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Effects of Adverse Childhood Experiences in Relation to Domestic Violence Services

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Abstract

Adverse Childhood Experiences (ACEs), described as traumatic experiences happening within childhood in a study conducted by Kaiser Permanente and the Center for Disease Control and Prevention, are delved into in relation to the effects of trauma on well-being and individual health. A literature review is conducted around ACEs within an environment where domestic violence or interpersonal violence is present exploring the dynamics between the two, societal and generational influences, and present preventative approaches utilizing knowledge around both domestic violence and ACEs. Based on information found through a review of literature, an intervention is proposed in the form of an Awareness Training at Morning Star Sanctuary, an emergency domestic violence shelter. Held for individuals residing in the shelter, education around ACEs in a domestic violence setting is proposed to foster knowledge and empowerment, establish key strategies for managing traumatic reactions, and reduce stigma and shame within the family system.

Keywords: Adverse Childhood Experiences, Domestic Violence, Interpersonal Violence,

Introduction

Intimate partner violence (IPV) also referred to as domestic violence (DV) and reported as affecting every 1 in 4 women and 1 in 9 men nationally, involves the presence of abuse in a domestic or intimate relationship where power and control are continuously asserted over another (Smith et al. 2018). Domestic violence is often portrayed as cyclical and generational, where leaving such a relationship is extremely complex and difficult for individuals involved in the abuse. The adverse effect of domestic violence reaches beyond the two individuals engaged in the violent relationships. Others at risk are children who amidst the continuous exposure to violence, could also be impacted by Adverse Childhood Experiences (ACEs). Traumatic

experiences happening within childhood are identified as impacting future health and well-being. Research present surrounding ACEs could then, be utilized to delve further into domestic violence as affecting individuals, family systems, communities, and individuals all around the world to provide a point of view that highlights the influence of trauma.

This capstone research explores the literature related to the prevalence of Adverse Childhood Experiences among individuals experiencing interpersonal violence, the influence on generational trauma and caregiver-child relationships, and the potential impact on self-regulation and parenting skills. A proposed ACEs Awareness Training for individuals and their children residing at Morning Star Domestic Violence Shelter is included to foster knowledge and empowerment, establish key strategies for managing traumatic reactions, and reduce stigma and shame within the family system.

Practice Context: Morning Star Sanctuary AGAPE

Morning Star Sanctuary is a private, non-profit agency in Middle Tennessee with the mission "to provide refuge for victims of domestic violence and their children who have fled abusive situations and to help empower them to break the cycle of violence that controls their lives" (Morning Star Sanctuary, 2017). Morning Star serves various populations affected by domestic violence through different services. The Morning Star domestic violence shelter, with a bed capacity of 24, provides women and their children with emergency housing for up to 60 days. In 2021, the domestic violence shelter provided shelter to 97 women and 56 children (AGAPE, 2022). Morning Star AGAPE additionally finances a week-long hotel stay for males who are victims of domestic violence. Morning Star is classified as one of the two emergency domestic violence shelters in Davidson County and provides a transitional period of safety alongside the secure location offered for participants who reside in the shelter (AGAPE). The

emergency status also entails that no expectations are placed on participants when they enter the shelter. If an individual chooses to seek additional services, advocates and case managers in the shelter meet with them to navigate housing, schooling, counseling, transportation, support groups, vouchers, and life planning. After intake, Morning Star provides services with the goal of empowering victims. Therefore, services are only provided if pursued by the individual. Morning Star Sanctuary also strives to provide services to all victims of domestic violence through a 24/7 crisis line open to all. This hotline gives individualized care through conversations with callers. Different services in the hotline call include referrals to better fitting resources near that individual, safety planning (before, during, and after violence), education surrounding what domestic violence can look like (the power and control wheel and the cycle of violence), and shelter if there is a meeting of criteria and available bed space.

While Morning Star Sanctuary was founded in 1986, the agency merged with AGAPE, an adoption and foster care agency in Nashville, Tennessee in 2018. As an adopted program in AGAPE, there is a shared goal of providing domestic violence care through the various services provided. As a merged agency, AGAPE serves more than 1,500 victims of domestic violence annually.

