

ADVERSE CHILDHOOD EXPERIENCES ENVIRONMENTAL SCAN DATA ANALYSIS

Prevent Child Abuse Illinois

Analyzed by the Human Trafficking
Research Lab at Millikin University



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Introduction

Introduction to Adverse Childhood Experiences

In 1995, a study by the Centers for Disease Control and Kaiser Permanente's Health Appraisal Clinic in San Diego began examining the links between Adverse Childhood Experiences (ACEs)—traumatic events, including experiences of abuse, neglect, and household dysfunction, that occur before the age of 18—and adults' health and well-being later in life. The study, which took place over two years (1995-1997), included over 17,000 Kaiser Permanente members who were age 18 and older. The participants underwent physical examinations, and provided information about their childhood experiences of abuse, neglect, and family dysfunction by answering a personal history survey. The results were groundbreaking. The study indicated that nearly 67% of participants had experienced at least one ACE and more than 20% reported experiencing three or more ACEs. Additionally, the study showed the number of ACEs participants experienced increased their risk for developing a number of behavioral and chronic health problems, such as drug and alcohol misuse, smoking, depression, diabetes, cancer, and heart disease

(<https://www.cdc.gov/violenceprevention/aces/> and www.acestudy.org). Since the original study, the definition of ACEs has been expanded to include a range of traumatic experiences. These include, but are not limited to, experiencing discrimination such as racism or homophobia; living in an unsafe neighborhood or experiencing violence; and involvement in the foster care system

(www.philadelphiaace.org).

Introduction to Prevent Child Abuse Illinois and the ACEs Project

Prevent Child Abuse Illinois (PCA Illinois) is a free standing 501(c)(3) charitable organization and a chartered state chapter of Prevent Child Abuse America. Established in 1990, PCA Illinois provides key leadership for child abuse prevention throughout Illinois. The mission of Prevent Child Abuse Illinois is to prevent child abuse by providing statewide leadership through education, public awareness, support for community initiatives, and advocacy.

PCA Illinois' Adverse Childhood Experiences (ACEs) Project was established as part of a three-year grant funded in part by the Illinois Department of Public Health. The ACEs Project's mission is to strengthen families and communities and assure safe and healthy environments for children through three main

objectives; (1) conduct a statewide environmental scan to gather information on the level of public awareness and practices around adverse childhood experiences in Illinois, (2) create a public awareness campaign, including a toolkit, social media messaging, and educational materials about ACEs and their impact on children, families, and communities, and (3) build a network of agencies and individuals across the state with the shared goal of coordinating ACEs, trauma informed care, and resilience efforts to better serve all children and create environments where children can grow and thrive.

In 2022, the ACEs Project Director and four additional PCA Illinois staff members convened to create the ACEs Project Advisory Committee. The committee developed the ACEs Environmental Scan Survey to address three primary questions: (1) What level of personal knowledge does the general population of Illinois have on ACEs and its related concepts? (2) What does screening for ACEs look like in Illinois? (3) What public awareness campaigns and resources on ACEs are available? The results of the scan would be used to develop a public awareness campaign, training, and educational materials about ACEs and their impact on children, families, and communities.

Executive Summary

- This 32-question survey was administered by Prevent Child Abuse Illinois (PCA Illinois) during March through May of 2022 and 2,465 survey responses were received. Teachers and administrators were the largest category of respondents followed by social services, healthcare, and child welfare/child advocacy.
- There was a wide dispersion of respondents in every county of Illinois. Jo Daviess County had the fewest responses with nine and Cook County had the most with 401. The average number across all 102 counties in Illinois was 44.73.
- The majority of respondents, 80%, have heard of Adverse Childhood Experiences (ACEs) while 19% indicated that they had never heard of ACEs.
- Approximately 40% of respondents learned about ACEs from training provided by their employer or by someone other than their employer.
- More than 60% of respondents reported being at least somewhat familiar with the Adverse Childhood Experiences study. One-third were not as familiar or had never heard of the study.
- Almost half of the respondents had completed the Adverse Childhood Experiences questionnaire and 38.1% reported they had not completed it. More respondents knew where to access information on ACEs than knew their own ACEs score.
- Respondents indicated that only about 15% of companies or organizations currently screen for Adverse Childhood Experiences with 41.3% indicating that their company or organization did not screen for ACEs.
- A little more than a quarter of respondents indicated that they were aware of services that focus on addressing ACEs but another 40.9% indicated no awareness, 16.7% were not sure, and 15.8% did not answer the question.
- Prevent Child Abuse Illinois was the organization listed most often by respondents as the program or service they were aware of that focused on addressing ACEs, so respondents were knowledgeable of Prevent Child Abuse's work on this issue. In another survey question asking respondents to identify ACEs groups or networks in Illinois and their local community, 75 respondents included Prevent Child Abuse Illinois in their response, more than any other organization mentioned.
- Respondents were interested in a variety of ACEs information that they would like Prevent Child Abuse Illinois to provide but an ACEs tool-kit, a factsheet, and trainings were the most prevalent responses.

Research Methods

The 32-question survey was administered by Prevent Child Abuse Illinois (PCA Illinois) in March through May of 2022. The aim of the survey was to examine elements related to Adverse Childhood Experiences (ACEs) which are “traumatic events that occur in childhood with long-term effects that can last into adulthood and can impact a person's health and wellbeing” (PCA Illinois 2022). Prevent Child Abuse Illinois sought “to gauge the level of personal knowledge the general population of Illinois has regarding Adverse Childhood Experiences and its related concepts, as well as gather data on public awareness campaigns, company practices related to ACEs, and existing groups working on ACEs and trauma-informed care in Illinois” (PCA Illinois 2022).

The Human Trafficking Research Lab (HTRL) at Millikin University was tasked in October 2022 to analyze the 2,465 survey responses and compile a summary of the research results. The survey designed by Prevent Child Abuse Illinois included both quantitative and qualitative data through a variety of employment questions, open-ended questions, multiple choice questions, and Likert scale questions in order to assess a variety of categories. In total, 222 frequency calculations were conducted to obtain a count and percentage data in the statistical software program SPSS. HTRL also conducted ten cross-tabulations and chi-squared tests by work sector which revealed the relationship between the variables, focusing on the frequency of respondents that have the specific characteristics described in the cells of the table. HTRL transformed question one into standardized work sectors to be able to analyze them further including education-1, social services-2, healthcare-3, law enforcement and legal sphere-4, government, business, and faith-based organizations-5, and parents and volunteers-6. Using the county service data from respondents, HTRL also mapped the coverage area across Illinois to show the dispersion in the respondents' area of service using Tableau.

Research Results and Analysis

Demographic Information

The 2,465 survey respondents were from a variety of work sectors out of the 29 categories of possible responses. The largest categories of respondents were:

- Educators (teachers and administrators): 21.3% (525 respondents)
- Social services: 13.1% (323 respondents)
- Healthcare: 12.2% (301 respondents)
- Child welfare/child advocacy: 11% (271 respondents)
- Mental health: 9.7% (240 respondents)
- Childcare: 4.3% (106 responses)
- Criminal justice/courts/law enforcement: 4% (99 respondents)
- Public health: 3.3% (81 responses)

Every other category of work sector received less than 3% of responses. The “other” category included 6.9% (170 responses). Themes in this response included nine respondents working in prevention areas, eight students, eight early intervention or early childhood specialists, six family support specialists, five counselors, four non-profits, and three librarians. The complete breakdown of responses is listed in Appendix II.

