

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

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Purpose and Methodology

Building Strong Brains: Tennessee ACEs Initiative was established in 2015 with the expressed mission of raising the awareness about the potential long-term and damaging effects of Adverse Childhood Experiences (ACEs). Moreover, the mission includes efforts to promote policies and practices that increase successful intervention and prevention of these experiences.

The University of Tennessee College of Social Work Office of Research and Public Service (SWORPS) was contracted by the ACE Awareness Foundation to conduct a statewide public opinion survey to establish a baseline about the public's level of awareness about ACEs and support for the Initiative's goal to increase prevention and mitigation of the impact of adverse childhood experiences in Tennessee. A mixed-mode survey was conducted with 922 Tennessee residents between February 15 and February 24, 2017. The margin of error for the results of the survey is +/- 3.2%.

Surveys were administered by telephone using cell phone and landline sample and by web utilizing a web panel. The web panel of Tennessee residents under the age of 56 was purchased from Survey Sampling, Inc. (SSI) for the completion of complete 484 surveys. A random digit dial (RDD) landline sample, also purchased from SSI, resulted in the completion of 241 surveys. A random sample of cell phone numbers of Tennessee residents was purchased

from Marketing Systems Group, Inc. and was used to complete 178 surveys. A \$5 gift card was offered to those who completed the survey on a cell phone to offset expense incurred for data usage. All potential survey respondents were screened to confirm they were Tennessee residents and were 18 years of age or older.

The goal of survey research is to validly represent the population through input from a substantially smaller segment, or sample, of that population. Particular attention must be made to ensure the sample is representative of the population on known characteristics to reduce bias that may be introduced by over-representing groups whose opinions differ significantly from the overall population. Despite efforts to achieve proportional representation by gender, age group, and region of the state, younger males and residents in West Tennessee were slightly underrepresented. Weights were calculated for each record to adjust for the under-representation. All findings discussed and presented in this report are from weighted data. A full reporting of the results of the survey can be found in the Appendix.

The survey instrument was designed to measure the level of familiarity with the term "Adverse Childhood Experiences"; when and how people first learned about ACEs; level of awareness about the sources and potential impact of ACEs; and support for efforts to focus on prevention and mitigation of the effects of ACEs. A copy of the survey instrument is located in the Appendix.

Findings and Discussion

A core purpose for conducting this survey was to measure the level of awareness the public about Adverse Childhood Experiences (ACEs). In an effort to measure awareness, survey respondents were asked to indicate their familiarity with the term.

The level of familiarity was reported to be low. A majority (55.6%) indicated they were not at all familiar and less than one out of ten respondents (9.0%) stated they were very or extremely familiar with the term (see Figure 1).

How Familiar Are You With The Term ACEs?

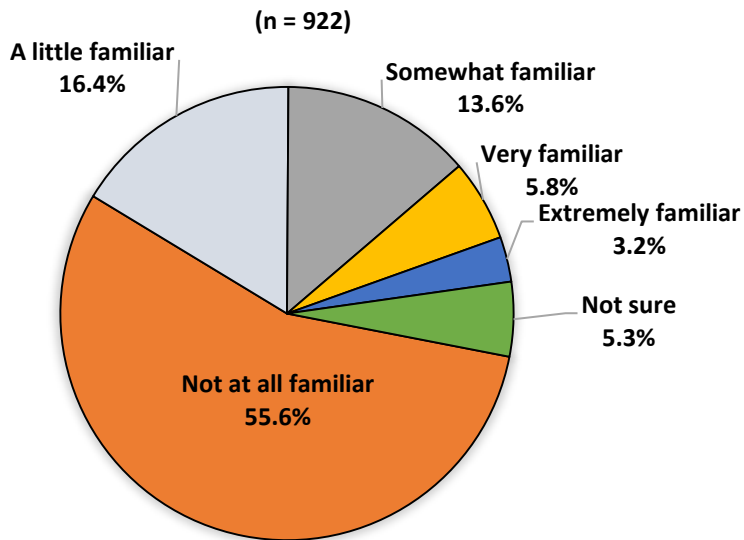


Figure 1: Familiarity with ACEs

Those who were at least somewhat familiar with the term were asked to identify where they had first heard the term or about the concept. The most frequently cited sources were news articles, discussion on the radio, or items on the internet. Almost half of those who reported some familiarity with the concept (46.7%) reported they had heard it from one of these sources. About one out of three (28.7%) indicated they heard about it in school or by attending a training course. Other sources shared by the respondents were discussions with family and friends (9.5%) or with medical professionals (5.3%).

Others reported they became familiar with the term when they attended child advocacy or meetings to discuss issues about childhood development (see Table 1).

Source	%
(n = 145)	
News/radio/internet	46.7
School or training	28.3
Family or friends	9.5
Work	6.5
Mental health or medical professional	5.3
Child advocacy/childhood development meeting	3.7

Table 1: First heard of ACEs

Survey respondents were presented with a number of statements about Adverse Childhood Experiences and asked to indicate how much they agreed or disagreed with the statement. They were also provided with an option of stating they were “Not Sure”. Inclusion of this response was particularly important because the level of awareness about the topic was relatively low. These statements addressed three broad aspects of ACEs: who is exposed; what are the impacts; and whose responsibility it is to prevent or reduce the experiences.

Who experiences ACEs?

An area of interest for this research was to determine public perception about whether or not certain groups of children have more exposure to adverse experiences and if some suffer from more serious long term impacts than others. Respondents were presented with two questions about how household income and individual characteristics influence exposure and impact of adverse experiences. The overwhelming majority of respondents indicated that exposure to adverse experiences is not restricted to low-income children. Furthermore, it was found that most hold the belief that some children are impacted more significantly than others by these experiences (see Figure 3).

A large majority of the respondents (80.4%) indicated they somewhat or strongly disagreed with the statement that only low-income children were victims of ACEs. While not

statistically significant, some differences did emerge.

- Black or African Americans were more likely than others (23.0%) to report they strongly or somewhat agreed that ACEs were only experienced by low-income children. Only 11.3% of respondents who identified themselves as White or Caucasian agreed.
- Respondents under 35 and those with annual household incomes below \$15,000 were more likely to report they were unsure about this statement (11.3% and 18.8%, respectively).

Respondents also reported they agreed – either somewhat or strongly – that the impact of ACEs might be greater on some children than on others. Almost 9 out of 10 respondents (88.1%) agreed that some children are more resilient than others and may not suffer the consequences of adverse experiences.

- Those who were younger and reside in lower income households were again more likely to be uncertain about how to respond to this statement (11.7% and 15.3%, respectively).
- Older respondents – those over 65 – were more likely to agree that some children are impacted more than others by their experiences (92.4%). Younger respondents – those between 18 and 34 – were less likely to agree that the effects of ACEs were dependent upon the individual (79.0%).

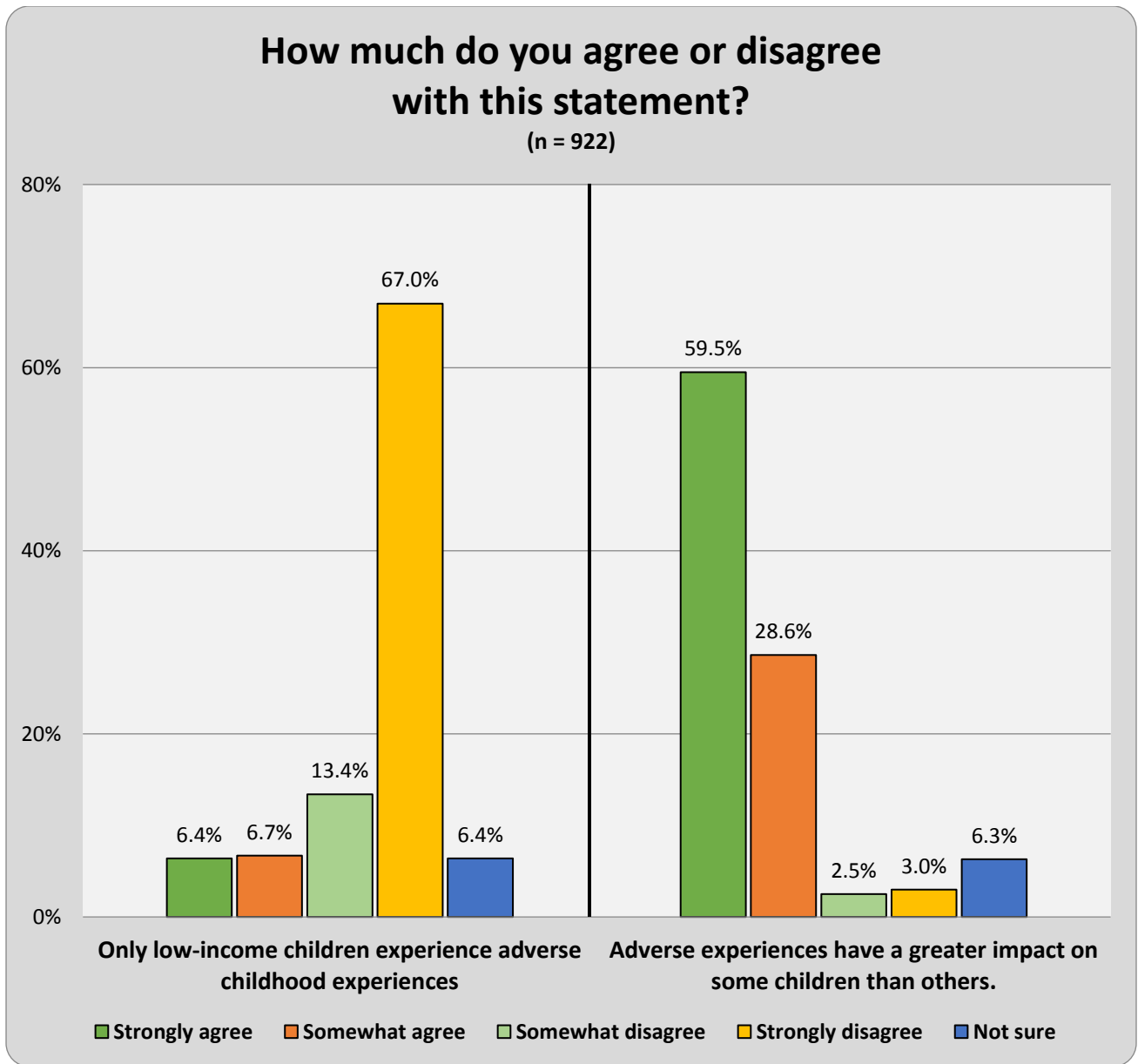


Figure 2: Who experiences ACEs and who does it impact

Impact on Health and Well-being

Another area of focus for this survey was to determine how much public awareness there is about the effects of ACEs on the physical and mental well-being of individuals and the development of young children.

Impact on mental health

There was almost unanimous agreement that how a child is reared – regardless of adversity – affects their mental health in adulthood. Almost 9 out of 10 respondents (87.8%) indicated they agreed that mental health in adulthood is influenced by childhood experiences (see Figure 3). While little variation emerged between groups, it is worth noting that two trends materialized.