Social Work and the Prevention of Intimate Partner Violence

In an initiative to bring about social progress, thirteen grand challenges for social work are currently identified, with the call to build healthy relationships to end violence highlighted as necessary for individual and family well-being (American Academy of Social Work and Social Welfare). Intimate partner violence is ultimately interconnected with the call to stop family violence, which places the social work field as vital in needing to advocate, create trauma-informed services, and bring awareness to the scope of domestic violence. Approaching this not

only looks like working with those affected by domestic violence individually through support services, but also in creating a trauma-informed environment. A trauma-informed approach can be applied in practice through a better understanding of the scope of intimate partner violence and its connection with trauma (NASW, 2018, pg. 2). When applied at all levels to create change (micro, mezzo, and macro), a preventative approach can then be made.

Person-in-Environment, a social work framework strongly used in social work practice, looks at an individual as a whole and how their environment affects them. A victim of domestic violence, therefore, is seen as one strongly impacted by the systems, institutions, and resources around them. It is a social worker's role to incite change in creating an environment that is not only preventative of intimate partner violence but also can positively impact victims of domestic violence through awareness and support. As the social work field is moving towards being more trauma-informed, intimate partner violence and its connection with trauma play a crucial part in bringing about much-needed change.

Lastly, the prevention of interpersonal violence is heavily based on and supported by key social work values as identified in the Social Work Code of Ethics by the National Association of Social Workers. The dignity and worth of a person, at the root of all social work, cannot be valued and is violated in the presence of domestic violence. It should be an alarming call to action in the field of social work and society as a whole. Tying into the value of social justice, the high prevalence of intimate partner violence brings light to the need for social change. Social workers can vocally advocate for how and what needs to happen for such change. As social work is a serving field, the value of service is also connected with the prevention of interpersonal violence. Without actively seeking to understand the scope of intimate partner violence and the effects of trauma on victims, a social worker cannot provide competent service. It is the duty and

role of social work to actively seek prevention of intimate partner violence, with change needed in all aspects to actively create a better informed, aware, and safer environment.

Literature Review

Adverse Childhood Experiences (ACEs)

Social workers serve primarily vulnerable groups. These groups are often at an increased risk for experiencing phenomenon that have been largely categorized as trauma throughout the literature. The seminal study that defined and measured childhood trauma as a risk for unhealthy outcomes in adulthood is known as the ACEs study (Jones et al., 2020). Discussion around the long-term effects of adverse childhood experiences across the lifespan was first introduced in the ACEs study which was published in 1988 by Kaiser Permanente and the Centers for Disease Control and Prevention (Jones et al., 2020). In the study, several variables were noted to induce adverse effects. These included emotional, physical, and sexual abuse, domestic violence, parental incarceration, substance misuse in the home, and divorce. Collectively, these events have become known as ACEs and measuring how many one experiences is key to predicting latter health outcomes.

The number of ACEs in childhood are directly correlated with one's future health and well-being (Centers for Disease Control and Prevention [CDC], 2021). The type of stress happening, known as toxic stress, during this critical period of growth for brain development combined with the body's automatic response to prolonged or repetitive stressors without adequate support systems and time to recover negatively affect ones emotional and physical well-being (American Academy of Pediatrics [AAP], 2014; Franke, 2014). When brain development is affected negatively, the risk for poor executive functioning in adolescence which can lead to impulsivity, poor concentration, and the adoption of unhealthy coping mechanisms

increases (AAP, 2014). Moreover, a higher risk for early death or health-related diseases can be explained through ACEs' correlation to impacting brain development, the immune system, and the endocrine system, and creating dysregulation in a child (Metzler, et al., 2017, AAP, 2014).

In the presence of stressors, for example abuse or interpersonal violence in the household, forms of coping look different. If stressors are continuously repeated, coping could resort to short-term and superficial fixes. Negative coping skills adopted in childhood can translate into adulthood through harmful and risk-taking behaviors that negatively impact one's health (Felitti et al., 1998). To offset health-risk behaviors, learning positive coping mechanisms becomes a key part of building on the resiliency for individual.

Dynamics of ACEs and Domestic Violence

While not much research has been conducted surrounding adverse childhood experiences in relationship to victims of domestic violence, the dynamic between the two is something to investigate. The CDC reports that 16 percent of adults have experienced and reported four or more ACEs (Merrick et al., 2019). An alternate research study published by *Frontier in Psychology* used an ACE routine assessment with 60 women in domestic violence-related services and found that 58 percent of participants had reported at least two ACEs in their childhood, and one-third reporting experiencing four or more (Morton et al., 2022). The greater presence of ACEs found in women who are victims of domestic violence perhaps highlights the intergenerational effects of not only adverse childhood effects but also interpersonal violence or domestic violence being present in a child's household.