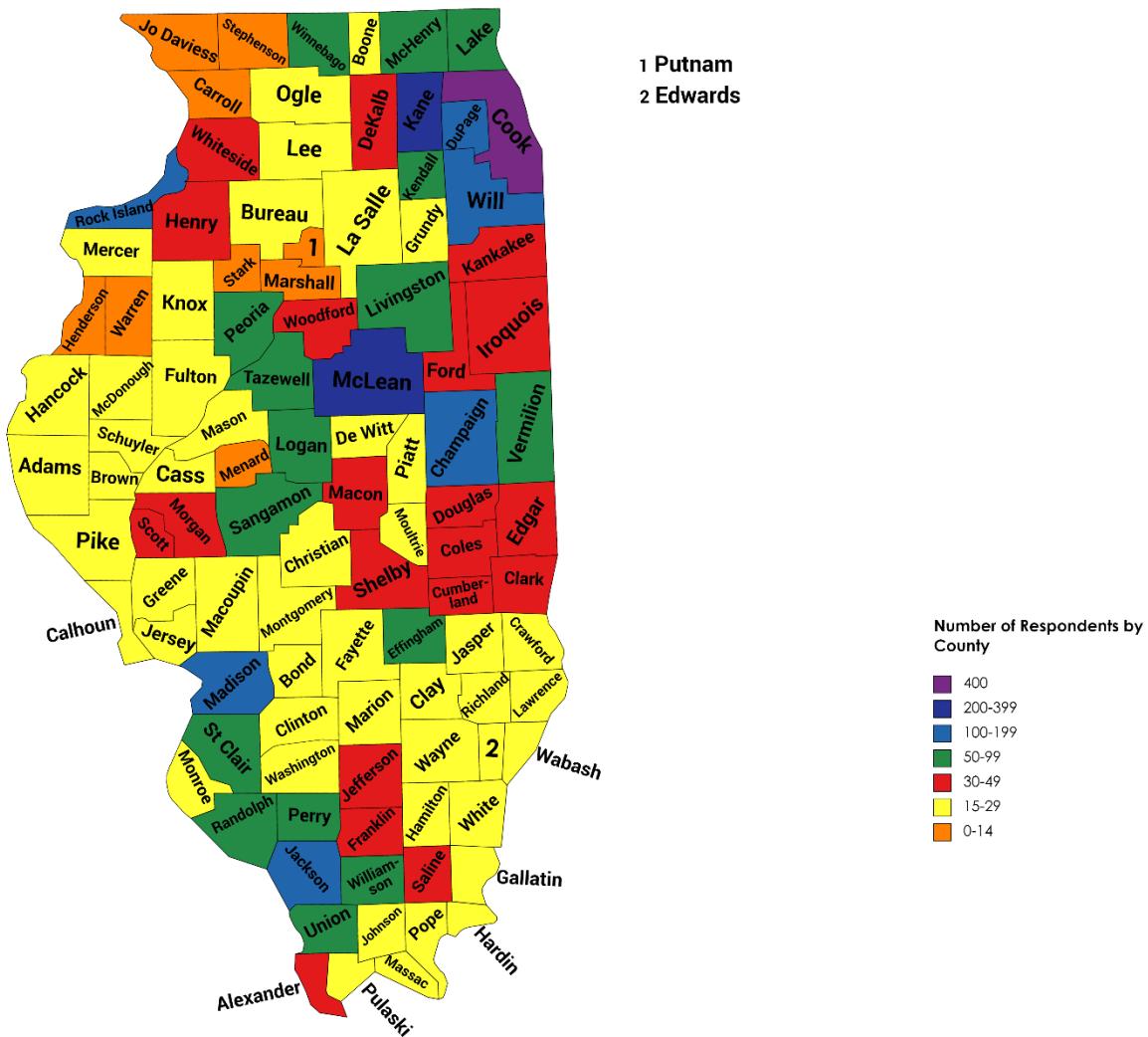
Question two asked about the respondents’ role at their organization or company and there were 23 different categories, including “not applicable” and “other” in this question. The largest percentage of respondents were social workers/counselors (16.8% 414 responses). Other respondents’ roles at their company included:

- Educators: 13.5% (333 respondents)
- Administration: 12.3% (303 respondents)
- Direct service workers: 9.6% (236 respondents)
- Medical providers: 9% (222 respondents)
- Managers: 6.2% (154 respondents)

The remaining categories registered fewer than five percent of respondents. The category “other” was selected by 12.3% (303) of respondents with the main responses including 22 coordinators, 18 nurses, 17 advocates (for students, children, and seniors), nine psychologists, seven therapists, three truancy officers, three detectives, and three coaches. These results show the breadth of responses from the executive level down to interns and volunteers demonstrating a very comprehensive scope of organizational roles.

Mapping the respondents service areas found that there were 92 respondents who indicated they serve primarily statewide. Another 24 respondents indicated that they do not serve or reside in Illinois. There was a wide dispersion of responses since respondents could choose multiple counties. Jo Daviess County had the fewest responses with nine, while Cook County had the most with 401. The average number across all 102 counties in Illinois was 44.73. The dispersion across the entire state of Illinois is visualized in Figure 1.

Figure 1. Visual Representation of Respondents by County



The map shows that respondents served or resided in every county in Illinois but there was a significant concentration of respondents in Cook County. From smallest to largest, 46 counties fell into the 15-29 respondents category, 22

were in the 30-49 category, 16 fell within the 50-99 category, eight counties were in the 200-399 category, and one was in the 400 or above category.

Knowledge of Adverse Childhood Experiences (ACEs)

The majority of respondents (80% 1,976 respondents) reported having heard of Adverse Childhood Experiences. Nineteen percent (470 respondents) indicated that they had never heard of ACEs with 0.8% of respondents not answering this question. The results in Table 1 show that there is a significant relationship between the different work sectors and knowledge of ACEs.

Table 1: Chi Squared Test on ACEs Knowledge and Work Sector

	Yes	No
Education	530 (78.8%)	137 (20.4%)
Social Services	719 (91%)	65 (8.2%)
Healthcare	499 (76.9%)	144 (22.2%)
Legal entities	74 (67.3%)	36 (32.7%)
Government and Business	100 (63.7%)	57 (36.3%)
Parents and Volunteers	54 (63.5%)	30 (35.3%)

Note: Chi squared test $\chi^2 = 3827.509$; $p = 0.001$.

As seen in the table, the sector most knowledgeable on ACEs is social services with 91% of respondents having heard of ACEs before the survey. Education (78.8%) and healthcare (76.9%) had also heard of ACEs before the survey, but parents/volunteers (63.5%) had the least awareness of ACEs followed closely by government/business (63.7%).

Around a quarter of respondents (25.5%) first heard of ACEs from a training provided by their employer (629 respondents). Another 15% (369) of respondents received training provided by someone other than their employer, therefore approximately 40% of respondents learned about ACEs from training. Other common answers from respondents regarding where they had learned about Adverse Childhood Experiences was in a school/college course (12.3% 304 respondents), presenter at a conference (5.6% 139 respondents), professional article/newspaper article/email/newsletter (5.5% 136 respondents), and co-worker/family/friend (4.1% 102 respondents). Fifty-eight respondents selected “other”, and the most common responses were researching best practices (six respondents), education (four), meetings (three), podcast (three), book (two), and on the internet (two). Six people learned about ACEs through a therapist. One respondent said, “I was introduced in one of my own counseling sessions before my counselor even began our sessions. This helped her to see where some of my trauma came in.” However, 3.3% (81 respondents) did not remember where they had learned about ACEs and 24% (600 respondents) did not answer this question.

