

Adverse Childhood Experiences (ACEs) interpretation guide for the ACT Kindergarten Health Check (KHC)

Exposure to Adverse Childhood Experiences (ACEs) has been associated with increased risk of clinical physical and mental health conditions later in childhood and adult life. Risk increases as the number of ACEs experienced increases.

The ACEs score in the KHC clinical summary provided to GPs is the number of ACEs experienced as reported by parents/guardians, in each of Part 1 and Part 2 of the ACEs questions (below). Parents/guardians were not asked to specify *which* of the ACEs their child was exposed to, just how many.

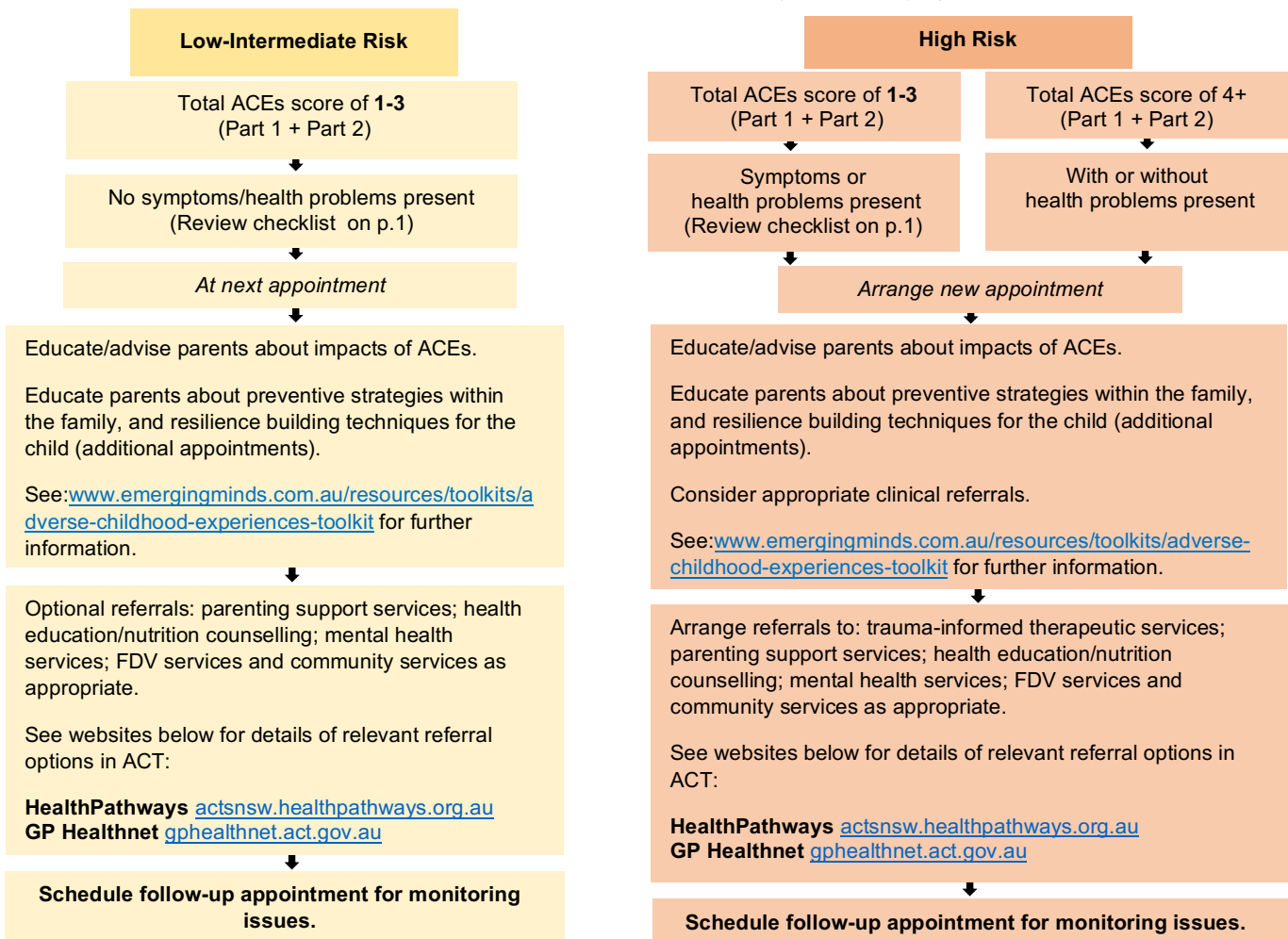
The schema below provides guidance on clinical management according to score-risk, along with relevant symptomatology. Given the sensitive nature of these events, and their potential to impact children's wellbeing and physical health, a consultation with a trusted family doctor is an appropriate forum to discuss a child's specific experiences and associated issues.

Suggestions and advice for GPs about initiating talks with families about their child's ACE's exposure can be found at: www.emergingminds.com.au/resources/toolkits/adverse-childhood-experiences-toolkit

Note that policies, procedures and guidelines associated with the Kindergarten Health Check program do not negate your obligations of Mandatory Reporting to the Child and Youth Protection Service (CYPS) under the Child & Young People Act 2008.

RELEVANT SYMPTOMATOLOGY

Sleep disturbance	Developmental regression	Restricted affect/numbing	Higher SDQ score
Unusual weight gain or loss	School failure/absenteeism	Depression	Higher PEDs score
Failure to thrive	Unusual aggression	Anxiety	Unexplained somatic events
Enuresis, encopresis	Unusually poor impulse control	Interpersonal conflict	Asthma
Constipation		Unusually frequent crying	



These questions ask about your child's exposure to stressful life events

ADVERSE CHILDHOOD EXPERIENCES QUESTIONS

Many children experience stressful life events that can affect their health and wellbeing. The results from these questions will assist your child's doctor in assessing their health and determining appropriate guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child

Information and resources about ACEs can be found at: emergingminds.com.au → resources → toolkits → adverse childhood experiences

PART 1

Of these statements, **how many** apply to your child? Write the total number in the box. →

At any point since your child was born....

- Your child's parents or guardians are/were separated or divorced
- Your child lives/ lived with a household member who has served time in jail or prison
- Your child lives/ lived with a household member who is/was depressed, mentally ill or attempted suicide
- Your child sees or hears/ or has seen or heard, household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child goes/went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lives/lived with someone who has/had a problem with drinking or using drugs
- Your child often feels/felt unsupported, unloved and/or unprotected

PART 2

Of these statements, **how many** apply to your child? Write the total number in the box. →

At any point since your child was born....

- Your child is/ was in foster care
- Your child has experienced harassment or bullying at school or prior to starting Kindergarten
- Your child has lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child has/ had a serious medical procedure or life threatening illness
- Your child often sees or hears violence in the neighbourhood or in her/his school neighbourhood
- Your child is/ was often treated badly because of race, sexual orientation, place of birth, disability or religion

Adapted from the Center for Youth Wellness: The ACE Questionnaire ("CYW ACE-Q")

**Thank you. Please return the completed form to your child's school in a sealed envelope.
The results of the Kindergarten Health Check will be posted to your nominated address**