Existing literature that looks at the relationship between ACEs and DV delves into the environment surrounding domestic violence. Domestic violence often includes continuous exposure to trauma involving a caregiver or parental figure, which means the likelihood of such

repeated ACE could significantly increase the severity of its effect on brain development and health (AAP, 2014).

Intergenerational Effects of ACEs

According to literature, the impact of early adversity can become a shared phenomenon that is passed down spanning across generations and is known as intergenerational. The prevalence of domestic violence, substance use, and poverty are commonly linked as co-occurring factors of intergenerational trauma (Morton et al., 2022; Morton et al., 2021). As described in Children Youth Services & Review, a greater number of ACEs correlates to an increased likelihood of poverty in adulthood, with a greater chance of impacting children if the adult is a parent (Metzler, et al., 2017). Individuals subject to domestic violence have been shown through research to have higher ACE scores, and subsequently a vulnerability to a higher risk of poverty in adult life (Morton, et al., 2021). A connection between substance misuse and domestic violence could be explained by the use of substances as a form of coping, whereas health-risk behaviors are adopted as a coping mechanism themselves (Morton et al., 2022). The intersectionality between poverty, substance misuse, and domestic violence overall points to co-occurrence with other ACEs, with heavy ties to continuous exposure to trauma, adoption of health-risk behaviors, and a greater likelihood of intergenerational patterns.

The term “intergenerational violence” is a term often used to explain intergenerational trends found in domestic violence or interpersonal violence. The normalization of violence frequently occurs in childhood when there is violence in the household (Medeiros, et al., 2021). Violence can then be interpreted for a child as behavior that is acceptable or normal within relationships, whereas in future relationships, this could take the form of a greater likelihood of becoming a victim or perpetrator of DV. While the influence of normalized behavior is

acknowledged, the trend is highlighted as more complex in a research study focusing on the intergenerational transmission of DV (Wagner, et al., 2019). The study is quick to point out the individualization of processing exposure to trauma as a child, where themes of ACEs, normalized behavior, familial relationship, and external influences are present in intergenerational trends of DV (Wagner, et al., 2019). Overall, rather than focusing on the likelihood of a child witnessing domestic violence becoming a perpetrator or victim, attention toward ACEs builds a better understanding of the whole picture, which is itself highly complex, interconnected, and influenced by both internal and external antecedents. In the presence of ACEs, understanding individuals and family units within the context of their environment and identifying both individualized risk and protective factors provides a more strengths-based approach to domestic violence.

Children as Victims and Parental Bond

An updated ACE pyramid released by the Centers for Disease Control and Prevention depicts a more accurate description of how ACEs can impact children. This includes underlining generational and societal influences, the progression from the actual traumatic experience to adverse developmental effects, to the adoption of health-risk behaviors, and ultimately a greater risk of health diseases and early death is visualized through a pyramid (CDC, 2021). While a child may not be directly experiencing the violence, they can be seen as a victim.

Research points to intervention addressing children as victims of DV as needing to include both the non-offending parent and the child (Humphreys and Stanley, 2015, Metzler, et al., 2017). Risk factors of ACEs include a lack of support from a parental figure, but oppositely positive support can be a protective factor. Importance is then placed on encouraging a mother-child bond in most forms of intervention. In the form of discussion with children, a parent can

check in on the well-being of their child and talk through past traumatic events and how it has affected them (Humphreys and Stanley, Educating a parental figure surrounding ACEs also opens access to knowledge as a tool to better understand themselves and their children. By fully recognizing and acknowledging the influence of trauma on their well-being, a parent can better understand their child during traumatic and stressful situations.

Prevention of ACEs and Generational Cycle of DV

There is a lack of awareness surrounding the adverse childhood experiences research study results, especially when negative and traumatic experiences in childhood are not easily expressed or shared. Additionally, with societal taboos and stigma surrounding ACEs, the likelihood of awareness surrounding childhood traumatic experiences as affecting one's current well-being is low. Bringing attention to the societal effort needed in raising awareness and removing the stigma around ACEs, such can create a positive environment for change and growth (Metzler, et al., 2017). Interventional approaches with victims of domestic violence can also use knowledge surrounding ACEs to encourage parental bonds and a better understanding of how trauma affects us.