For question six, respondents were asked about their levels of familiarity with various terms associated with Adverse Childhood Experiences ranking them on a 5-point Likert scale (never heard of it-1, not so familiar-2, somewhat familiar-3, very familiar-4, and extremely familiar-5). The results by term are shown in Table 2. Thirty-two percent (789 respondents) were extremely familiar and 28.8% (710 respondents) were very familiar with trauma-informed care. Another 20.6% (509 respondents) were somewhat familiar with trauma-informed care. Only 4.5% (110 respondents) had never heard of it and 6.4% (158 respondents) indicated they were not so familiar. This means that 81.4% of respondents reported being at least somewhat familiar with the concept of trauma-informed care. The data showed that 77.6% of respondents reported being at least somewhat familiar with the concept of intergenerational trauma but 9% (223 respondents) and 5.6% (139 respondents) were not so familiar with it or had never heard of it, thus there is a segment of the population that needs more education on this topic.

Table 2: On a scale of extremely familiar to never heard of it, how familiar are you with the following concepts and terms as related to Adverse Childhood Experiences?

	Never heard of it	Not so familiar	Somewhat familiar	Very familiar	Extremely familiar
Trauma-informed care	110 (4.5%)	158 (6.4%)	509 (20.6%)	710 (28.8%)	789 (32%)
Intergenerational trauma	139 (5.6%)	223 (9%)	564 (22.9%)	701 (28.4%)	649 (26.3%)
Adverse community experiences	119 (4.8%)	264 (10.7%)	618 (25.1%)	688 (27.9%)	587 (23.8%)
Historical trauma	111 (4.5%)	270 (10.9%)	646 (26.2%)	688 (27.9%)	561 (22.7%)
Institutional trauma	120 (4.9%)	320 (13%)	692 (28.1%)	644 (26.1%)	500 (20.3%)
Protective factors	131 (5.3%)	269 (10.9%)	504 (20.4%)	654 (26.5%)	718 (29.1%)
Resilience	58 (2.4%)	130 (5.3%)	465 (18.8%)	766 (31%)	857 (34.7%)

Note: Approximately 190 respondents (7.7 % of the total) did not answer this question though missing responses vary by term.

For adverse community experiences, 26.3% (649) and 28.4% (701) of respondents said that they were extremely familiar or very familiar while 10.7% (264 respondents) and 4.8% (119 respondents) said that they were not so familiar or had never heard of it. In total for this question, 76.8% of respondents reported being at least somewhat familiar with the concept of adverse community experiences. Respondents were extremely familiar (22.7% 561 respondents) or very familiar (27.9% 688 respondents) with the concept of

historical trauma. In fact, 76.8% of respondents reported being at least somewhat familiar with the concept of historical trauma.

Institutional trauma had the highest percentage of respondents rating their knowledge as not so familiar with 13% (320 respondents) and only 20.3% (500 respondents) rated themselves as extremely familiar. Cumulatively, 74.5% of respondents reported being at least somewhat familiar with the concept of institutional trauma. These results demonstrate that institutional trauma was the term in question six that respondents rated themselves as the least knowledgeable about.

Respondents were familiar with protective factors with 29.1% (718 respondents) and 26.5% (654 respondents) being extremely familiar or very familiar. In total, 76% of respondents reported being at least somewhat familiar with the concept of protective factors. Resilience was the term that people were most familiar with in question six of the study with 34.7% of respondents identifying as extremely familiar and 31% of respondents identifying as very familiar. Approximately, 84.5% of respondents reported being at least somewhat familiar with the concept of resilience and very few people, only 2.4% of survey respondents had never heard of resilience.

In question seven, respondents were asked their level of familiarity with various terms associated with more in-depth constructs related to Adverse Childhood Experiences ranking them on a 5-point Likert scale (never heard of it-1, not so familiar-2, somewhat familiar-3, very familiar-4, and extremely familiar-5). The results by term are shown in Table 3. For question seven, overall people are less familiar with the terms compared to question six. Respondents were familiar with the Adverse Childhood Experiences Study in fact, 23.3% (575 respondents) and 17.3% (428 respondents) were very familiar or extremely familiar, respectively. The findings show that 63.5% of respondents reported being at least somewhat familiar with the Adverse Childhood Experiences Study but almost one-third or 28.7% of respondents were not so familiar or had never heard of the original study.

For the PACEs (Positive and Adverse Childhood Experiences) acronym only 35.2% of respondents reported being at least somewhat familiar and 57.1%

indicated that they were not so familiar (31.9%) or had never heard of the acronym (25.2%). This is the least familiar term in question seven, indicating more education and training is needed in this area to increase familiarity. Despite this, more people were familiar with the evidence that experiencing Adverse Childhood Experiences in childhood impacts the child's brain development. For example, 31.8% (785 respondents) and 32.1% (792 respondents) said that they were extremely familiar or very familiar while 6.1% (150 respondents) and 3.3% (81 respondents) said that they were not so familiar or had never heard of it. Cumulatively, 82.9% of respondents reported being at least somewhat familiar with the evidence that experiencing Adverse Childhood Experiences in childhood impacts the child's brain development.

Respondents were relatively familiar with the potential physical and mental health outcomes, such as a higher rate of disease and early death in adulthood, that are related to Adverse Childhood Experiences. The majority of respondents were extremely familiar (32.2%) or very familiar (31.6%) and 82.6% of respondents reported being at least somewhat familiar with the possible physical and mental health outcomes.

Table 3: Please answer the following questions based on a scale of extremely familiar to never heard of it.

	Never heard of it	Not so familiar	Somewhat familiar	Very familiar	Extremely familiar
The original ACEs study	331 (13.4%)	377 (15.3%)	565 (22.9%)	575 (23.3%)	428 (17.3%)
The PACEs acronym	621 (25.2%)	787 (31.9%)	569 (23.2%)	197 (8%)	102 (4.1%)
How ACEs in childhood impacts the child's brain development	81 (3.3%)	150 (6.1%)	468 (19%)	792 (32.1%)	785 (31.8%)

Physical and mental health outcomes	74 (3%)	166 (6.7%)	463 (18.8%)	779 (31.6%)	794 (32.2%)
The “Dose Response Relationship” model	698 (28.3%)	738 (29.9%)	469 (19%)	230 (9.3%)	141 (5.7%)
Meaning of “trauma aware”?	107 (4.3%)	242 (9.8%)	536 (21.7%)	759 (30.8%)	632 (25.6%)
The original 10 question ACEs questionnaire	377 (15.3%)	346 (14%)	501 (20.3%)	541 (21.9%)	511 (20.7%)

Note: Approximately 190 respondents (7.7 % of the total) did not answer this question though missing responses vary by category.

The “Dose Response Relationship” model in connection to ACEs was a less-known topic with many of the respondents. After the PACEs term, this was the next lowest level of familiarity, as only 34% of respondents reported being at least somewhat familiar. In fact, 29.9% (738) of respondents were not so familiar and 28.3% (698 respondents) had never heard of the “Dose Response Relationship” model in connection to ACEs. Respondents were much more knowledgeable about what it means to be “trauma aware”. Approximately, 632 respondents (25.6%) said that they were extremely familiar, and 759 respondents (30.8%) said that were very familiar with what it means to be “trauma aware.” Overall, 78.1% of respondents reported being at least somewhat familiar with what it means to be “trauma aware,” a large percentage of the research sample.

The final term in question seven asked respondents to assess their familiarity with the original 10 question Adverse Childhood Experiences questionnaire. This response was more even over the five levels of familiarity with about one-third (29.3%) indicating they were not so familiar or had never heard of it while 62.9% of respondents reported being at least somewhat familiar with the original 10 question Adverse Childhood Experiences questionnaire.

When asked if they had completed the Adverse Childhood Experiences questionnaire to find their own personal ACEs score, 48.6% (1,200) of respondents reported they had, 38.1% (940 respondents) reported they had not, and 5.5% (136 respondents) reported that they weren't sure if they had or had not. Similar to the results above, another 7.7% (189 respondents) did not answer this question.