- Women were significantly more likely than men to strongly agree that how a child is reared has an impact on his or her mental health in adulthood. Seven out of ten women (70.8%) strongly agreed compared to 58.8% of men.
- Older respondents were also more likely to strongly agree with this compared to their younger counterparts. Three out of four of those 65 years of age and older (74.8%) strongly agreed compared to 54.7% of those between the ages of 18 and 34.

Impact on brain development

There was less agreement with statements regarding the impact of ACEs on brain development and long term effects on physical health. While almost 3 out 4 respondents agreed that brain development was different for children with ACEs (72.2%), there was significant variation reported between groups.

- Those who reported being more familiar with ACEs were also more likely to agree that children’s brain

development is affected. More than 6 out of 10 of those who were very familiar with ACEs (62.1%) also strongly agreed with the statement while less than half of those who were not at all familiar with ACEs (44.1%) reported the same response.

- Similar to previous trends, females and older respondents were more likely to strongly agree. However, the differences were not statistically significant.

The impact of adverse experiences on a child’s brain development was explored further. Respondents were asked their opinion about the level of impact trauma before the age of three had on a child’s brain development. Less than half (42.5%) reported it had a great amount of impact while 37.0% felt that it had some impact (see Figure 4).

- Females were significantly more likely to indicate that brain development was greatly impacted by trauma. Almost half of females (49.5%) thought trauma had a “great amount” of impact compared to 34.9% of males.
- About half of those under 35 (47.7%) thought it had great amount of impact. Those who expressed this opinion steadily declined among older respondents with 35.4% of those 65 and older expressing the same opinion.

Impact on physical health

The level of agreement continued to decline when respondents were asked about the effects of how a child is raised on the prevalence of cancer or heart disease in adulthood. Only two out of three respondents (67.2%) agreed with this statement (see Figure 3). None of the variations that emerged for the other questions about the effects on mental and physical development were found for this question.

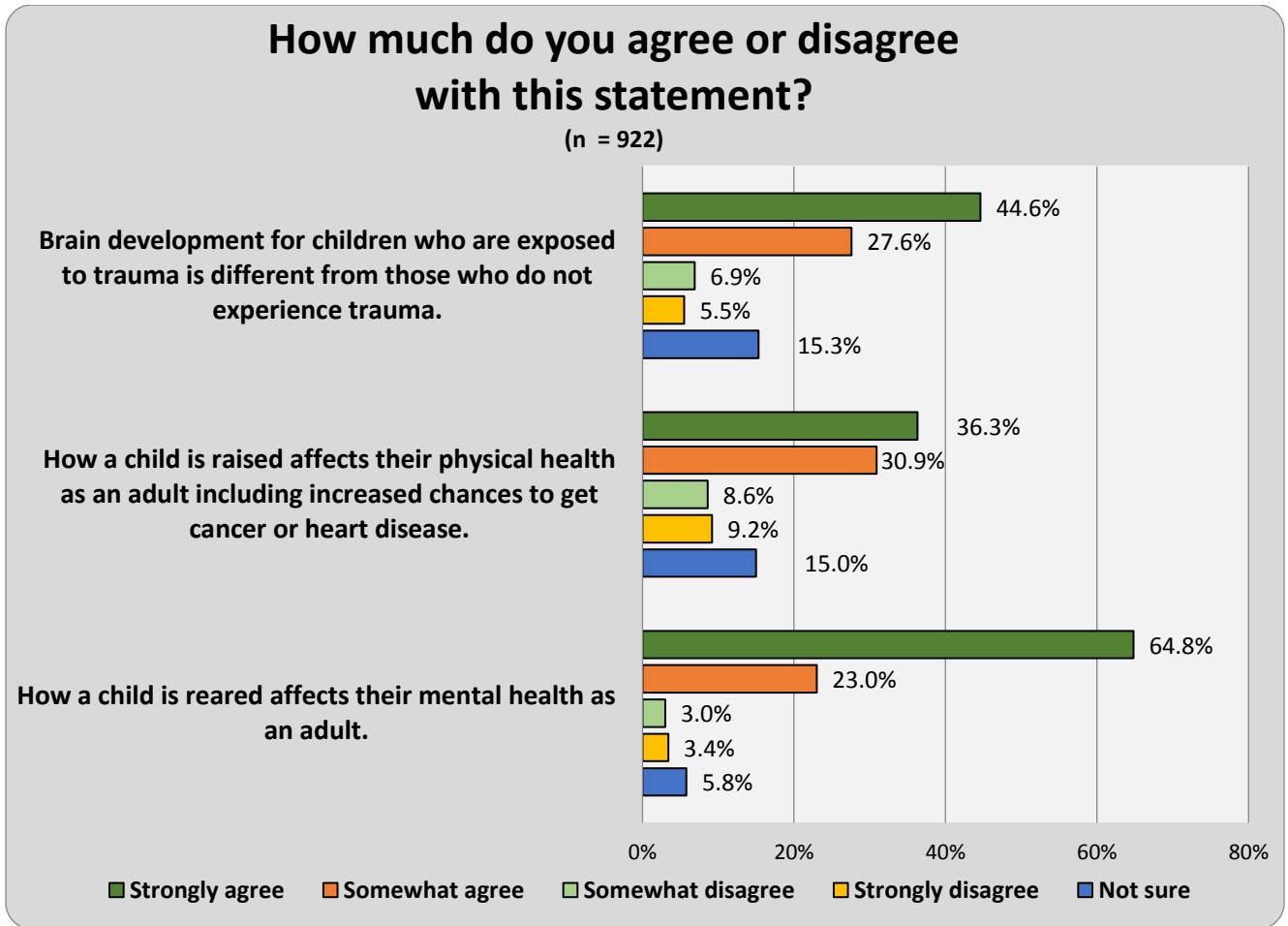


Figure 3: ACEs impact on physical and mental health

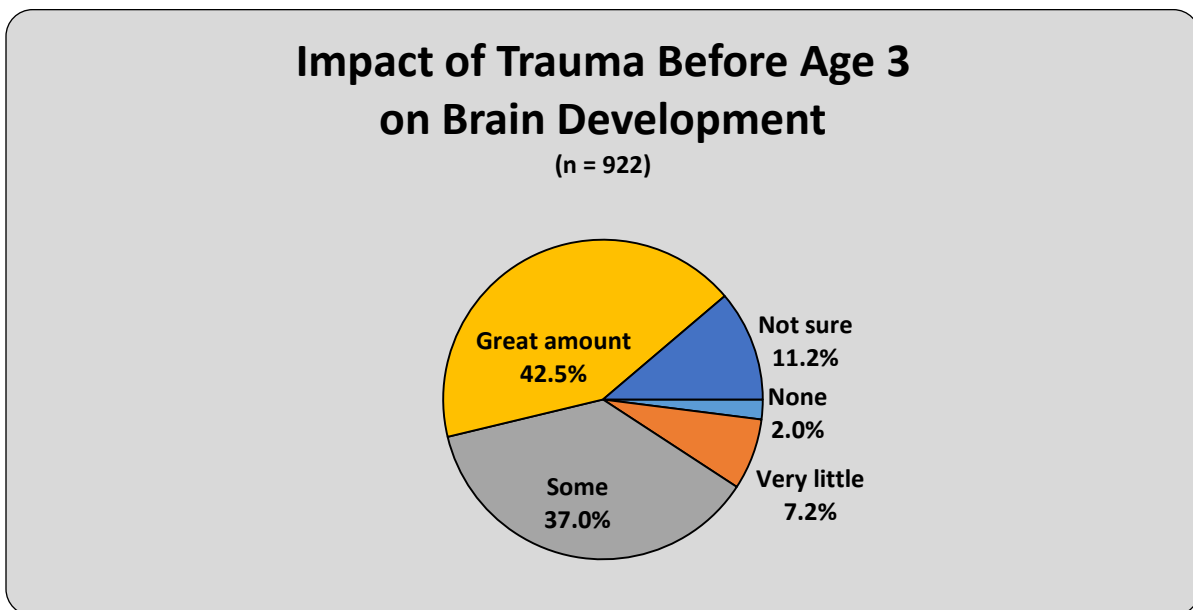


Figure 4: Impact of trauma on brain development

Social impact

In addition to the impact on brain development and physical and mental health, ACEs impose a social cost. These costs may include fewer people graduating from high school, inability to sustain a marriage, and more reliance on public assistance in adulthood.

Lower High School graduation rates

Overall, more than half of the survey respondents (57.2%) indicated they either somewhat or strongly agreed that experiencing trauma during childhood reduced the likelihood of graduating from high school (see Figure 5). However, there were differences in opinions about this topic that are worthy of discussion.

- Black or African-American respondents were significantly more likely to strongly disagree with the statement that the ability to graduate from high school was diminished because of childhood trauma. Almost one-third of Black respondents (32.1%) stated they strongly disagreed compared to 10.6% of White or Caucasian respondents.
- Additionally, those with lower household incomes were also more likely to strongly disagree with the correlation of trauma and high school graduation. Almost 1 out of 3 with a household income below \$15,000 (28.3%) strongly disagreed whereas 9.9% of those with a household income above \$100,000 disagreed with the statement.

Higher divorce rates

Respondents were also asked whether they thought adults who had experienced trauma as a child were more likely to be divorced. Similar to the question about the impact on graduation rates, more than half of overall respondents somewhat or strongly agreed (56.9%) with this statement (see Figure 5). Again, opinions varied

significantly between racial groups and income levels.

- Respondents who identified themselves as Black or African were significantly more likely to strongly disagree that divorce rates are higher for those who experience trauma in childhood. One in four Black or African-American respondents (24.7%) strongly disagreed compared to 8.1% of respondents who identified themselves as White or Caucasian.
- Respondents living in households with an annual income below \$15,000 were also significantly more likely to voice strong disagreement with the statement linking childhood trauma to higher divorce rates. Almost 1 out of 5 respondents in this income category (19.4%) strongly disagreed whereas less than 1 out of 20 respondents in the highest income bracket (6.6%) expressed a similar opinion.

Reliance on public assistance

In addition to the impact on high school graduation rates and divorce rates, respondents were asked how childhood experiences might affect the likelihood of relying on public assistance in adulthood. While there was less agreement on this topic than on others, a small majority (51.0%) agreed that reliance on public assistance was higher among those who experienced childhood trauma (see Figure 5). Trends discussed above regarding attitudes about the social costs of childhood trauma also emerged for this question.

- One out of three Black or African-American respondents (30.5%) strongly disagreed that childhood trauma increased the likelihood of relying on public assistance in adulthood. White or Caucasian respondents were

significantly less likely to disagree with only 1 out of 10 (11.5%) expressing strong disagreement with the statement.

- Again, those whose annual household income was below \$15,000 were also significantly more likely to strongly

disagree with the linkage between trauma and public assistance. More than one-fourth of low income respondents (27.3%) strongly disagreed compared to only 7.4% of those whose household income exceeded \$100,000.