Addressing the connection between domestic violence and adverse childhood experiences, a better understanding of both can be looked at by utilizing both qualitative and quantitative information. Through observation of combined research, there does not seem to be one direct correlation, but rather an accumulation of different influencers supporting a more holistic and person-in-environment filled lens. Lastly, providing an opportunity for individuals and families experiencing DV to explore their history of ACEs can remove the guilt and shame associated with generational patterns of behavior and foster empowerment toward behavioral change.

Proposal: ACEs Awareness DV Group

Based on a review of literature suggesting the learning of ACEs can be utilized as a tool to increase an understanding of the influence of one's trauma, foster knowledge in key strategies for managing traumatic reactions, and reduce stigma and shame within the family system. This project proposes the inclusion of an ACEs awareness training proposed to individuals who are seeking domestic violence victim services at Moring Star Sanctuary. Research shows that large percentages of the DV population has experienced two or more ACEs. From this, a conclusion can be drawn that participants at the Morning Star Sanctuary have likely experienced two or more ACEs. Within MSS AGAPE, an ACEs awareness training would thus be implemented as part of shelter optional programming. The program expansion would include an ACEs awareness for clients with the goal of increasing survivors' knowledge of the impact of trauma and its relationship to healthy coping and increasing resilience. Also identified as a goal is to provide participants with the skills to self-regulate and promote healthy attachment with children to break the generational cycle of trauma.

A Logic Model of the ACEs Awareness Training is inserted below (Figure 1):

Figure 1. Logic Model

Inputs	Activities	Outputs	Outcomes
BSW field student and MSS AGAPE shelter participants Educational materials (e.g., Connor-Davidson Resilience Scale (CD-RISC-10), ACE Pyramid, Philadelphia Adverse Childhood Experiences (PHL	Educational classes as portrayed in Table 2 Facilitated discussion surrounding toxic stress, protective and risk factors, PHL ACEs, and ACE pyramid	3 Educational sessions delivered 3 Hours of educational training 5 MSS AGAPE shelter participants attend 33.3% of the curriculum	Increased resilience scores among participants of the CD-RISC-10 Increased self-understanding of impact of trauma on individual measure through post-survey

ACEs), Coping strategies List of support resources	Facilitated resilience score testing Facilitated coping strategy practices	3 MSS AGAPE participants attend 100% of the curriculum 2 positive coping skills practices facilitated	Increased perceived identification and utilization of positive coping skills measured through post-survey Increased attachment between caregivers and children

The Logic Model follows an outlined three-session educational training into the categories of inputs, activities, outputs, and outcomes expected. As mentioned in Table 1, inputs would include staffing of MSS staff, who have domestic violence victim services experience, to run the training. The intention is that there is a current relationship of trust and comfortability built with residents in the shelter. To educate attendees about the ACE study, in addition to using the conventional ACE study with 10 listed adverse experiences, the Philadelphia Adverse Childhood Experiences (PHL ACEs) would be utilized to include community-level ACEs and accurately portray the intergenerational and societal impact on an individual experiencing domestic violence. Additional resources would include questionaries to measure resiliency and coping strategies, the CDC released ACE Pyramid including societal and generational effects of trauma as shown below, and a list of local support resources.

As depicted in the Curricula Table (Figure 2), three sessions would be differentiated between an introduction of ACE and awareness around the societal, environmental, and generational factors of trauma, with a concluding session identifying the resilience and coping strategies within individuals.

Figure 2. Educational Curriculum

Training Curriculum		
Session 1	**Session 2**	**Session 3**

Introduction to ACEs:	Impact of Trauma:	Empowerment and Identifying Resiliency:
• Original ACE Study • PHL ACEs • Toxic stress • Risk and protective factors	• Societal and environmental trauma • Generational impact of trauma • ACE Pyramid	• Resilience and resilience scoring • Positive coping strategies

To foster knowledge surrounding the impact and our reactions to trauma, the first session would include a facilitated discussion surrounding the research behind ACEs, where toxic stress as well as the presence of protective and risk factors are delved to give a better understanding of the reasoning behind ACEs. Through discussion, participants would be encouraged to discuss their understanding of toxic stress and how it can contribute to and affect their lives. Discussion would also be facilitated in identifying the significance of protective and risk factors within toxic stress. As the content behind ACEs can be difficult to understand and relate to one's life or perhaps may be triggering for the participants of the training, a list of support services would be given to all attendees and farther discussion surrounding ACEs would be encouraged to talk with a professional, see Appendix B for list.