The results in Table 4 show that there is a significant relationship between the different work sectors and completing the ACEs questionnaire.

Table 4: Chi Squared Test on Completing ACEs Questionnaire and Work Sector

	Yes	No	Not Sure
Education	326 (48.4%)	255 (37.9%)	47 (7%)
Social Services	481 (60.9%)	219 (27.7%)	43 (5.4%)
Healthcare	289 (44.5%)	273 (42.1%)	28 (4.3%)
Legal entities	33 (30%)	59 (53.6%)	4 (3.6%)
Government and Business	47 (29.9%)	86 (54.8%)	9 (5.7%)
Parents and Volunteers	24 (28.2%)	48 (56.5%)	5 (5.9%)

Note: Chi squared test $\chi^2 = 3825.461$; $p = 0.001$.

It can be seen from Table 4 that the sector most likely to have completed the ACEs questionnaire is social services with 60.9%. Education (48.4%) and healthcare (44.5%) had the next highest rates for completing the ACEs questionnaire, with parents/volunteers (28.2%) having the lowest rate of

completion followed closely by government/business (29.9%) and legal entities (30%).

A little less than half of the respondents (44.7% 1,103 respondents), indicated that they knew where to access information about Adverse Childhood Experiences. Conversely, 28.9% (713) of respondents said no, 18.6% (460 respondents) said somewhat, and 7.7% (189 respondents) did not answer the question. This shows that more respondents knew where to access information on ACEs than had actually completed the questionnaire to find out their own ACEs score. Additionally, when broken down by employment sector more than 40% of legal entities, government/business, and parents/volunteers did not know where to access resources.

Professional Development

For question ten, respondents were asked about their participation in professional development opportunities or courses on a variety of different topics to which they could answer yes, no, or unsure. The breakdown of the results per category are outlined in Table 5. The first category was ACEs with 59.3% (1,463) of respondents reporting they had participated in professional development or courses on ACEs and 28.6% (706) of respondents reporting they had not participated. This was the second highest professional development or course training category that respondents had received.

When asked if they had participated in any professional development or courses on resilience, 55.1% (1,360) of respondents said they had 31.7% (783) of respondents said they had not, and 4.7% (116 respondents) were unsure. Approximately 46.1% (1,137) of respondents indicated that they had participated in professional development or courses on protective factors, 38.6% (952) of respondents said they had not, and 6.5% (160 respondents) were unsure.

Table 5: Have you participated in any professional development or courses on any of the following:

Yes	No	Not Sure

Adverse Childhood Experiences	1463 (59.3%)	706 (28.6%)	101 (4.1%)
Resilience	1360 (55.1%)	783 (31.7%)	116 (4.7%)
Protective factors	1137 (46.1%)	952 (38.6%)	160 (6.5%)
Trauma informed care	1574 (63.8%)	589 (23.9%)	104 (4.2%)
Historical trauma	777 (31.5%)	1270 (51.5%)	205 (8.3%)
Institutional trauma	671 (27.2%)	1359 (55.1%)	226 (9.2%)

Note: Between 195-217 respondents (7.9%-8.8% of the total) did not answer this question.

Trauma informed care was the professional development or course attended by the most respondents out of the options in question ten. When asked if they had participated in any professional development or courses on trauma informed care, 63.8% (1,547) of respondents reported that they had, 23.9% (589) of respondents reported that they had not, and 4.2% (104 respondents) were unsure.

Historical trauma and institutional trauma were the professional development opportunities or courses attended by the least number of respondents in the survey. Only 31.5% (777) of respondents attended professional development or courses on historical trauma. For institutional trauma, less than one-third of respondents (27.2%) participated in professional development or courses. This topic also had the largest percentage of respondents that were unsure if they had participated, indicating more professional development and courses are needed in this area.

ACEs and Personal Life

In question 11, respondents were asked if their knowledge of Adverse Childhood Experiences influenced how they interact with others in their work or personal life. The vast majority of respondents indicated that it did. In fact, 68.3% (1,685) of respondents reported that their knowledge did influence how they interacted with others, while 8.8% (217) of respondents reported that it did not make a difference, and 15.2% (372) of respondents were unsure if ACEs influenced them or not.

The results in Table 6 show that there is a significant relationship between the respondents' work sector and whether their knowledge of Adverse Childhood Experiences influenced how they interact with others in their work or personal life.

Table 6: Chi Squared Test on Influence of ACEs and Work Sector

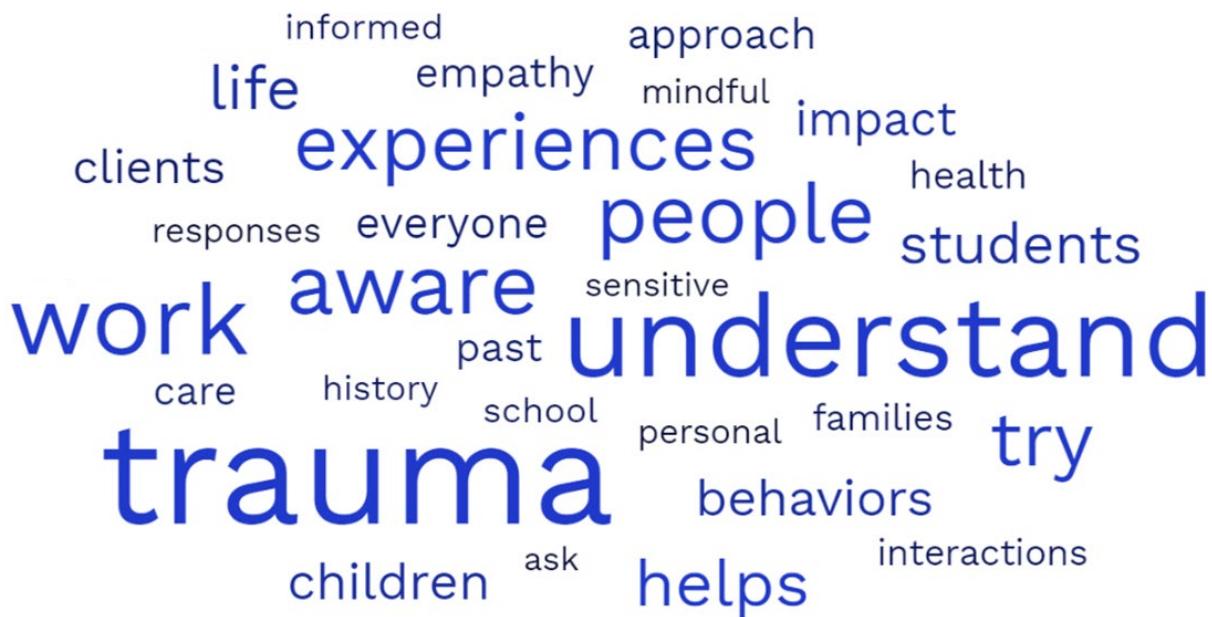
	Yes	No	Not Sure
Education	479 (71.2%)	45 (6.7%)	104 (15.5%)
Social Services	614 (77.7%)	44 (5.6%)	85 (10.8%)
Healthcare	423 (65.2%)	59 (9.1%)	108 (16.6%)
Legal entities	52 (47.3%)	20 (18.2%)	24 (21.8%)
Government and Business	73 (46.5%)	36 (22.9%)	33 (21%)
Parents and Volunteers	44 (51.8%)	13 (15.3%)	20 (23.5%)

Note: Chi squared test $\chi^2 = 3835.168$; $p = 0.001$.

Again, social services is the sector where the highest percentage of respondents indicated ACEs influenced how they interact with others in their work or personal life (77.7%). Education (71.2%) and healthcare (65.2%) are next, with government/business (46.5%) being the lowest number of respondents indicating that ACEs influenced how they interact with others.