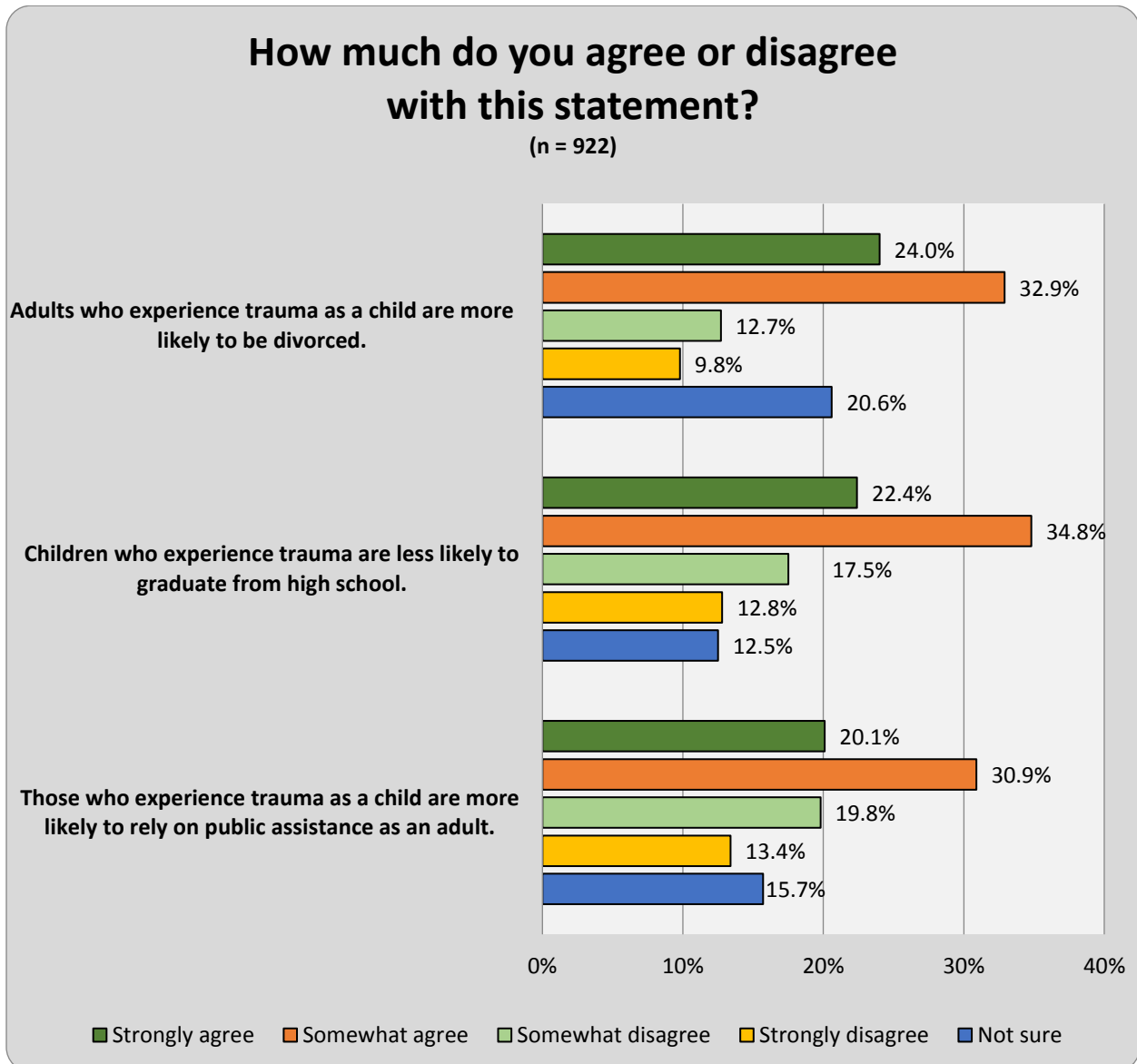


Figure 5: Social impact of ACEs

Prevention of Adverse Childhood Experiences (ACEs)

An additional focus of the survey was to measure attitudes and perceptions about strategies to prevent and mitigate the effects of ACEs and who should shoulder the responsibility for these efforts.

Impact of stable relationship

Participants were asked to indicate their level of agreement with the statement that a stable relationship with an adult can reduce the damage incurred from childhood trauma. A high level of agreement was expressed (89.5%) that a stable relationship with an adult might mitigate that negative impact of childhood trauma (see Figure 6). Little variation of opinion was expressed on this topic.

Providing supports

Survey participants were also asked to express their level of agreement or disagreement about the possible results of providing supports to children and their families on negating the impact of adversity. While there was less agreement with this statement than the impact of a stable relationship discussed above, a large majority did voice some level of agreement (81.8%) (see Figure 6).

- The youngest and oldest respondents, those under 35 years old and those 65 and older, were less likely to agree and were more likely to voice uncertainty about the impact of providing supports to children and their families. Three out of four younger respondents (75.2%)

and 79.9% of the oldest respondents somewhat or strongly agreed with this question. Additionally, more than one out of ten stated they were not certain about the impact of supports – 12.8% of the youngest group and 15.1% of the oldest group.

Responsibility of government and public agencies

There was less agreement expressed about the role of government and public agencies in reducing trauma for children than other questions included in the survey. When asked whether government shares a role with parents and the community to reduce trauma, less than 3 out of 4 respondents (72.8%) indicated they agreed with the statement (see Figure 6).

- While the overall agreement did not differ between racial groups, the level of intensity in agreement with the statement did. African-American respondents were significantly more likely to “strongly agree” that government should play a role in reducing trauma. More than half (51.0%) expressed strong agreement while 36.0% of White respondents chose the same response.
- Females were also more likely than their male counterparts to agree that government shared a responsibility in lowering traumatic incidences. More than 3 out of 4 females (78.2%) somewhat or strongly agreed while 67.0% of males agreed.

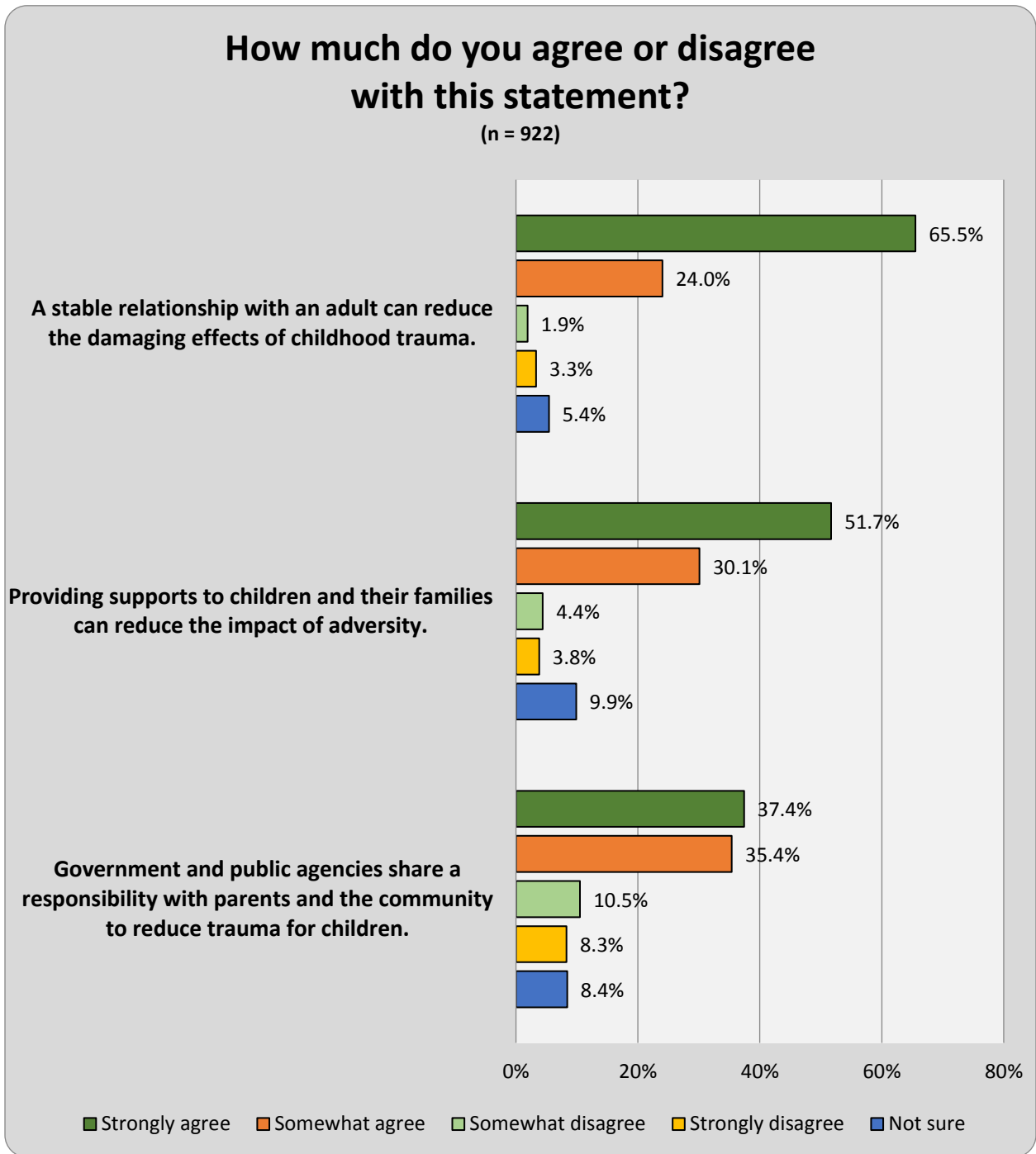


Figure 6: Prevention of ACEs

Identifying ACEs

Another focus area for the survey was to determine the public’s ability to accurately identify experiences that might be considered an adverse childhood experience with lifelong effects on a person’s well-being. Respondents were presented with a list of ten experiences a child might encounter during childhood and asked to indicate if they believed this experience might be considered an ACE. There was a high degree of consensus on what could be considered an adverse childhood experience. More than 9 out of 10 respondents agreed that abuse, violence in the home, and substance abuse in the home is an ACE. Fewer, but still an overwhelming majority reported that malnourishment (89.2%), being separated from parents (84.5%), and racial or cultural discrimination would be considered an ACE. Starting a new school (35.0%) was reported by the fewest respondents to be an ACE (see Figure 7.

However, some differences were reported for other experiences.

- Females were significantly more likely than males to state that being exposed to bullying would be considered an adverse childhood experience. Almost 9 out of 10 females (87.4%) selected exposure to bullying as an ACE while 77.6% of males did the same.
- Differences in opinion about two experiences emerged between racial categories. Nearly 9 out of 10 Black respondents (88.5%) identified poverty as an ACE while 73.7% of White respondents indicated it was an ACE. Additionally, more than one-third of African American respondents (36.5%) reported that breaking a bone should be considered an ACE while less than 1 out of 5 White respondents (19.0%) made the same choice.