An introduction to protective and risk factors would then bridge into the significance of societal and environmental influences in the presence of childhood trauma. Through the lens of strengthening parental bonds as well as empowering individuals to better understand how trauma has affected them, intergenerational patterns are highlighted as an influencer in one's trauma. The goal of underscoring these outside influencers would be to reduce the stigma and shame that may be present within the family system where domestic violence is present. Rather than creating a feeling of hopelessness, an understanding of all the effects of trauma could give participants clarity to express and connect how the presence of trauma in their lives.

The leading into the third session would then be strengths-based focused, where activities fostering empowerment would be facilitated through resilience scoring and perceived utilization of positive coping skills with the goal for individuals to identify strengths and an increased feeling of competency in managing identified traumatic reactions. Through identified activities, outcomes could be measured from an increase of participant's perceived resilience and ability to utilize positive coping strategies. With the overall goals of increased identified resilience among individuals and an increase in the understanding of the impacts of trauma, desired outputs from the training would include three educational sessions delivered totaling three hours in educational training, where a small group of around five can attend most of the sessions. In a small group setting, discussion and conversation are prioritized rather than individual counseling.

Outcome Evaluation

To evaluate the success of the proposed intervention, a pre-test and post-test model will be used for data collection among a sample of participants attending ACEs Awareness Training. The survey will be developed to assess level of knowledge, level of perceived resilience, and the identification and utilization of learned coping skills including both qualitative and quantitative questions. The inclusion of quantitative questions will be used to establish a change where individuals will be able to have a measurable output from the training. Likewise, the inclusion of qualitative questions is also crucial in enabling participants to share their lived experiences with the group, as well as allowing space for improvements where residents are empowered to have a voice in the future programming. As measuring the success of an educational training can be limiting, more focus is going to be on what attendants have learned rather than how much is learned. The pre-test survey, as shown below in Table 3, consists of quantitative questions self-assessing resilience and ability to utilize coping strategies. The first two questions are ultimately

repeated in the post-test survey to give participants an understanding of what they have learned, as well as to have measurable results of the intended goals of the training. The third question includes a statement released by the CDC regarding ACEs to "have a tremendous impact on future victimization and perpetration, and lifelong health and opportunity" (CDC, 2021). From this statement, an understanding of the current level of knowledge surrounding ACEs can be scoped from the sample size.

Table 3:

Pre-test Survey				
1. On a scale from 1 – 10 (1 being unable to and 10 being always able to), how would you describe your ability to identify and utilize positive coping strategies within feelings of intense stress?				
2. On a scale from 1 – 10 (1 being low and 10 being high), how would you categorize your resilience?				
3. *Do you agree with the following statement?* "I believe trauma happening in childhood can have impacts on future violence victimization and perpetration, and lifelong health and opportunity". 1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree

In the post-test survey, as shown below in Figure 1.4, with the use of open-response questions, attendees would elaborate on what they have learned from the training and how it has affected them. Common themes would then be identified within the qualitative responses, where the training would also be modified from feedback provided by participants. Utilizing a pre-test and post-test survey model, data hoping to be gathered would demonstrate an increased self-awareness of the impacts of trauma, as well as an increased perceived self-competence based on knowledge learned from the ACEs educational training. Based on the short-term goals from the training, potential long-term goals identified would be the impact on family systems, such as reducing shame and stigma around domestic violence and strengthening parental bonds to

prevent the intergenerational trends of DV identified through research. Evaluation would then directly address the impacts of DV and ACEs at the intervention level, while also having an additional project goal of preventing intergenerational trends of DV.

Table 4:

Post-test Survey
1. On a scale from 1 – 10 (1 being unable to and 10 being always able to), how would you describe your ability to identify and utilize positive coping strategies within feelings of intense stress?
2. On a scale from 1 – 10 (1 being low and 10 being high), how would you categorize your resilience?
3. Has this training changed your view on childhood trauma? If so, how?
4. Do you plan on using this information in the future? If so, how?
5. What are your thoughts/takeaways as you learn about ACEs?