Question 12 asked the respondents to briefly describe how their knowledge of Adverse Childhood Experiences influenced how they interacted with others in their work or personal life. There was a wide variety of responses, but a few different recurring themes also emerged during the coding analysis. We constructed a word cloud to visually demonstrate the variety of responses to this question in Figure 2.

Figure 2. Visual Representation of ACEs knowledge in work and personal life



ACEs were mentioned in 207 responses and respondents discussed how their knowledge of ACEs made them not so quick to judge others, more considerate, and more aware of how the other person may be feeling. One respondent said "I am always aware that others around me may have experienced childhood, historical or institutional trauma. It allows me to be less judgmental and more trauma informed in my responses." Several respondents discussed how their knowledge of ACEs impacts their work. Another respondent said "[It] makes me aware of student's needs; changes how I teach; I'm conscious of it with my own family as well".

An additional theme that respondents focused on was not passing judgment discussed by 19 different respondents. One respondent said “I realize that individuals' responses may not be directed at me personally but can be triggers to an emotional response of past trauma. It allows me to respond without judgement and show patience, empathy, grace, and compassion.”

Communication was also a recurring theme mentioned by 16 respondents.

Respondents talked about how their knowledge made them more aware of the words they used and the messages they conveyed to the people they interacted with in their field. One respondent said

“By being more aware of the effects of trauma and the signs of trauma, allows one to be able to properly communicate with those who have experienced trauma. By knowing the signs, it is more likely that you will not jump to false conclusions about someone's behavior.”

Another theme in the responses was the language surrounding awareness mentioned by 77 respondents. For example, one respondent said, “Awareness allows for understanding and empathy.” Another wrote, “Awareness impacts my responses toward others, keeping in mind the sensitivity of the situation and how that situation impacts others based on their previous life experiences.”

Approximately 35% (851) of respondents did not answer this question and 19 respondents answered N/A or not applicable.

Populations Served

Respondents were given the opportunity to identify 18 different populations that their company/organization typically served. Respondents could pick multiple populations from the list and the results were calculated as follows:

General public: 30.4% (751 respondents)

Children and Families: 54.3% (1,337 respondents)

Children (birth-5 years): 37.7% (931 respondents)

School-aged children: 50.1% (1,235 respondents)

Adolescents and young adults: 46.6% (1,150 respondents)

Adults: 36% (888 respondents)

Older adults (65+): 21.5% (531 respondents)

Individuals affected by substance misuse: 36% (888 respondents)

Individuals affected by domestic violence: 39.4% (973 respondents)

Individuals affected by physical, emotional, or sexual abuse: 43.4% (1,070 respondents)

- Individuals affected by mental health issues: 44.4% (1,096 respondents)
- Individuals affected by community violence: 32.4% (800 respondents)
- Individuals and families experiencing challenges meeting their basic needs: 41.9% (1,033 respondents)
- Incarcerated individuals: 15.1% (372 respondents)
- Children and families of incarcerated individuals: 30.1% (743 respondents)
- Individuals with disabilities: 35.1% (865 respondents)
- Immigrant population: 23.5% (579 respondents)
- Not applicable: 2.8% (68 respondents)

The largest population served by survey respondents' company/organization were children and families and school aged children. Adolescents and young adults, individuals affected by mental health issues, and individuals and families experiencing challenges meeting their basic needs were the next largest populations served by the different companies/organizations of survey respondents. The least served populations were incarcerated individuals, older adults (65+), and immigrant populations. Children and families of incarcerated individuals, the general public, and individuals affected by community violence were the next lowest populations served by survey respondents' company/organization. Respondents were also allowed to write in other and some of the responses included homeless/unhoused (nine respondents), all of the populations (eight respondents), pregnant individuals (seven respondents), low income (six respondents), college students (six respondents), youth (four respondents), and human trafficking victims/survivors (three respondents).

Screening for ACEs

Note: Screening for ACEs may or may not be appropriate depending on many factors. Questions in the survey related to ACEs screening were asked for the purpose of gathering data only and are not indicative or suggestive of best practices.

When asked if their company/organization currently screens for Adverse Childhood Experiences, only 15.4% (381) of respondents reported that they do. While 41.3% (1,019 respondents) said they did not screen for ACEs. Another

27% (666) of respondents indicated that they were not sure, 4.6% (114 respondents) said it was not applicable, and 11.6 % (285 respondents) did not answer the question. The results in Table 7 show that there is a significant relationship between the different work sectors and whether companies or organizations screen for Adverse Childhood Experiences.

Table 7: Chi Squared Test on Screening for ACEs and Work Sector

	Yes	No	Not Sure	Not Applicable
Education	46 (6.8%)	329 (48.9%)	200 (29.7%)	26 (3.9%)
Social Services	156 (19.7%)	330 (41.8%)	198 (25.1%)	26 (3.3%)
Healthcare	158 (24.3%)	213 (32.8%)	182 (28%)	14 (2.2%)
Legal entities	5 (4.5%)	58 (52.7%)	26 (23.6%)	5 (4.5%)
Government and Business	11 (7%)	74 (47.1%)	38 (24.2%)	11 (7%)
Parents and Volunteers	5 (5.9%)	15 (17.6%)	22 (25.9%)	32 (37.6%)

Note: Chi squared test $\chi^2 = 4060.497$; $p = 0.001$.

Healthcare was the largest sector to screen for ACEs with 24.3% of respondents indicating that their company or organization screened. Less than 10% of all respondents in education, government and business, legal entities, and parents/volunteers reported screening for ACEs.

When asked who their company/organization screens for Adverse Childhood Experiences respondents were given four choices and could write in a response for other. The results in the four different choices were as follows:

All employees: 0.9% (22 respondents)

All clients, patients, or customers: 8% (197 respondents)
Identified or high-risk employees: 0.1% (two respondents)
Identified or high-risk clients, patients, or customers: 3.9% (96 respondents)

Respondents were also allowed to write in other and some of the responses included: students (11 respondents), clients (ten respondents), families, (three respondents), and youth (two respondents).

Question 16 asked respondents “Who administers the ACEs screenings?” This question was answered by less than 15% (349) of survey respondents. The results in the seven different categories were as follows:

Caseworker: 1.4% (35 respondents)
Counselor: 4% (99 respondents)
Doctor: 0.1% (two respondents)
Family support worker: 1.3% (31 respondents)
Human Resources: 0.1% (three respondents)
Nurse: 0.5% (13 respondents)
Social worker: 5% (123 respondents)

Respondents were again allowed to write in other and 1.7% of respondents provided 43 different responses. The answers included: all (four respondents), unknown, phone, virtual, and triage.

When asked how their company/organization administers the ACEs screening 2,116 respondents (85.8%) did not answer the question. For the remaining 14.2% of survey respondents that did answer the question, most of them conducted an in-person interview (7.4% 182 respondents), others facilitated paper questionnaires (4.4% 109 respondents), or used an online tool (0.9% 23 respondents). Respondents also wrote in other methods for how their company/organization administers the ACEs screening with 1.4% of respondents providing 35 different responses. Responses for other included unknown (11 respondents), all of the above (six respondents), phone (two respondents), and triage.

Question 18 asked the respondents “What screening tool does your company/organization currently use?” Approximately 98.5% (2,431) of respondents did not answer the question. The answer that was most abundant

was the ACEs questionnaire (87 respondents). Other tools mentioned included a variety of different assessments such as IM+CANS (45 respondents), Integrated Assessment (11 respondents), Comprehensive Social Assessment (three respondents), and FROG assessment (three respondents). Thirteen respondents did not know which screening tool was used at their organization.