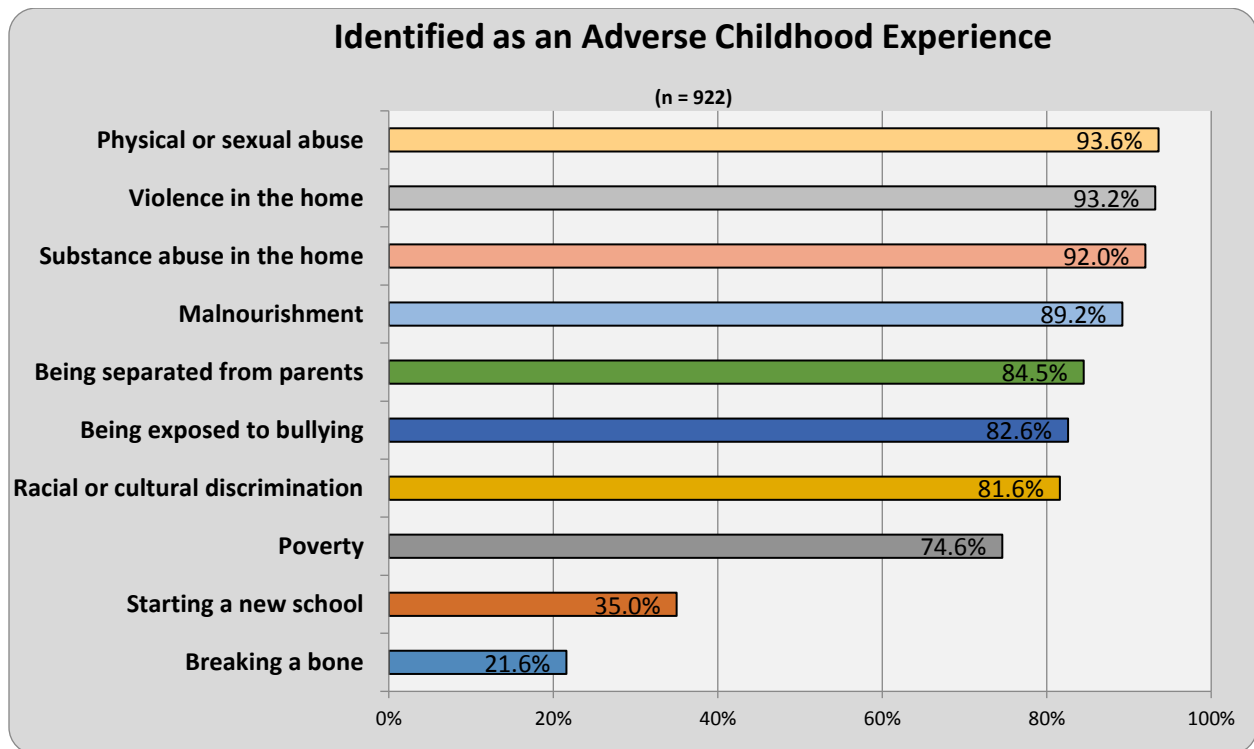


Figure 7: Experiences defined as ACEs

Efforts to increase awareness of Adverse Childhood Experiences (ACEs)

A final area of interest addressed in the survey was to learn the public’s attitudes and opinions about raising children and current efforts to raise awareness about and reduce Adverse Childhood Experiences in Tennessee.

Respondents were asked about their participation in parenting classes and workshops and whose opinion they would trust with questions about raising children.

One-fourth of respondents (25.3%) reported they had attended a parenting class or workshop in the past. The level of reported participation grew with household income.

Less than 1 out of 10 of those whose household income fell below \$15,000 (9.1%) indicated they had attended a workshop whereas 42.3% of those whose income exceeded \$100,000 had attended a parenting class.

Respondents were also asked about trusted sources for parenting information and to whom they would reach out with questions about raising their children. The respondents’ parents were identified as the most widely trusted (72.2%) followed by their physician. Other frequently cited sources were friends (36.3%) and ministerial or spiritual leaders (35.0%) (see Table 2).

Sources for information about raising children			
(n = 922)			
Parent	72.2%	Nurse	23.4%
Doctor	46.1%	Teacher	23.1%
Friends	36.3%	Social worker	20.7%
Minister/spiritual leader	35.0%	Childcare provider	20.1%

Table 2: Sources of information about raising children

Universal Parenting Place

A Universal Parenting Place (UPP) is a site where parents can get information and help with raising their children in a safe and healthy environment. Respondents were asked to report their level of familiarity with a UPP and to voice their opinion on its effectiveness for improving conditions for vulnerable families.

While relatively few respondents indicated they were familiar with such a program (6.2%), a majority reported they believed it would be at least somewhat effective (81.9%) (see Figure 8).

- Younger respondents – those under 35 – were more likely than older respondents to express that this type of program would be “very effective”. About one out of four (38.0%) under thirty-five reported this opinion compared to 28.3% of those 65 years old and over.
- Females were reportedly more positive about potential for this type of program being very effective (37.2%) compared to males (29.1%).
- Black respondents were also more likely than White respondents to indicate the program would be very effective (41.7% compared to 32.0%, respectively)

Building Strong Brains

Respondents were also asked about their familiarity with Tennessee’s ACEs initiative, Building Strong Brains, and their level of support for the initiative. Awareness of the initiative was reported to be low, however, support was quite high. The majority of respondents (74.8%) indicated they were not at all familiar with the initiative but a large majority (81.5%) indicated they somewhat or strongly favored it (see Figure 9). Support for the initiative was highest among the oldest and wealthiest respondents and African-Americans.

- Half of those 65 years of age and older (50.0%) strongly favored the program compared to 42.4% of those under 65.
- African-American respondents were also more likely to express strong feelings – 62.1% strongly favored this type of program compared to 38.8% of White respondents.
- More than 6 out of 10 from households with an annual income of more than \$100,000 (63.6%) strongly favored the program compared to 38.2% of those with incomes below \$100,000.

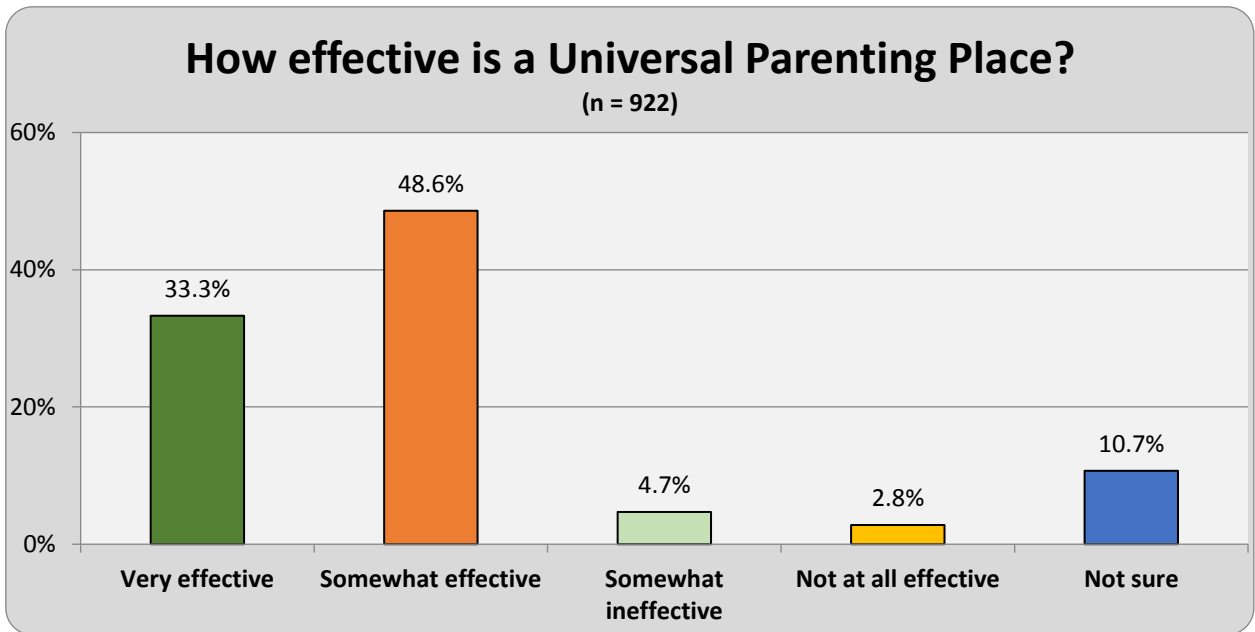


Figure 8: Effectiveness of UPP

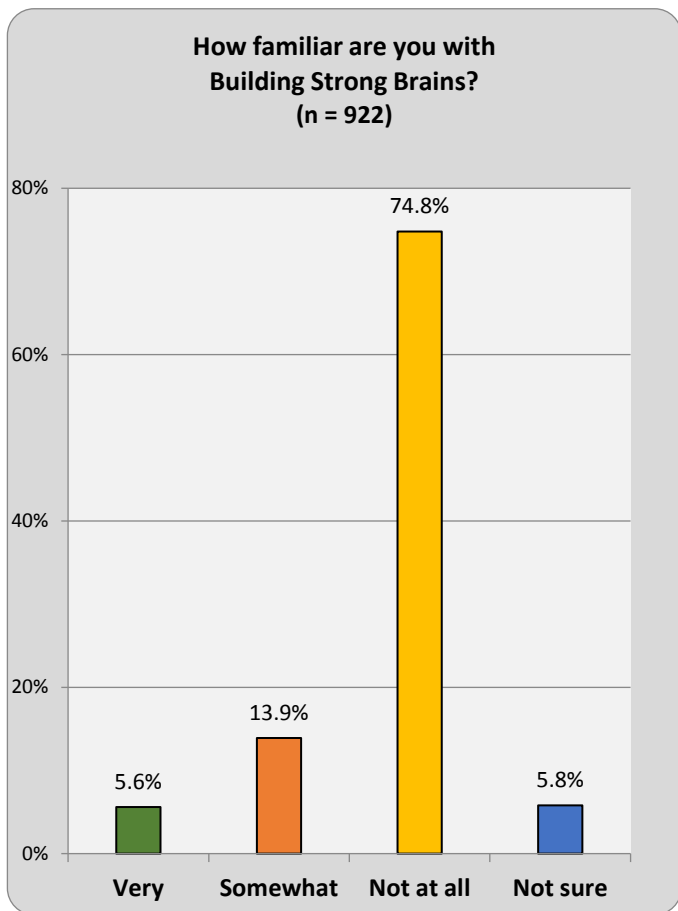


Figure 9: Familiarity with Building Strong Brains

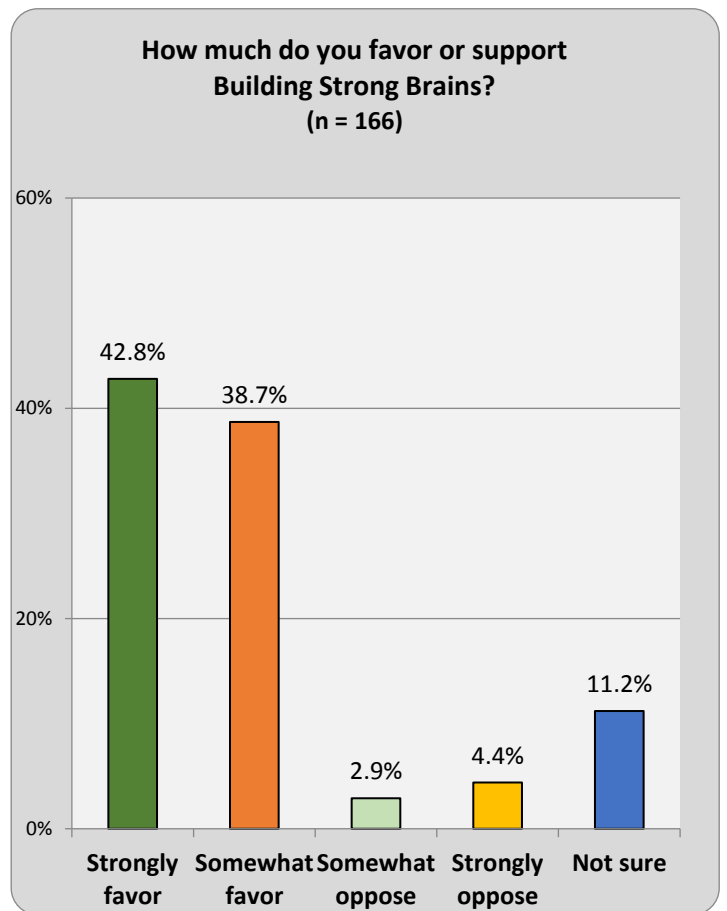


Figure 10: Support for Building Strong Brains

Conclusion

A statewide public opinion poll was conducted for the ACE Awareness Foundation to measure the level of awareness of Adverse Childhood Experiences (ACEs) in Tennessee. Respondents were provided the opportunity to express their opinions and level of knowledge about who is exposed to ACEs; the impact on victims' physical and mental well-being; societal costs; and awareness and level of support for efforts to prevent and mitigate the effects of ACEs.