Along with the pre-test post-test survey is the Conner Davidson Scale used for evaluation and measurement of the goal of increased resilience. The Conner Davidson Scale was developed as a measurement of resilience, where an individual answers a set of questions to identify the ability for an individual to recover from a stressful and traumatic event. The ten-item scale of the Connor-Davidson Resilience Scale, (CD-RISC-10), identified as reliable in the assessing of resilience according to the *International Journal of Behavioral Medicine*, is used alongside the pre-test and post-test survey to provide a thorough evaluation that is measurable and individualized (Smith et al. 2008). See Appendix C for Connor-Davidson Resilience Scale (CD-RISC-10).

Strengths & Limitations

Proposing an ACEs awareness training in a domestic violence service setting demonstrates an agency being consistent with the principles of a trauma informed practice. As the training educates around the scope of childhood trauma, participants are encouraged and

empowered to understand how trauma affects them while also identifying resiliency and strength within selves. The training, then focused on empowering victims and encouraging choice, counters powerlessness often experienced by victims of domestic violence as a result from their abuser's tactics to maintain power and control over them. The curricula of the ACEs Awareness training are also built from a strengths-based lens where individuals are recognized as resilient with the choice of self-determination over their own lives. Everything involved in the training, therefore, is carefully included to promote self-determination and resilience. Lastly, this training fills a gap in programming and seeks to improve both service delivery and parent-child interactions and emotional regulation.

In addition to strengths, this project has several limitations regarding feasibility and implementation. For example, within an emergency shelter setting where each participant has a 60-day stay entails difficulty in meeting the targeted output involvement attendance as well as the attending all three sessions. Additionally, research regarding the connection between domestic violence and ACEs is limited, resulting in a research gap regarding the inclusion of ACEs information in domestic violence services (Morton et al., 2022). The literature of review included research proposals of the relationship between domestic violence and ACEs, but limited research was found around established model ACEs routine assessments utilized specifically in domestic violence services.

As MSS is a women's shelter, most of the research used in the literature of review focused on experiences of domestic from a women's perspective. Domestic violence does not discriminate, however, meaning interpersonal violence impacts all individuals. Present bias and limited research from other gendered perspectives impacted by DV are thus present within the training and review of literature. While the ACEs Awareness training is not a gendered approach

training, its creation from a review of such literature could point to a bias towards the women's experience of DV.

Implications for Practice

Pointing to the prevalence of Adverse Childhood Experiences among individuals experiencing domestic violence as influential, this capstone delves into and identifies what those influences are, utilizing the research to then empower victims. The educational awareness training is proposed as a solution for individuals residing at Morning Star AGAPE to not only recognize the effects of trauma individually and generationally, but also to introduce strategies and tools in response to this information in a way that promote empowerment. The goal is for participants who attend the training to be able to identify strategies in managing responses to trauma that promote positive coping mechanisms and increase the perceived resilience within. A better understanding surrounding the intergenerational pattern present within domestic violence will also help to reduce the stigma and shame that is often attached to DV within the family system. In addition, the goal is to increase the attachment between caregiver and child relationships within the shelter to address the intergenerational trends.

Education surrounding adverse childhood experiences in relation to domestic violence is something that service settings need to acknowledge and share with individuals utilizing their services. The client population will be able to benefit directly from a better understanding of the impact of trauma on their experiences and will feel empowered as they are seeking safety and growth amidst domestic violence. In response to the ACEs study, the agency will benefit from providing an environment that considers the impacts of trauma in a way that empowers individuals seeking their services. Overall, social work as a service field nee ds to take into

account the intricacies surrounding ACEs to better understand domestic violence and in providing domestic-violence related services.

