## NJ ACES COLLABORATIVE

Trenton – New Jersey's ACEs Collaborative today announced that screening for Adverse Childhood Experiences (ACEs) by care providers should be used as a means to provide assistance and referrals to children and families, not as a diagnostic or treatment tool.

In a position paper released today, the Collaborative – a coalition of state-based foundations, the New Jersey Department of Children and Families, and its Office of Resilience – advised that ACE screening results are an opportunity for professionals to more deeply connect with their patients and clients, to build relationships, deepen trust and facilitate a holistic, integrated care approach.

"Data show that 2 of 3 children have experienced some type of trauma in their young lives," said Commissioner of the Department of Children and Families **Christine Norbut Beyer**. "We no longer need ACEs screening to affirm that every professional interaction with children should be trauma-informed and healing-centered."

Adverse Childhood Experiences can include a variety of situations that can have long-term – even generational – physical, emotional, social, and economic impacts on children and their families, including abuse, neglect, parental separation, substance misuse, mental illness, and death by suicide. These and other challenges, like living in a violent community, experiencing racism, and social isolation caused by a pandemic can trigger fight or flight reactions that manifest as chronic illness or behavioral conditions.

"ACEs screening tools have become popularized on the internet and social media, but they haven't evolved with the science or social construct we're using now to promote healing," said **Dave Ellis**, Executive Director of the state's first Office of Resilience. "As New Jersey advances its Statewide ACEs Action Plan, our goal is to reduce the stigma associated with trauma and mental health so that we can better serve children and families in crisis."

The position paper explains that ACEs are neither a disease nor a condition but rather an intimate personal history. Screening risks stigmatizing certain population groups and may generate fear and reluctance to participate in services or initiatives. It also has the potential to be used for discriminatory practices because the assignment of individuals into services using ACE scores can mislabel some as high risk for ACE related outcomes and others low risk, leading to confusion, unnecessary interventions, fear, wasted resources, and missed opportunities to properly support individuals affected by ACEs.

## **About NJ ACEs Collaborative**

The New Jersey ACEs Collaborative is a public-private partnership consisting of the Burke Foundation, the Nicholson Foundation, the Turrell Fund, the New Jersey Department of Children and Families, and the New Jersey Office of Resilience. Its vision is to make New Jersey a trauma-informed, healing-centered state — a place where children and families can thrive regardless of who they are or where they live. To do this, we aim to increase public awareness of ACEs and encourage behaviors that can mitigate the impact ACEs can have on children, families, and communities.