While the overall level of familiarity with the term ACEs was reportedly low, most survey participants were able offer a response to questions about specific effects of adverse experiences to which children may be exposed. While there was almost universal agreement that all children, regardless of income level, can experience ACEs, there was less awareness about the influence of ACEs on children's brain development and the potential long-term price that might be paid by suffering poor physical health in adulthood. However, there was greater awareness about the emotional scars left by adverse experiences and their impact on the emotional well-being in adulthood.

There was greater uncertainty expressed about the effects on the victim's ability to be successful in completing a high school education, maintaining a marriage, and achieving self-sufficiency. Furthermore, there were greater differences in opinions about these than for other impacts. While it is beyond the scope of this study to hypothesize the underlying reasons, African-Americans and those with lower household incomes were

significantly less likely to agree that adverse experiences influenced graduation rates, divorce rates, and greater reliance on public assistance.

There was less agreement about the effectiveness of providing supports to children and their families in negating the impact of adversity. Not surprisingly, the lowest levels of agreement were expressed about government and public agencies being responsible, in partnership with families and communities, for reducing the amount of trauma experienced by children. However, on a positive note, the majority favored the Building Strong Brains Initiative.

Given that people report that they rely heavily on their own parents and medical professionals for their information about parenting, *Building Strong Brains: Tennessee ACEs Initiative* will be well served by continuing its concentration on educating the public and professionals to raise public awareness about the deleterious and long-lasting effects of trauma. Educating healthcare professionals on the physiological impact of trauma on brain development will heighten their sense of urgency to share this information with their patients. Moreover, as data and statistics continue to be collected and analyzed, the linkage between ACEs and costs to society due to low high school graduation rates and high rates of reliance on public assistance will be irrefutable. Once financial and budgetary costs can be assigned to ACEs, perhaps the wisdom of allocating more resources for prevention will be recognized and the needed supports for children and families will be made available.