The next question focused on how companies and organizations utilize an individual's ACEs screening results. Respondents were given eight different choices and could choose all of the options that applied to them. The breakdown for each of the responses is as follows:

- Review results with the person: 7.1% (174 respondents)
- Obtain social history: 7.1% (176 respondents)
- Inform service delivery: 6.9% (171 respondents)
- Referral to outside services: 6.9% (170 respondents)
- Referral to internal services: 6% (149 respondents)
- Provide information, resources and support: 9% (222 respondents)
- None of the above: 0.4% (Nine respondents)

Respondents were again allowed to write in other and the results included used in treatment and care (12 respondents) and unsure (11 respondents).

Resources and Awareness

Only 26.3% (650) of respondents felt that their company/organization had adequate resources to meet the needs of individuals who have experienced a high number of ACEs. Another 26% (642 respondents) said no while 28.5% (704 respondents) were unsure, and 4.5% (110 respondents) selected not applicable. About 14.6% or 359 respondents did not answer this question. The results in Table 8 show that there is a significant relationship between the different work sectors and whether the respondent's company/organization has adequate resources to meet the needs of individuals who have experienced a high number of ACEs.

Table 8: Chi Squared Test on Resources and Work Sector

Yes	No	Not Sure	Not Applicable
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Education	128 (19%)	230 (34.2%)	198 (29.4%)	26 (3.9%)
Social Services	279 (35.3%)	178 (22.5%)	217 (27.5%)	16 (2%)
Healthcare	192 (29.6%)	157 (24.2%)	177 (27.3%)	18 (2.8%)
Legal entities	20 (18.2%)	24 (21.8%)	39 (35.5%)	7 (6.4%)
Government and Business	19 (12.1%)	40 (25.5%)	59 (37.6%)	12 (7.6%)
Parents and Volunteers	12 (14.1%)	13 (15.3%)	14 (16.5%)	31 (36.5%)

Note: Chi squared test $\chi^2 = 4021.752$; $p = 0.001$.

For resources, the education sector (34.2% of respondents) was the most likely to indicate that their company/organization did not have adequate resources to meet the needs of individuals who have experienced a high number of ACEs. Government and business and healthcare were the next largest sectors to indicate inadequate resources with 25.5% and 24.2% of respondents in those categories, respectively. Almost a third of respondents in every sector or work were unsure of the resources and many indicated that this question was not applicable.

When asked if their company/organization provides information to individuals they serve about ACEs, we once again saw a low number of “yes” answers. For this question 23.1% or 571 respondents said that their company/organization provided information to individuals they serve about ACEs while 26.7% (659 respondents) said no, 31.2% (770 respondents) were unsure, and 4.3% (106 respondents) indicated it was not applicable. Another 14.6% or 359 respondents did not answer this question.

The results in Table 9 show that there is a significant relationship between the different work sectors and whether their company/organization provides information to individuals they serve about ACEs.

Table 9: Chi Squared Test on Information on ACEs and Work Sector

	Yes	No	Not Sure	Not Applicable
Education	134 (19.9%)	208 (30.9%)	212 (31.5%)	28 (4.2%)
Social Services	246 (31.1%)	201 (25.4%)	222 (28.1%)	21 (2.7%)
Healthcare	154 (23.7%)	149 (23%)	226 (34.8%)	15 (2.3%)
Legal entities	10 (9.1%)	40 (36.4%)	36 (32.7%)	4 (3.6%)
Government and Business	19 (12.1%)	49 (31.2%)	55 (35%)	7 (4.5%)
Parents and Volunteers	8 (9.4%)	12 (14.1%)	19 (22.4%)	31 (36.5%)

Note: Chi squared test $\chi^2 = 4000.753$; $p = 0.001$.

One third of social service respondents indicated that their company or organization provides information to individuals they serve about ACEs. Conversely, about one third of education (30.9%), legal entities (36.4%), and government and business (31.2%) indicated that they did not provide information to individuals they serve about ACEs. Similar to question 20, another third of respondents in every sector of work were unsure if their company or organization provided information to individuals they serve about ACEs, and many indicated that this question was not applicable.

For question 22, respondents were asked if their company/organization provided training on ACEs to the individuals they serve, staff, other organizations, and/or the community. In the five categories, we found that the population most likely to receive training were staff with 43.3% (1,069 respondents) indicating that their company/organization provided training on ACEs. Respondents identified that their company/organization also provided

training to other organizations (7.7% 191 respondents), the community (7.9% 195 respondents), and the individuals they served (11% 272 respondents). However, 36.3% (1,571) of respondents answered that this question was not applicable to them.

Next respondents were asked if their company/organization provides public awareness about ACEs and related concepts using platforms such as informational newsletters, social media posts, tv or radio PSAs, etc. Only 11.2% (277) of respondents indicated that their company or organization did provide public awareness, 37.9% (936) of respondents said no, 29.8% (736 respondents) said they weren't sure, and 6.4% (157 respondents) answered not applicable. Again 14.6% or 359 respondents did not answer the question.

When asked how their company/organization distributes information about ACEs, it was found that no means of information distribution was in the majority. Respondents were given eight choices and the three largest methods of information distribution were social media (6.4%), email blast/newsletter (5.1%), and website (4.6%). The results showed the following for all of the categories:

- Billboards .4% (10 respondents)
- Social media 6.4% (157 respondents)
- Print 3.8% (94 respondents)
- TV .4% (10 respondents)
- Radio .6% (15 respondents)
- Website 4.6% (113 respondents)
- Email blast/newsletter 5.1% (125 respondents)
- Not sure 1.5% (37 respondents)

Respondents were again allowed to write in other and the results included trainings (17 respondents), community outreach and presentations (seven respondents), meetings (four respondents), professional development opportunities (two respondents), home visits, phone calls, and support groups.

Investigating the content of the public awareness messages respondents were asked which of the following were included in their company/organization's public awareness messaging. Respondents were given six different choices and the results are broken down by category as follows:

General education about the original 10 Adverse Childhood Experiences: 5.8% (142 respondents)
 Education on potentially traumatic childhood experiences that exist beyond the original 10 ACEs questions, such as natural disasters, community violence, or institutional trauma: 5% (124 respondents)
 Education on protective factors: 6.6% (163 respondents)
 Education on resilience: 6.4% (154 respondents)
 Links to resources to learn more: 7.8% (192 respondents)
 Links to support for those who have experienced trauma: 6.6% (164 respondents)

In question 26, respondents were asked if they were aware of any services that focus on addressing ACEs. A little more than a quarter of respondents indicated that they were aware of services that focus on addressing ACEs (26.5% 653 respondents). Another 40.9% (1,010 respondents) indicated no, 16.7% (411 respondents) were not sure, and 15.8% (391 respondents) did not answer the question.

The results in Table 10 show that there is a significant relationship between the different work sectors and awareness of programs or services that focus on addressing ACEs.

Table 10: Chi Squared Test on ACE Programs and Work Sector

	Yes	No	Not Sure
Education	175 (26%)	288 (42.8%)	109 (16.2%)
Social Services	237 (30%)	304 (28.5%)	140 (17.7%)
Healthcare	162 (25%)	274 (42.2%)	101 (15.6%)
Legal entities	19 (17.3%)	49 (44.5%)	19 (17.3%)

Government and Business	35 (22.3%)	65 (41.4%)	28 (17.8%)
Parents and Volunteers	25 (29.4%)	30 (35.3%)	14 (16.5%)

Note: Chi squared test $\chi^2 = 3722.214$; $p = 0.001$.

Social service (30%) and parents/volunteers (29.4%) respondents were the most likely to indicate that they were aware of programs or services that focus on addressing ACEs. While respondents in education (42.8%), legal entities (44.5%), and government and business (41.4%) were the most likely to indicate that they were not aware of programs or services that focus on addressing ACEs which suggests more education and training is necessary in this area.

