and which was "down," then adjusted who stepped in. Assistant principals can do the same. When a teacher's relationship with a student is strained after an escalation, you can hold that relationship for a few days while the teacher resets and repairs.

Post-Escalation Debrief Stems for Coaching Teachers

- "Walk me through what happened right before."
- "What do you think the student needed in that moment?"
- "Have you noticed a pattern in when this happens?"
- "What's one thing we can change before the next transition?"
- "What would repair look like between you and this student?"
- "How are you doing after that?"

CARING FOR THE ADULTS

Secondary traumatic stress is the emotional strain of hearing about and responding to others' trauma. Teachers, counselors, and administrators who care deeply about students are especially vulnerable, and assistant principals often absorb more than they admit.

What It Can Look Like	What Leaders Can Do
Exhaustion that rest doesn't fix	Name secondary traumatic stress out loud with staff
Irritability or numbness	Debrief with staff after crises and hard incidents
Cynicism about students or families	Protect planning time and limit unnecessary demands
Dreading certain students or situations	Normalize using the Employee Assistance Program
Carrying students' stories home	Model taking care of yourself, and do it

Relationships Go Both Ways

In my research, teachers and Chasers described their relationships with students as meaningful to them, too. Knowing they had made a difference in a student's life sustained them. The same relationships that cost us something also give something back.

BUILDING RESILIENCE

The dose-response relationship between ACEs and outcomes is not destiny. Protective factors, especially consistent, caring adults, can buffer the impact of adversity. Resilience isn't a fixed trait some children have and others lack. It's built through relationships and experiences over time.

> *"The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult."*
>
> — Harvard Center on the Developing Child

Three Anchors of Trauma-Informed Leadership

1 — Predictability

Your predictability is their safety. For children who have lived in chaos, a consistent adult is stabilizing at a neurological level.

- Use consistent routines, and warn students before transitions or schedules change
- Follow through on what you say, every time
- Be the same person on Monday that you were on Friday
- **For leaders:** Give staff consistent expectations, follow through, and avoid surprise changes. Predictability makes adults feel safe, too.

2 — Warmth

Small moments of warmth are deposits in a trust account. They don't need to be big. They need to be real.

- Say students' names warmly and often
- Extend unconditional positive regard, especially when behavior is hard
- Express forgiveness freely: "That was hard. Today is a new day."
- **For leaders:** A hello at the door works for teachers as well as students.

3 — Noticing

Being seen, really seen, can change a child's internal story. Many students have been told they are hard to love. Noticing them says otherwise.

- "I see you today." You don't need to fix anything. Just notice.
- "That was hard and you kept going." Name the effort, not just the outcome.
- Notice when something seems off, and check in privately without pressing
- **For leaders:** "I saw how you handled that." Being seen changes adults' stories, too.

MY COMMITMENT

One practice I will try in my building this week:

A student I will notice, and how:

One way I will care for the adults in my building, including me:

RESOURCES

Resource	Contact	Services
988 Suicide & Crisis Lifeline	Call or text 988. Anytime, confidential.	Crisis support, suicide prevention, mental health resources
Your district's Employee Assistance Program (EAP)	See your district's benefits guide or HR office	Confidential counseling and support for employees and often their families
Your local community mental health center	Check your county's listings	Mental health services, crisis support, and school partnerships

National Organizations

- CDC Violence Prevention / ACEs Resources: cdc.gov/violenceprevention
- Harvard Center on the Developing Child: developingchild.harvard.edu
- National Child Traumatic Stress Network: nctsn.org
- Trauma and Learning Policy Initiative: traumasensitiveschools.org
- Search Institute (Developmental Relationships): search-institute.org

Recommended Reading

- Burke Harris, N. (2018). The Deepest Well: Healing the Long-Term Effects of Childhood Adversity.
- Craig, S. E. (2015). Trauma-Sensitive Schools: Learning Communities Transforming Children's Lives.
- Perry, B. D., & Winfrey, O. (2021). What Happened to You? Conversations on Trauma, Resilience, and Healing.
- Souers, K., & Hall, P. (2016). Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom.
- van der Kolk, B. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.

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