APPENDIX

Tables of Results

Q1. How familiar are you with the term "Adverse Childhood Experiences" or "ACEs"?						
	Not at all familiar	A little familiar	Somewhat familiar	Very familiar	Extremely familiar	Not sure
Overall (n = 922)	55.5%	16.4%	13.6%	5.8%	3.2%	5.3%
Gender						
Female	57.4%	15.4%	14.7%	4.5%	2.6%	5.5%
Male	53.6%	17.6%	12.7%	7.4%	3.7%	5.1%
Age group						
18-34	42.9%	22.6%	12.4%	8.6%	6.4%	7.1%
35-49	50.6%	18.2%	17.7%	5.6%	3.0%	4.8%
50-64	64.8%	11.3%	11.7%	4.5%	1.6%	6.1%
65+	68.6%	11.9%	13.2%	3.1%	.6%	2.5%
Race						
White	55.9%	17.6%	13.9%	4.7%	3.1%	4.8%
Black/African American	59.4%	9.4%	9.4%	13.5%	3.1%	5.2%
Other	35.0%	15.0%	17.5%	10.0%	5.0%	17.5%
Region						
East	57.5%	16.5%	11.4%	5.4%	2.7%	6.6%
Middle	48.9%	18.6%	17.8%	5.6%	4.5%	4.5%
West	63.0%	13.0%	10.2%	6.9%	1.9%	5.1%
Community size						
Large city	54.0%	15.7%	15.0%	7.7%	3.5%	4.2%
Small city	50.2%	20.9%	14.4%	5.1%	5.1%	4.2%
Town	59.4%	20.3%	13.0%	5.8%	0.0%	1.4%
Small town	59.3%	10.2%	14.4%	5.9%	.8%	9.3%
Rural	58.0%	16.0%	10.7%	3.6%	4.1%	7.7%
Income						
Less than \$15,000	78.8%	7.1%	5.1%	5.1%	0.0%	4.0%
\$15,000 - \$29,999	60.4%	12.3%	12.3%	6.5%	3.2%	5.2%
\$30,000 - \$49,999	57.0%	20.7%	9.3%	6.2%	2.1%	4.7%
\$50,000 - \$74,999	43.6%	22.1%	17.2%	4.3%	4.3%	8.6%
\$75,000 - \$99,999	50.0%	20.2%	17.3%	4.8%	5.8%	1.9%
\$100,000+	44.3%	13.9%	21.3%	9.8%	5.7%	4.9%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q3. Have you heard of or are you aware of a program called Universal Parenting Place?			
	Yes	No	Not sure
Overall (n=922)	8.2%	82.7%	9.1%
Gender			
Female	6.4%	85.5%	8.1%
Male	10.2%	79.6%	10.2%
Age group			
18-34	15.0%	70.7%	14.3%
35-49	7.0%	81.7%	11.3%
50-64	3.3%	90.7%	6.1%
65+	6.3%	92.5%	1.3%
Race			
White	7.9%	83.4%	8.7%
Black/African American	10.3%	80.4%	9.3%
Other	12.8%	71.8%	15.4%
Region			
East	9.6%	82.6%	7.8%
Middle	8.2%	81.8%	9.9%
West	6.0%	84.3%	9.7%
Community size			
Large	8.7%	80.8%	10.6%
Small city	11.2%	83.7%	5.1%
Town	2.9%	85.7%	11.4%
Small town	7.7%	82.9%	9.4%
Rural	6.5%	85.8%	7.7%
Income			
Less than \$15,000	4.1%	84.7%	11.2%
\$15,000 - \$29,999	9.9%	81.6%	8.6%
\$30,000 - \$49,999	8.3%	84.5%	7.3%
\$50,000 - \$74,999	8.6%	81.0%	10.4%
\$75,000 - \$99,999	10.5%	81.0%	8.6%
\$100,000+	9.0%	79.5%	11.5%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q7. Brain development for children who are exposed to trauma is different from those who do not experience trauma.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	5.5%	6.9%	27.6%	44.6%	15.3%
Gender					
Female	5.3%	4.5%	27.3%	48.6%	14.3%
Male	5.5%	9.5%	28.2%	40.4%	16.4%
Age group					
18-34	6.8%	8.6%	28.9%	42.1%	13.5%
35-49	3.5%	6.9%	30.3%	45.0%	14.3%
50-64	8.5%	4.4%	26.6%	44.8%	15.7%
65+	1.9%	8.1%	22.5%	48.1%	19.4%
Race					
White	4.8%	6.5%	28.4%	44.3%	15.9%
Black/African American	8.2%	10.3%	21.6%	49.5%	10.3%
Other	10.0%	37.5%	30.0%	37.5%	15.0%
Region					
East	5.7%	6.0%	26.6%	44.6%	17.1%
Middle	5.9%	7.4%	28.0%	44.5%	14.2%
West	4.2%	7.4%	28.8%	44.7%	14.9%
Community size					
Large	5.1%	8.0%	20.8%	51.0%	15.1%
Small city	7.4%	7.4%	29.6%	40.7%	14.8%
Town	4.3%	5.7%	41.4%	44.3%	4.3%
Small town	5.9%	5.0%	34.5%	38.7%	16.0%
Rural	4.8%	6.5%	28.6%	41.7%	18.5%
Income					
Less than \$15,000	7.1%	4.0%	23.2%	42.4%	23.2%
\$15,000 - \$29,999	6.5%	5.9%	18.3%	52.9%	16.3%
\$30,000 - \$49,999	3.6%	8.8%	30.6%	42.5%	14.5%
\$50,000 - \$74,999	3.7%	8.6%	34.4%	44.2%	9.2%
\$75,000 - \$99,999	6.6%	3.8%	29.2%	46.2%	14.2%
\$100,000+	4.9%	9.8%	29.3%	43.9%	12.2%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q8. A stable relationship with an adult can reduce the damaging effects of childhood trauma.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	3.3%	1.9%	24.0%	65.5%	5.4%
Gender					
Female	3.0%	1.5%	21.7%	69.5%	4.3%
Male	3.7%	2.3%	26.3%	61.1%	6.7%
Age group					
18-34	4.1%	3.8%	27.4%	57.1%	7.5%
35-49	1.7%	1.3%	25.7%	67.4%	3.9%
50-64	5.3%	0.8%	22.3%	66.0%	5.7%
65+	1.3%	1.3%	18.2%	76.1%	3.1%
Race					
White	3.1%	2.0%	23.9%	66.0%	5.1%
Black/African American	6.3%	2.1%	25.3%	64.2%	2.1%
Other	2.5%	0.0%	25.0%	62.5%	10.0%
Region					
East	1.5%	1.5%	21.3%	70.4%	5.4%
Middle	6.8%	1.1%	24.4%	63.1%	4.5%
West	0.5%	3.3%	27.4%	62.3%	6.5%
Community size					
Large city	3.9%	3.2%	23.5%	64.6%	4.8%
Small city	3.2%	0.9%	30.1%	60.6%	5.1%
Town	0.0%	0.0%	20.0%	78.6%	1.4%
Small town	4.2%	2.5%	16.1%	72.9%	4.2%
Rural	4.1%	0.6%	25.3%	64.1%	5.9%
Income					
Less than \$15,000	6.2%	1.0%	16.5%	66.0%	10.3%
\$15,000 - \$29,999	0.6%	0.6%	24.7%	72.7%	1.3%
\$30,000 - \$49,999	2.1%	2.1%	28.9%	60.3%	6.7%
\$50,000 - \$74,999	3.0%	2.4%	21.2%	70.3%	3.0%
\$75,000 - \$99,999	8.5	2.8%	22.6%	61.3%	4.7%
\$100,000+	1.7%	3.3%	24.8%	66.9%	3.3%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q9. Only low-income children experience adverse childhood experiences.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n = 922)	67.0%	13.4%	6.7%	6.4%	6.4%
Gender					
Female	69.5%	13.4%	5.1%	5.3%	6.6%
Male	64.3%	13.4%	8.3%	7.8%	6.2%
Age group					
18-34	57.9%	12.8%	8.3%	9.8%	11.3%
35-49	68.3%	16.5%	7.0%	5.2%	3.0%
50-64	73.7%	10.5%	6.9%	4.5%	4.5%
65+	70.3%	14.6%	3.2%	5.7%	6.3%
Race					
White	68.6%	13.9%	6.0%	5.3%	6.1%
Black/African American	63.5%	8.3%	11.5%	11.5%	5.2%
Other	47.5%	17.5%	10.0%	17.5%	7.5%
Region					
East	68.2%	14.7%	6.3%	3.6%	7.2%
Middle	66.7%	14.2%	7.1%	7.7%	4.3%
West	66.8%	9.8%	6.5%	8.4%	8.4%
Community size					
Large city	65.8%	12.1%	7.7%	8.3%	6.1%
Small city	64.4%	15.3%	7.4%	6.0%	6.9%
Town	68.6%	20.0%	2.9%	4.3%	4.3%
Small town	71.4%	10.1%	6.7%	4.2%	7.6%
Rural	72.6%	13.7%	5.4%	5.4%	3.0%
Income					
Less than \$15,000	58.3%	6.3%	7.3%	9.4%	18.8%
\$15,000 - \$29,999	66.9%	16.6%	6.0%	5.3%	5.3%
\$30,000 - \$49,999	63.2%	14.0%	6.7%	9.3%	6.7%
\$50,000 - \$74,999	74.8%	11.7%	5.5%	5.5%	2.5%
\$75,000 - \$99,999	68.9%	14.2%	12.3%	1.9%	2.8%
\$100,000+	73.8%	13.1%	3.3%	8.2%	1.6%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q10. Children who experience trauma are less likely to graduate from high school.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	12.8%	17.5%	34.8%	22.4%	12.5%
Gender					
Female	13.2%	19.0%	32.7%	23.7%	11.3%
Male	12.2%	15.7%	37.2%	21.0%	13.9%
Age group					
18-34	12.0%	18.0%	34.6%	21.8%	13.5%
35-49	6.6%	21.8%	41.0%	18.8%	11.8%
50-64	18.5%	15.3%	31.0%	24.6%	10.5%
65+	14.5%	13.2%	32.1%	25.2%	15.1%
Race					
White	10.6%	18.2%	35.4%	23.5%	12.3%
Black/African American	32.0%	17.5%	27.8%	13.4%	9.3%
Other	32.0%	17.5%	27.8%	13.4%	9.3%
Region					
East	10.8%	19.2%	33.8%	24.0%	12.3%
Middle	13.4%	15.6%	35.2%	21.6%	14.2%
West	14.8%	17.6%	35.6%	21.8%	10.2%
Community size					
Large	14.7%	13.5%	33.7%	25.3%	12.8%
Small city	14.7%	13.5%	33.7%	25.3%	12.8%
Town	4.3%	17.1%	52.9%	18.6%	7.1%
Small town	15.4%	19.7%	36.8%	15.4%	12.8%
Rural	11.2%	20.7%	33.7%	20.7%	13.6%
Income					
Less than \$15,000	28.3%	15.2%	28.3%	16.2%	12.1%
\$15,000 - \$29,999	15.7%	25.5%	32.0%	20.3%	6.5%
\$30,000 - \$49,999	11.3%	15.9%	36.4%	23.6%	12.8%
\$50,000 - \$74,999	9.8%	13.5%	37.4%	28.2%	11.0%
\$75,000 - \$99,999	7.6%	21.0%	36.2%	20.0%	15.2%
\$100,000+	9.9%	18.2%	35.5%	24.0%	12.4%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q11. Those who experience trauma as a child are more likely to rely on public assistance as an adult.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	13.4%	19.8%	30.9%	20.1%	15.7%
Gender					
Female	15.6%	20.5%	30.7%	19.0%	14.3%
Male	11.1%	19.1%	31.1%	21.4%	17.3%
Age group					
18-34	9.4%	22.2%	33.1%	19.9%	15.4%
35-49	11.3%	19.6%	31.7%	20.4%	17.0%
50-64	15.7%	21.0%	29.0%	19.0%	15.3%
65+	19.0%	13.9%	29.7%	22.2%	15.2%
Race					
White	11.5%	20.4%	31.9%	19.9%	16.3%
Black/African American	30.5%	17.9%	22.1%	21.1%	8.4%
Other	7.7%	17.9%	35.9%	20.5%	17.9%
Region					
East	13.5%	23.4%	30.5%	18.6%	14.1%
Middle	12.5%	17.9%	30.4%	22.4%	16.8%
West	14.4%	17.1%	32.9%	19.0%	16.7%
Community size					
Large	14.7%	19.8%	31.3%	21.4%	12.8%
Small city	14.8%	19.4%	31.0%	18.5%	16.2%
Town	11.4%	24.3%	40.0%	12.9%	11.4%
Small town	9.3%	22.0%	30.5%	24.6%	13.6%
Rural	12.4%	17.8%	26.6%	20.7%	22.5%
Income					
Less than \$15,000	27.3%	13.1%	30.3%	15.2%	14.1%
\$15,000 - \$29,999	12.4%	20.9%	27.5%	26.1%	13.1%
\$30,000 - \$49,999	11.9%	23.2%	23.2%	23.2%	18.6%
\$50,000 - \$74,999	11.6%	22.0%	33.5%	19.5%	13.4%
\$75,000 - \$99,999	12.4%	19.0%	41.0%	11.4%	16.2%
\$100,000+	7.4%	21.3%	32.8%	23.0%	15.6%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q12. Adults who experience trauma as a child are more likely to be divorced.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	9.8%	12.7%	32.9%	24.0%	20.6%
Gender					
Female	9.8%	13.0%	33.0%	23.9%	20.3%
Male	9.7%	12.5%	32.8%	24.0%	21.0%
Age group					
18-34	8.3%	15.0%	32.7%	20.7%	23.3%
35-49	5.2%	14.3%	40.4%	20.4%	19.6%
50-64	13.0%	10.9%	28.3%	29.1%	18.6%
65+	13.8%	8.8%	30.2%	26.4%	20.8%
Race					
White	8.1%	13.3%	35.1%	23.5%	20.0%
Black/African American	24.7%	9.3%	20.6%	26.8%	18.6%
Other	2.6%	15.4%	25.6%	35.9%	20.5%
Region					
East	9.3%	12.0%	31.1%	26.0%	21.6%
Middle	9.3%	15.6%	32.9%	21.8%	20.4%
West	11.1%	9.3%	35.6%	24.5%	19.4%
Community size					
Large	14.1%	11.5%	31.7%	24.0%	18.6%
Small city	5.1%	18.1%	32.9%	25.5%	18.5%
Town	8.5%	8.5%	47.9%	21.1%	14.1%
Small town	9.4%	6.0%	41.9%	25.6%	17.1%
Rural	8.3%	14.3%	25.0%	23.2%	29.2%
Income					
Less than \$15,000	19.4%	9.2%	17.3%	29.6%	24.5%
\$15,000 - \$29,999	10.5%	13.1%	34.0%	28.8%	13.7%
\$30,000 - \$49,999	7.7%	16.9%	28.2%	25.1%	22.1%
\$50,000 - \$74,999	8.5%	9.1%	42.1%	23.2%	17.1%
\$75,000 - \$99,999	7.6%	16.2%	35.2%	20.0%	21.0%
\$100,000+	6.6%	9.8%	38.5%	23.0%	22.1%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q13. How a child is raised affects their physical health as an adult including increased chances to get cancer or heart disease.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	9.2%	8.6%	30.9%	36.3%	15.0%
Gender					
Female	9.4%	9.6%	29.4%	36.7%	14.9%
Male	9.0%	7.6%	32.6%	35.8%	15.0%
Age group					
18-34	5.3%	8.6%	36.1%	36.1%	13.9%
35-49	7.8%	8.7%	29.9%	37.7%	16.0%
50-64	11.3%	7.3%	30.0%	37.2%	14.2%
65+	14.6%	10.8%	25.3%	32.9%	16.5%
Race					
White	8.5%	9.1%	31.9%	35.8%	14.7%
Black/African American	16.5%	8.2%	26.8%	35.1%	13.4%
Other	7.5%	0.0%	32.5%	45.0%	15.0%
Region					
East	8.7%	7.5%	33.0%	35.1%	15.6%
Middle	10.8%	10.5%	28.3%	38.0%	12.5%
West	7.4%	7.4%	31.8%	35.5%	18.0%
Community size					
Large	12.1%	7.7%	29.1%	38.3%	12.8%
Small city	7.4%	10.6%	31.0%	35.2%	15.7%
Town	7.1%	2.9%	48.6%	31.4%	10.0%
Small town	7.6%	9.3%	34.7%	32.2%	16.1%
Rural	6.0%	10.7%	26.2%	39.9%	17.3%
Income					
Less than \$15,000	12.4%	5.2%	22.7%	37.1%	22.7%
\$15,000 - \$29,999	8.5%	5.9%	29.4%	41.2%	15.0%
\$30,000 - \$49,999	7.8%	10.4%	32.6%	33.7%	15.5%
\$50,000 - \$74,999	6.7%	6.7%	38.4%	36.6%	11.6%
\$75,000 - \$99,999	10.6%	12.5%	32.7%	32.7%	11.5%
\$100,000+	9.8%	9.8%	29.5%	39.3%	11.5%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q14. How a child is reared affects their mental health as an adult.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	3.4%	3.0%	23.0%	64.8%	5.8%
Gender					
Female	3.2%	1.7%	20.7%	70.4%	4.1%
Male	3.7%	4.4%	25.6%	58.8%	7.6%
Age group					
18-34	6.0%	3.8%	26.0%	54.7%	9.4%
35-49	2.2%	3.5%	26.4%	63.2%	4.8%
50-64	2.4%	2.4%	20.3%	70.7%	4.1%
65+	1.9%	1.9%	17.6%	74.8%	3.8%
Race					
White	2.9%	2.8%	23.1%	65.6%	5.6%
Black/African American	7.3%	3.1%	16.7%	70.8%	2.1%
Other	5.0%	0.0%	37.5%	47.5%	10.0%
Region					
East	1.5%	3.6%	24.9%	63.5%	6.6%
Middle	5.7%	2.8%	21.3%	64.5%	5.7%
West	2.8%	2.3%	23.1%	67.1%	4.6%
Community size					
Large	4.2%	1.9%	20.2%	68.6%	5.1%
Small city	1.9%	3.3%	29.8%	58.6%	6.5%
Town	1.4%	4.2%	18.3%	73.2%	2.8%
Small town	4.2%	5.0%	21.8%	63.0%	5.9%
Rural	4.8%	3.0%	23.8%	64.3%	4.2%
Income					
Less than \$15,000	8.2%	4.1%	12.2%	65.3%	10.2%
\$15,000 - \$29,999	2.0%	3.9%	24.2%	66.0%	3.9%
\$30,000 - \$49,999	1.5%	2.6%	22.7%	63.9%	9.3%
\$50,000 - \$74,999	2.5%	2.5%	26.4%	65.0%	3.7%
\$75,000 - \$99,999	4.7%	3.8%	22.6%	65.1%	3.8%
\$100,000+	1.7%	1.7%	24.8%	70.2%	1.7%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q15. Adverse experiences have a greater impact on some children than others.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	3.0%	2.5%	28.6%	59.5%	6.3%
Gender					
Female	3.0%	1.3%	27.5%	62.9%	5.3%
Male	3.0%	3.9%	29.8%	55.9%	7.4%
Age group					
18-34	4.1%	5.3%	28.2%	50.8%	11.7%
35-49	0.9%	1.3%	34.8%	59.1%	3.9%
50-64	3.2%	1.6%	25.9%	64.0%	5.3%
65+	4.4%	1.3%	24.7%	67.7%	1.9%
Race					
White	3.3%	2.9%	28.6%	59.1%	6.0%
Black/African American	2.1%	1.0%	27.1%	63.5%	6.3%
Other	2.6%	0.0%	30.8%	59.0%	7.7%
Region					
East	2.4%	2.4%	24.6%	62.9%	7.8%
Middle	4.3%	2.6%	31.5%	56.8%	4.8%
West	1.9%	2.3%	30.6%	58.8%	6.5%
Community size					
Large	3.5%	2.2%	27.5%	61.7%	5.1%
Small city	3.2%	1.4%	30.6%	59.3%	5.6%
Town	1.4%	1.4%	30.0%	65.7%	1.4%
Small town	2.5%	4.2%	21.2%	61.0%	11.0%
Rural	1.8%	4.2%	33.3%	54.8%	6.0%
Income					
Less than \$15,000	3.1%	2.0%	26.5%	53.1%	15.3%
\$15,000 - \$29,999	2.6%	2.6%	29.6%	59.9%	5.3%
\$30,000 - \$49,999	2.6%	1.5%	29.4%	58.2%	8.2%
\$50,000 - \$74,999	2.4%	2.4%	29.9%	61.6%	3.7%
\$75,000 - \$99,999	5.8%	3.8%	27.9%	58.7%	3.8%
\$100,000+	0.8%	4.1%	27.9%	65.6%	1.6%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q16. Government and public agencies share a responsibility with parents and the community to reduce trauma for children.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	8.3%	10.5%	35.4%	37.4%	8.4%
Gender					
Female	7.2%	6.6%	37.7%	40.5%	7.9%
Male	9.4%	14.5%	32.9%	34.1%	9.0%
Age group					
18-34	7.5%	8.6%	34.6%	37.6%	11.7%
35-49	5.7%	11.3%	37.8%	40.0%	5.2%
50-64	8.9%	13.0%	36.8%	34.0%	7.3%
65+	12.0%	8.9%	30.4%	39.2%	9.5%
Race					
White	8.3%	11.5%	36.3%	36.0%	7.9%
Black/African American	8.3%	3.1%	29.2%	51.0%	8.3%
Other	5.1%	15.4%	33.3%	30.8%	15.4%
Region					
East	7.5%	9.9%	36.5%	38.9%	7.2%
Middle	10.5%	9.7%	35.8%	34.9%	9.1%
West	6.0%	12.6%	33.0%	39.1%	9.3%
Community size					
Large	9.6%	10.9%	33.9%	37.4%	8.3%
Small city	7.9%	7.9%	39.1%	35.3%	9.8%
Town	7.2%	8.7%	40.6%	39.1%	4.3%
Small town	5.0%	10.9%	33.6%	41.2%	9.2%
Rural	10.1%	13.6%	33.1%	37.9%	5.3%
Income					
Less than \$15,000	8.1%	3.0%	34.3%	37.4%	17.2%
\$15,000 - \$29,999	7.2%	10.5%	31.6%	44.7%	5.9%
\$30,000 - \$49,999	7.2%	11.9%	33.5%	38.1%	9.3%
\$50,000 - \$74,999	6.1%	7.9%	39.0%	40.2%	6.7%
\$75,000 - \$99,999	10.4%	15.1%	36.8%	32.1%	5.7%
\$100,000+	11.6%	11.6%	38.8%	33.9%	4.1%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q17. Providing supports to children and their families can reduce the impact of adversity.					
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
Overall (n=922)	3.8%	4.4%	30.1%	51.7%	9.9%
Gender					
Female	3.4%	3.0%	27.7%	57.1%	8.7%
Male	4.2%	6.0%	32.8%	46.0%	11.1%
Age group					
18-34	5.3%	6.8%	28.6%	46.6%	12.8%
35-49	1.7%	4.3%	32.0%	55.8%	6.1%
50-64	5.3%	2.4%	34.1%	50.8%	7.3%
65+	1.9%	3.1%	23.9%	56.0%	15.1%
Race					
White	4.3%	4.4%	31.6%	50.1%	9.6%
Black/African American	1.0%	4.2%	19.8%	69.8%	5.2%
Other	2.4%	4.9%	26.8%	46.3%	19.5%
Region					
East	3.0%	3.6%	27.8%	56.1%	9.6%
Middle	5.1%	4.2%	31.2%	50.4%	9.1%
West	3.2%	6.0%	31.9%	46.8%	12.0%
Community size					
Large	4.8%	4.5%	31.9%	52.1%	6.7%
Small city	2.3%	4.7%	28.8%	52.6%	11.6%
Town	5.7%	1.4%	30.0%	58.6%	4.3%
Small town	3.4%	5.9%	30.5%	50.0%	10.2%
Rural	3.0%	4.7%	28.4%	50.9%	13.0%
Income					
Less than \$15,000	4.1%	4.1%	22.4%	49.0%	20.4%
\$15,000 - \$29,999	3.3%	4.6%	24.8%	59.5%	7.8%
\$30,000 - \$49,999	2.6%	4.6%	34.0%	45.4%	13.4%
\$50,000 - \$74,999	3.7%	3.0%	26.8%	59.1%	7.3%
\$75,000 - \$99,999	7.5%	4.7%	33.0%	50.9%	3.8%
\$100,000+	2.5%	9.0%	36.1%	47.5%	4.9%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