The next question elaborated on the previous question and asked respondents to list the programs or services they were aware of that focus on addressing ACEs. There was a multitude of different organizations that were mentioned but the most prevalent answer was Prevent Child Abuse Illinois, mentioned by 30 respondents. Other programs or services mentioned by respondents included Child Advocacy Centers (28 respondents), Illinois Department of Children and Family Services (28 respondents), Court Appointed Special Advocates (16 respondents), EveryChild (14 respondents), Chestnut Health (10 respondents), the Butterfly Project (eight respondents), PACEs (eight respondents), AOK Network (six respondents), LUME Institute (five respondents), SASS (four respondents), and YWCA (four respondents). Of note are several respondents that did not mention individual organizations but sectors including mental health (31 respondents), domestic violence (13 respondents), and sexual assault organizations (five respondents). Seventeen responses included entities such as Jumpstart, Headstart, Healthy Start, and Safe from the Start. Finally, 18 respondents included youth based entities such as the Youth Services Bureau, Midwest Youth Services, and youth advocacy programs. There were also respondents who didn't name exact organizations but mentioned being aware of many that focus on ACEs. One respondent said "We have several local mental/behavioral health organizations that do this work, as well as state and national organizations. Too many for me to list given the time allotted for this survey. We do this work at our organization as well."

When asked if they were aware of any current or previous Adverse Childhood Experiences public awareness campaigns in their area, there was once again a very low number of “yes” answers (6.9% 171 respondents). The vast majority of respondents said no (63.4% 1,565 respondents), they were not aware of any current or previous ACEs public awareness campaigns in their area. About 12.4% (307) of respondents were not sure and 17.1% (422) of respondents did not answer the question.

More respondents were aware of local or statewide ACEs groups or networks compared to current or previous public awareness campaigns. Approximately 19.7% (487) of respondents indicated yes to this question, while 62.5% (1,542 respondents) indicated no, they were not aware of any local or statewide ACE groups or networks. Another 17.7% (436) of respondents did not answer the question.

The next question builds on question 29 and asks respondents to list the ACEs groups or networks they are aware of in Illinois or their local community. Similar to question 27, respondents listed a variety of different organizations.

For this answer, 75 respondents included Prevent Child Abuse Illinois in their response. Other organizations respondents mentioned by name included Child Advocacy Centers (30 respondents), Court Appointed Special Advocates (21 respondents), Illinois Department of Children and Family Services (23 respondents), AOK Network (16 respondents), and YWCA/YMCA (seven respondents). Forty-four people mentioned ACEs by name. A few other notable entities mentioned by respondents included Illinois Collaboration on Youth (3 respondents), The Illinois Childhood Trauma Coalition (five respondents), the Illinois Education Association (five respondents), and a variety of county public health departments (eight respondents). Some respondents couldn’t recall the name of a particular organization but provided a description of the network. For example, one respondent said, “There is a two-county organization of mental health workers and community-based support organizations that meets monthly to share resources and coordinate services for homeless youth and young adults with a sub-focus on LGBTQIA+ youth and young adults.”

When asked if they currently participate in any of the local or statewide ACEs groups or networks previously listed, most of the respondents (80.5% 1,986 respondents) didn't respond to the question. Approximately, 7.9% (196) of respondents indicated that they did currently participate in local or statewide ACEs groups or networks and 11.5% (283 respondents) said no.

In the final question of the survey, respondents were asked what information regarding ACEs they would like Prevent Child Abuse Illinois to provide. Respondents were given seven choices and could check all that applied. The respondents were interested in all of the choices presented, especially an ACEs toolkit, a factsheet, and trainings. This is the breakdown of the responses by type of information:

- ACEs tool-kit: 58.5% (1,443 respondents)
- Factsheets: 55.5% (1,370 respondents)
- Infographics: 39% (961 respondents)
- Brochures: 40.7% (1,103 respondents)
- Trainings: 58.1% (1,434 respondents)
- Introductory education on ACEs: 46.2% (1,139 respondents)
- Advanced education on ACEs: 45.6% (1,126 respondents)
- Education on resilience: 49% (1,210 respondents)
- Education on expanded Adverse Childhood Experiences: 54.2% (1,137 respondents)
- Education on protective factors: 49.7% (1,227 respondents)

Respondents were again allowed to write in other responses and the results included classroom and teacher training (14 respondents), parenting resources especially for foster parents (five respondents), and all of the above (four respondents). Other responses included an evaluation and use of data to inform practices, Spanish language resources, local resources for survivors, an app, videos, website resources, and webinars.

Two respondents mentioned ACEs related to the LGBTQI+ community. One respondent said that a refresher training is necessary “I would have liked to add that my employer has provided ACES training once, but it has been a couple of years and I'm sure we have many new teachers who have never received any ACES training.”

Conclusion

Becoming knowledgeable on ACEs and its related topics is the first step to creating change both in our personal lives and in our communities. The results from Prevent Child Abuse Illinois' ACEs Environmental Scan Survey showed that a majority of respondents—most of whom identified as working in helping professions like education, social services, and healthcare—had heard about ACEs before taking the survey. Even so, nearly one-third of respondents reported being not so familiar with or having never heard of the original ACEs study showing that there is still a need for introductory levels of education on ACEs. Furthermore, the results show there is a need for additional training on related topics such as the impact of ACEs on the brain development, protective factors, historical trauma, and institutional trauma.

Although the results from the survey indicate ACEs screenings are not common practice in Illinois, the results did provide useful insight into the screening practices of the companies and organizations that are currently screening for ACEs. The survey results show screening for ACEs was most common among respondents who worked in healthcare and social service settings. Additionally, those who screened for ACEs commonly reported using the screening results to provide information, resources, and support to the screened individual; obtain a social history of the individual; and to inform internal and external service delivery.

While ACEs screening results are commonly being used to provide individuals with information and resources, the environmental scan survey results also indicated a need for more easily accessible and available support, services, and resources universally. In fact, only 26.3% of respondents felt that their company/organization had adequate resources to meet the needs of individuals who have experienced ACEs. Furthermore, the survey results show that key people, such as those in education sectors, were most likely to report their company/organization did not provided information about ACEs or have adequate resources to address ACEs for the individuals they serve and were less likely to know of existing services that address ACEs. The survey results also showed that respondents were not likely to know of local or statewide ACEs groups or networks. Even more so, those that were aware of local or statewide ACEs groups or networks were not likely to participate in them. Lastly, the

survey results showed that there were very few public awareness campaigns in Illinois that addressed ACEs.

Overall, the results of the survey clearly point to a need for easily accessible education on ACEs and its related topics, especially among professionals who are not typically considered to be in the helping professions and the public. Additionally, the survey results show a need for easily accessible support, services, and resources for both the public and professionals. Based on the survey results, Prevent Child Abuse Illinois has identified five action steps to begin addressing the needs identified in the survey.

Next Steps:

1. Provide more education to Illinois residents about ACEs by utilizing a variety of educational material and resources, making sure to target populations who work with the general public, for example those who work in healthcare, retail, or the service industry.
2. Increase the availability of low or no-cost training opportunities on topics related to ACEs, such as institutional racism, intergenerational trauma, adverse community experiences, and promoting protective factors.
3. Increase public awareness on Adverse Childhood Experiences through billboards, social media, print, and other outlets.
4. Increase public knowledge of local and statewide ACEs groups and networks and emphasize the importance of getting involved.

Prevent Child Abuse Illinois offers a wide range of **FREE** trainings and resources on **ACEs, Childhood Trauma, and Resilience**.