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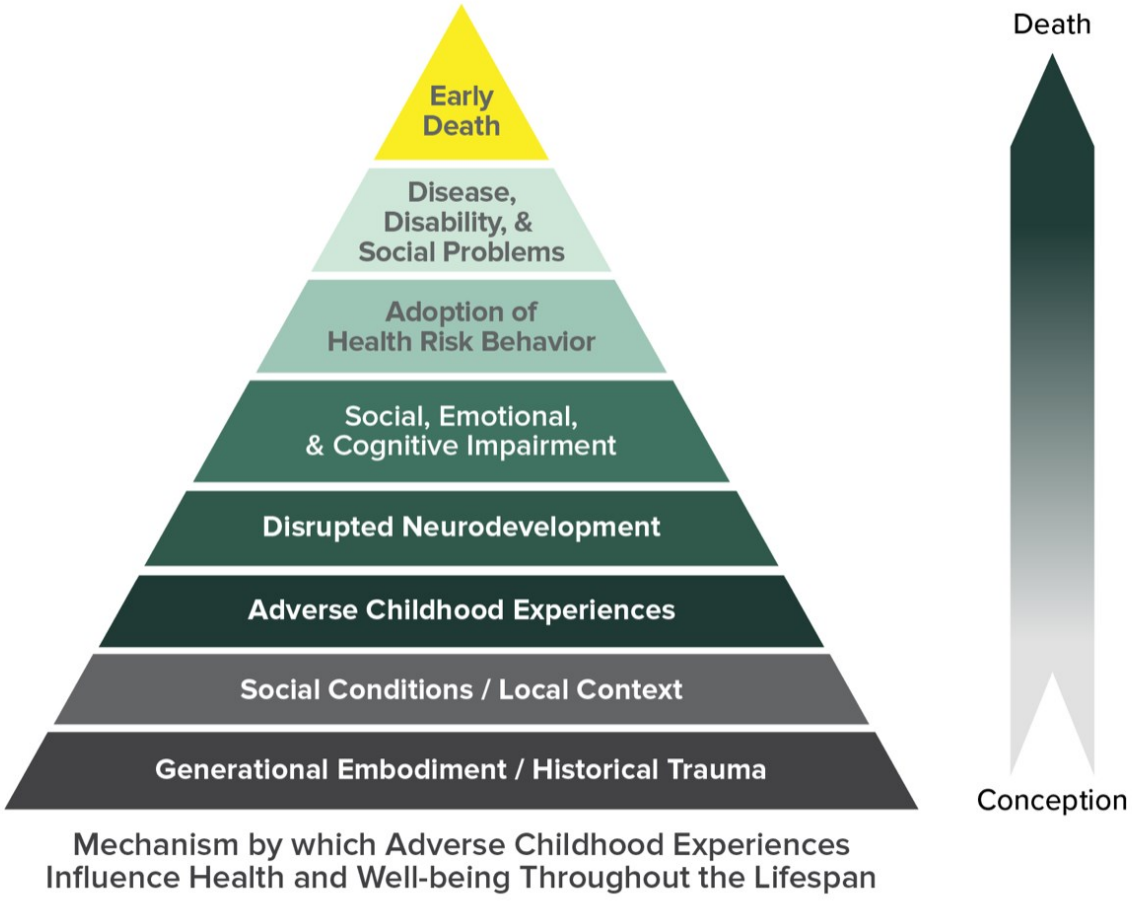
Appendix A – CDC Released ACE Pyramid



Appendix B – List of Support Services Available to Participants Residing in MSS

Counseling Services

- Agape: **(615) 781-3000**
- Family Intervention Program: **(615) 862-7773**
- Mental Health Cooperative (Nashville): **(615) 726-3340**
- Centerstone (Nashville): **(615) 460-4100**
- Sexual Assault Crisis Line: **(866) 811-7473**
- Safe Clinic for Sexual Abuse: **(615) 258-5888**

- Sexual Assault Center: **(615) 259-9055**
- Madison Church of Christ: **(615) 868-3360**
- Hope Clinic: **(615) 321-0005**
- Catholic Charities: **(615) 352-3087**

Appendix C: the Connor-Davidson Resilience Scale (CD-RISC-10)

Instructions

Answer each statement with a number from 1 – 4 (1 being not likely and 4 being very likely).

List of Questions

1. I am able to adapt when changes occur.
2. I can deal with whatever comes my way.
3. I try to see the humorous side of things when I am faced with problems.
4. Having to cope with stress can make me stronger.
5. I tend to bounce back after illness, injury or other hardships.
6. I believe I can achieve my goals, even if there are obstacles.
7. Under pressure, I stay focused and think clearly.
8. I am not easily discouraged by failure.
9. I think of myself as a strong person when dealing with life's challenges and difficulties.
10. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.

About the CD-RISC-10

The 10-item scale is comprised of ten of the original 25 items from the CD-RISC-10 scale. A respondent's total score can range from 0 – 40.