18. Do you consider Poverty to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	74.6%	17.5%	7.9%
Gender			
Female	75.1%	16.4%	8.5%
Male	74.1%	18.7%	7.2%
Age group			
18-34	78.2%	14.7%	7.1%
35-49	74.0%	18.2%	7.8%
50-64	71.7%	18.6%	9.7%
65+	74.1%	19.6%	6.3%
Race			
White	73.7%	18.8%	7.5%
Black/African American	88.5%	4.2%	7.3%
Other	66.7%	20.5%	12.8%
Region			
East	74.2%	18.9%	6.9%
Middle	74.2%	17.0%	8.8%
West	75.9%	16.2%	7.9%
Community size			
Large	78.0%	14.4%	7.7%
Small city	72.2%	19.4%	8.3%
Town	80.3%	15.5%	4.2%
Small town	78.6%	16.2%	5.1%
Rural	68.0%	23.1%	8.9%
Income			
Less than \$15,000	74.5%	14.3%	11.2%
\$15,000 - \$29,999	77.0%	13.8%	9.2%
\$30,000 - \$49,999	72.7%	18.0%	9.3%
\$50,000 - \$74,999	78.5%	13.5%	8.0%
\$75,000 - \$99,999	74.5%	19.8%	5.7%
\$100,000+	68.9%	25.4%	5.7%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

19. Do you consider Violence in the home to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	93.2%	3.3%	3.5%
Gender			
Female	96.2%	1.5%	2.3%
Male	90.1%	5.1%	4.8%
Age group			
18-34	89.1%	5.3%	5.6%
35-49	94.8%	3.0%	2.2%
50-64	94.7%	1.6%	3.6%
65+	95.6%	2.5%	1.9%
Race			
White	93.2%	3.6%	3.2%
Black/African American	95.9%	1.0%	3.1%
Other	89.7%	2.6%	7.7%
Region			
East	93.4%	3.6%	3.0%
Middle	92.4%	3.4%	4.2%
West	94.0%	2.8%	3.2%
Community size			
Large	93.0%	3.2%	3.8%
Small city	94.9%	0.9%	4.2%
Town	97.1%	1.4%	1.4%
Small town	94.9%	5.1%	0.0%
Rural	91.1%	5.9%	3.0%
Income			
Less than \$15,000	88.7%	3.1%	8.2%
\$15,000 - \$29,999	94.7%	2.6%	2.6%
\$30,000 - \$49,999	94.3%	3.1%	2.6%
\$50,000 - \$74,999	95.1%	3.7%	1.2%
\$75,000 - \$99,999	94.3%	2.9%	2.9%
\$100,000+	91.8%	4.9%	3.3%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

20. Do you consider Breaking a bone to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	21.6%	64.7%	13.7%
Gender			
Female	22.6%	64.4%	13.0%
Male	20.6%	65.1%	14.3%
Age group			
18-34	24.0%	59.6%	16.5%
35-49	21.3%	66.1%	12.6%
50-64	19.8%	66.1%	14.1%
65+	20.8%	69.2%	10.1%
Race			
White	19.0%	68.5%	12.6%
Black/African American	36.5%	44.8%	18.8%
Other	38.5%	46.2%	15.4%
Region			
East	20.4%	66.7%	12.9%
Middle	19.8%	65.4%	14.7%
West	26.4%	60.2%	13.4%
Community size			
Large	21.7%	63.9%	14.4%
Small city	20.5%	67.0%	12.6%
Town	24.3%	64.3%	11.4%
Small town	25.4%	67.8%	6.8%
Rural	20.2%	62.5%	17.3%
Income			
Less than \$15,000	29.6%	42.9%	27.6%
\$15,000 - \$29,999	28.8%	59.5%	11.8%
\$30,000 - \$49,999	22.7%	65.5%	11.9%
\$50,000 - \$74,999	19.6%	68.1%	12.3%
\$75,000 - \$99,999	13.2%	75.5%	11.3%
\$100,000+	18.9%	70.5%	10.7%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

21. Do you consider Racial or cultural discrimination to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	81.6%	10.1%	8.3%
Gender			
Female	82.5%	9.0%	8.5%
Male	80.6%	11.3%	8.1%
Age group			
18-34	81.6%	11.6%	6.7%
35-49	80.4%	9.6%	10.0%
50-64	81.8%	9.7%	8.5%
65+	82.9%	8.9%	8.2%
Race			
White	81.8%	9.9%	8.3%
Black/African American	87.6%	10.3%	2.1%
Other	75.0%	7.5%	17.5%
Region			
East	84.7%	8.1%	7.2%
Middle	79.3%	11.0%	9.6%
West	80.6%	11.6%	7.9%
Community size			
Large	83.7%	8.3%	8.0%
Small city	79.6%	11.6%	8.8%
Town	90.0%	4.3%	5.7%
Small town	82.2%	13.6%	4.2%
Rural	78.1%	12.4%	9.5%
Income			
Less than \$15,000	79.6%	10.2%	10.2%
\$15,000 - \$29,999	81.7%	7.8%	10.5%
\$30,000 - \$49,999	81.0%	9.2%	9.7%
\$50,000 - \$74,999	85.9%	8.6%	5.5%
\$75,000 - \$99,999	80.2%	12.3%	7.5%
\$100,000+	78.5%	14.9%	6.6%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