To request resources or to schedule a training with one of our staff, visit our website at www.preventchildabuseillinois.org

Appendix I: Survey Questions

1. Please select your primary sector of work.
2. What best describes your role at your organization/company?
3. What county (or counties) in Illinois do you primarily serve or reside? Please select all that apply.
4. Prior to this survey, have you ever heard of Adverse Childhood Experiences (ACEs)?
5. How did you first hear about Adverse Childhood Experiences?
6. On a scale of extremely familiar to never heard of it, how familiar are you with the following concepts and terms as related to Adverse Childhood Experiences:
7. Please answer the following questions based on a scale of extremely familiar to never heard of it:
8. Have you ever completed the Adverse Childhood Experiences (ACEs) questionnaire to find your personal ACEs score?
9. Do you know where to access information about Adverse Childhood Experiences?
10. Have you participated in any professional development or courses on any of the following:
 11. Does your knowledge of Adverse Childhood Experiences influence how you interact with others in your work or personal life?
 12. Please tell us briefly how your knowledge of Adverse Childhood Experiences influences how you interact with others in your work or personal life.
 13. What populations does your company/organization typically serve? Please select all that apply
 14. Does your company/organization currently screen for Adverse Childhood Experiences?
 15. Who does your company/organization currently screen for Adverse Childhood Experiences? Please select all that apply.
 16. Who administers the Adverse Childhood Experiences screening?
 17. How does your company/organization administer the Adverse Childhood Experiences screening?
 18. What screening tool does your company/organization currently use?
 19. How does your company/organization utilize the results of the Adverse Childhood Experiences screen? Select all that apply

20. Do you feel your company/organization has adequate resources to meet the needs of individuals who have experienced a high number of Adverse Childhood Experiences?
21. Does your company/organization provide information to individuals they serve about Adverse Childhood Experiences?
22. Does your company/organization provide training on Adverse Childhood Experiences to the individuals they serve, staff, other organizations, and/or the community? Select all that apply.
23. Does your company/organization provide public awareness about Adverse Childhood Experiences and its related concepts? (For example, informational newsletters, social media posts, tv or radio PSA's, etc.)
24. How does your company/organization distribute information about Adverse Childhood Experiences? Select all that apply
25. Which of the following are included in your company/organization's public awareness messaging? Select all that apply
26. Are you aware of any programs or services that focus on addressing Adverse Childhood Experiences?
27. Please list the programs or services you are aware of that focus on addressing Adverse Childhood Experiences.
28. Are you aware of any current or previous Adverse Childhood Experiences public awareness campaigns in your area?
29. Are you aware of any local or statewide Adverse Childhood Experiences groups or networks?
30. Please list the Adverse Childhood Experiences groups or networks you are aware of in Illinois or your local community
31. Do you currently participate in any of the local or statewide Adverse Childhood Experiences groups or networks you previously listed?
32. What information regarding Adverse Childhood Experiences would you like Prevent Child Abuse Illinois to provide?

Appendix II: Cumulative Tables

1. Please select your primary sector of work.

	Frequency	Percent
Adoptive/ Foster Parent	12	.5
Advertising/ Marketing	3	.1
Arts/ Entertainment/ Recreation	5	.2
Child Care	106	4.3
Child Welfare/ Child Protection/ Child Advocacy	271	11.0
Community Volunteer	29	1.2
Criminal Justice/ Courts/ Law Enforcement	99	4.0
Domestic Violence Services	69	2.8
Education/ Teacher/ Administrator	525	21.3
Faith-based Organization	23	.9
Finance Services	7	.3
Food/ Beverage/ Hospitality	6	.2
Government/ Public Office	70	2.8
Healthcare	301	12.2
Insurance	14	.6
Media/ News	4	.2
Mental Health	240	9.7
Older Adult Services	14	.6
Other (please specify)	170	6.9
Parent	20	.8
Please select your primary sector of work.	1	.0
Public Health	81	3.3
Real Estate	6	.2
Response	1	.0
Retail	2	.1
Retired	26	1.1
Social Services	323	13.1
Substance Use Treatment	35	1.4
Transportation	4	.2
Total	2,467	100.0

2. What best describes your role at your organization/company?

	Frequency	Percent
Accounting	15	.6
Administration	303	12.3
Board of Directors	17	.7
Direct Service Worker (case manager, home visiting, family support worker etc.)	236	9.6
Educator	333	13.5
Executive (CEO, CFO, President, Vice President or Executive Assistant)	66	2.7
General Staff	92	3.7
Human Resources	14	.6
Intern	16	.6
Manager	154	6.2
Marketing	12	.5
Medical Provider (physician, nurse, physician assistant, etc.)	222	9.0
Not Applicable	38	1.5
Other (please specify)	303	12.3
Policy/Advocacy	19	.8
Prevention Services	57	2.3
Program/Project Management	93	3.8
Response	1	.0
Sales	7	.3
Security	2	.1
Shareholder	6	.2
Social Worker/Counselor	414	16.8
Volunteer	46	1.9
What best describes your role at your organization/company?	1	.0
Total	2,467	100.0

3. What county (or counties) in Illinois do you primarily serve or reside? Please select all that apply.

Jo Daviess County	9
Carroll County	10
Menard County	12
Warren County	12
Henderson County	13
Marshall County	13
Putnam County	13
Stark County	14
Stephenson County	14
Bureau County	16
Crawford County	16
Edwards County	16
Lawrence County	16
Wabash County	16
Clay County	17
Ogle County	17
Richland County	17
Calhoun County	18
Gallatin County	18
Boone County	19
Christian County	19
Jersey County	19
Montgomery County	19
Greene County	20
Pope County	20
Washington County	20
White County	20
Lee County	21
Monroe County	21
Moultrie County	21
Pike County	21
Schuylerville County	21
Wayne County	21
Hamilton County	22
Hardin County	22
Knox County	22
Brown County	23

Cass County	23
Fayette County	23
Jasper County	23
McDonough County	23
Piatt County	23
Not in Illinois	24
Adams County	25
Handcock County	25
Bond County	26
Fulton County	26
Mason County	26
Mercer County	26
Johnson County	27
Marion County	27
Massac County	27
Grundy County	28
Clinton County	29
Macoupin County	29
Pulaski County	29
DeWitt County	30
La Salle County	30
Clark County	31
Edgar County	32
Scott County	33
Ford County	34
Saline County	34
Shelby County	34
Whiteside County	34
Alexander County	36
Cumberland County	37
Jefferson County	37
Morgan County	38
Woodford County	38
Henry County	39
Douglas County	40
Dekalb County	41
Iroquois County	41
Franklin County	42
Coles County	45
Macon County	46

Kankakee County	48
Effingham County	51
Winnebago County	51
Livingston County	56
Logan County	61
Union County	63
McHenry County	65
Kendall County	66
Perry County	66
Tazewell County	66
St. Clair County	71
Randolph County	72
Vermillion County	72
Williamson County	72
Peoria County	76
Lake County	79
Sangamon County	79
Rock Island County	106
Madison County	107
Champaign County	110
Jackson County	113
Will County	126
DuPage County	171
Kane County	207
McLean County	244
Cook County	401
Statewide	

5. How did you first hear about Adverse Childhood Experiences?

	Frequency	Percent
No Response	600	24.3
Blog/Vlog/Youtube video	2	.1
Co-Worker, family or friend	102	4.1
How did you first hear about Adverse Childhood Experiences?	1	.0
I don't remember	81	3.3
Other (please specify)	58	2.4

Presenter at a conference	139	5.6
Professional article, newspaper article, email, or newsletter	136	5.5
Radio or television program	11	.4
Response	1	.0
School/college course	304	12.3
Social media (Facebook, Instagram, Twitter, Linkedin, etc.)	10	.4
Ted Talk	24	1.0
Training provided by employer	629	25.5
Training provided by someone other than employer	369	15.0
Total	2,467	100.0