22. Do you consider Malnourishment to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	89.2%	4.9%	5.9%
Gender			
Female	91.3%	2.8%	6.0%
Male	86.8%	7.4%	5.8%
Age group			
18-34	83.5%	9.4%	7.1%
35-49	90.0%	2.2%	7.8%
50-64	91.5%	2.8%	5.7%
65+	93.8%	5.0%	1.3%
Race			
White	90.1%	5.3%	4.5%
Black/African American	90.6%	1.0%	8.3%
Other	71.8%	10.3%	17.9%
Region			
East	91.0%	5.4%	3.6%
Middle	89.2%	4.2%	6.5%
West	86.6%	5.1%	8.3%
Community size			
Large	87.5%	6.1%	6.4%
Small city	90.2%	3.3%	6.5%
Town	97.1%	0.0%	2.9%
Small town	93.2%	4.2%	2.5%
Rural	87.0%	7.7%	5.3%
Income			
Less than \$15,000	81.6%	4.1%	14.3%
\$15,000 - \$29,999	88.2%	5.9%	5.9%
\$30,000 - \$49,999	90.7%	4.6%	4.6%
\$50,000 - \$74,999	95.1%	3.1%	1.8%
\$75,000 - \$99,999	91.4%	3.8%	4.8%
\$100,000+	85.1%	9.1%	5.8%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

23. Do you consider Physical and sexual abuse to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	93.6%	2.9%	3.5%
Gender			
Female	95.7%	1.9%	2.3%
Male	91.5%	3.9%	4.6%
Age group			
18-34	88.0%	5.2%	6.7%
35-49	95.7%	3.0%	1.3%
50-64	95.5%	1.6%	2.8%
65+	96.9%	0.6%	2.5%
Race			
White	94.4%	2.7%	2.9%
Black/African American	94.8%	3.1%	2.1%
Other	82.1%	5.1%	12.8%
Region			
East	94.9%	2.7%	2.4%
Middle	92.6%	3.1%	4.2%
West	93.1%	2.8%	4.2%
Community size			
Large	92.3%	3.8%	3.8%
Small city	94.0%	1.4%	4.6%
Town	97.1%	1.4%	1.4%
Small town	96.6%	1.7%	1.7%
Rural	93.5%	4.1%	2.4%
Income			
Less than \$15,000	89.8%	1.0%	9.2%
\$15,000 - \$29,999	92.8%	2.6%	4.6%
\$30,000 - \$49,999	94.4%	2.1%	3.6%
\$50,000 - \$74,999	95.1%	3.7%	1.2%
\$75,000 - \$99,999	95.2%	3.8%	1.0%
\$100,000+	93.4%	4.1%	2.5%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

24. Do you consider Starting a new school to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	35.0%	51.9%	13.1%
Gender			
Female	38.5%	48.5%	13.0%
Male	31.1%	55.5%	13.4%
Age group			
18-34	31.5%	53.6%	15.0%
35-49	31.7%	56.5%	11.7%
50-64	36.4%	49.4%	14.2%
65+	43.4%	46.5%	10.1%
Race			
White	35.0%	52.4%	12.6%
Black/African American	37.5%	47.9%	14.6%
Other	33.3%	46.2%	20.5%
Region			
East	36.6%	51.4%	12.0%
Middle	34.8%	50.1%	15.0%
West	32.6%	55.8%	11.6%
Community size			
Large	31.7%	54.5%	13.8%
Small city	31.9%	56.5%	11.6%
Town	44.9%	44.9%	10.1%
Small town	36.4%	52.5%	11.0%
Rural	40.2%	45.6%	14.2%
Income			
Less than \$15,000	31.6%	51.0%	17.3%
\$15,000 - \$29,999	48.7%	42.8%	8.6%
\$30,000 - \$49,999	42.3%	48.5%	9.3%
\$50,000 - \$74,999	36.6%	48.2%	15.2%
\$75,000 - \$99,999	19.0%	71.4%	9.5%
\$100,000+	30.3%	52.5%	17.2%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

25. Do you consider Being separated from parents to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	84.5%	7.8%	7.7%
Gender			
Female	85.3%	6.0%	8.7%
Male	83.6%	9.7%	6.7%
Age group			
18-34	82.7%	8.6%	8.6%
35-49	86.5%	6.5%	7.0%
50-64	84.7%	7.7%	7.7%
65+	83.6%	8.2%	8.2%
Race			
White	84.9%	7.3%	7.7%
Black/African American	88.7%	7.2%	4.1%
Other	71.8%	15.4%	12.8%
Region			
East	83.5%	8.4%	8.1%
Middle	85.3%	7.6%	7.1%
West	84.7%	6.9%	8.3%
Community size			
Large	85.6%	7.3%	7.0%
Small city	85.6%	6.9%	7.4%
Town	87.1%	7.1%	5.7%
Small town	87.3%	8.5%	4.2%
Rural	81.1%	9.5%	9.5%
Income			
Less than \$15,000	83.7%	2.0%	14.3%
\$15,000 - \$29,999	86.3%	5.2%	8.5%
\$30,000 - \$49,999	82.6%	10.3%	7.2%
\$50,000 - \$74,999	89.0%	6.7%	4.3%
\$75,000 - \$99,999	87.7%	9.4%	2.8%
\$100,000+	78.7%	11.5%	9.8%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

26. Do you consider Being exposed to bullying to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	82.6%	10.3%	7.1%
Gender			
Female	87.4%	6.0%	6.6%
Male	77.6%	14.8%	7.6%
Age group			
18-34	79.7%	12.0%	8.3%
35-49	83.9%	11.3%	4.8%
50-64	83.8%	8.5%	7.7%
65+	83.6%	8.8%	7.5%
Race			
White	82.0%	10.8%	7.2%
Black/African American	91.7%	5.2%	3.1%
Other	87.2%	5.1%	7.7%
Region			
East	83.8%	9.3%	6.9%
Middle	81.6%	11.9%	6.5%
West	82.8%	8.8%	8.4%
Community size			
Large	82.4%	10.9%	6.7%
Small city	77.9%	14.7%	7.4%
Town	88.6%	5.7%	5.7%
Small town	85.6%	9.3%	5.1%
Rural	85.8%	7.1%	7.1%
Income			
Less than \$15,000	79.6%	8.2%	12.2%
\$15,000 - \$29,999	89.5%	4.6%	5.9%
\$30,000 - \$49,999	82.5%	11.9%	5.7%
\$50,000 - \$74,999	84.8%	11.0%	4.3%
\$75,000 - \$99,999	74.3%	16.2%	9.5%
\$100,000+	81.1%	11.5%	7.4%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

27. Do you consider Substance abuse in the home to be an adverse childhood experience?			
	Yes	No	Not sure
Overall (n=922)	92.0%	3.5%	4.5%
Gender			
Female	94.5%	2.1%	3.4%
Male	89.1%	5.1%	5.8%
Age group			
18-34	88.3%	4.9%	6.8%
35-49	91.7%	4.4%	3.9%
50-64	93.5%	2.4%	4.0%
65+	96.8%	1.3%	1.9%
Race			
White	92.7%	3.6%	3.7%
Black/African American	94.8%	2.1%	3.1%
Other	79.5%	5.1%	15.4%
Region			
East	92.5%	3.6%	3.9%
Middle	91.8%	3.7%	4.5%
West	91.6%	2.8%	5.6%
Community size			
Large	92.0%	3.8%	4.2%
Small city	90.7%	2.8%	6.5%
Town	95.7%	2.9%	1.4%
Small town	97.4%	1.7%	0.9%
Rural	90.5%	5.3%	4.1%
Income			
Less than \$15,000	88.8%	1.0%	10.2%
\$15,000 - \$29,999	92.8%	2.0%	5.3%
\$30,000 - \$49,999	92.8%	4.1%	3.1%
\$50,000 - \$74,999	94.5%	3.7%	1.8%
\$75,000 - \$99,999	91.4%	5.7%	2.9%
\$100,000+	91.0%	4.9%	4.1%

28. How much do you think experiencing trauma before age three impacts a child's brain development?					
	No impact	Very little impact	Some impact	Great amount of impact	Not sure
Overall (n=922)	2.0%	7.2%	37.0%	42.5%	11.2%
Gender					
Female	2.1%	5.8%	33.5%	49.5%	9.2%
Male	2.1%	8.8%	40.9%	34.9%	13.4%
Age group					
18-34	1.9%	5.3%	35.7%	47.7%	9.4%
35-49	3.0%	7.8%	36.1%	43.5%	9.6%
50-64	2.0%	8.5%	37.9%	40.3%	11.3%
65+	1.3%	7.6%	39.2%	35.4%	16.5%
Race					
White	1.9%	7.0%	38.2%	41.8%	11.1%
Black/African American	2.1%	11.5%	29.2%	47.9%	9.4%
Other	2.6%	2.6%	33.3%	48.7%	12.8%
Region					
East	1.5%	8.4%	42.2%	35.6%	12.3%
Middle	2.3%	6.8%	36.4%	45.7%	8.8%
West	2.3%	6.0%	30.2%	47.9%	13.5%
Community size					
Large	1.9%	7.4%	36.9%	44.2%	9.6%
Small city	2.3%	4.1%	39.6%	42.4%	11.5%
Town	1.4%	4.3%	40.0%	50.0%	4.3%
Small town	2.5%	15.3%	34.7%	41.5%	5.9%
Rural	2.4%	7.1%	36.7%	37.3%	16.6%
Income					
Less than \$15,000	3.1%	9.2%	21.4%	49.0%	17.3%
\$15,000 - \$29,999	2.6%	7.8%	39.9%	43.1%	6.5%
\$30,000 - \$49,999	0.5%	6.7%	39.5%	42.1%	11.3%
\$50,000 - \$74,999	0.6%	7.4%	38.7%	44.8%	8.6%
\$75,000 - \$99,999	1.9%	6.7%	44.8%	38.1%	8.6%
\$100,000+	3.3%	7.4%	36.1%	43.4%	9.8%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

29. Have you ever attended a parenting class or workshop?			
	Yes	No	Not sure
Overall (n=922)	21.4%	61.0%	2.2%
Gender			
Female	22.6%	60.3%	1.7%
Male	20.1%	61.7%	2.8%
Age group			
18-34	15.0%	48.5%	3.8%
35-49	30.0%	53.5%	0.9%
50-64	22.7%	69.2%	2.0%
65+	18.2%	79.9%	1.9%
Race			
White	22.9%	59.9%	2.0%
Black/African American	14.6%	74.0%	2.1%
Other	7.9%	52.6%	7.9%
Region			
East	17.7%	67.1%	1.5%
Middle	23.7%	57.3%	2.5%
West	23.6%	57.4%	2.8%
Community size			
Large	27.2%	52.4%	2.9%
Small city	18.1%	63.0%	2.3%
Town	25.7%	57.1%	0.0%
Small town	14.4%	73.7%	1.7%
Rural	18.9%	67.5%	2.4%
Income			
Less than \$15,000	7.1%	66.7%	4.0%
\$15,000 - \$29,999	17.0%	70.6%	0.7%
\$30,000 - \$49,999	21.2%	61.1%	1.6%
\$50,000 - \$74,999	23.8%	58.5%	2.4%
\$75,000 - \$99,999	27.4%	60.4%	1.9%
\$100,000+	36.4%	45.5%	3.3%

31. A Universal Parenting Place is a place where parents can get information and help with raising their children in a safe and healthy environment. How effective do think programs like these are in helping to improve conditions for vulnerable families?					
	Not at all effective	Somewhat ineffective	Somewhat effective	Very effective	Not sure
Overall (n=922)	2.8%	4.7%	48.6%	33.3%	10.7%
Gender					
Female	2.4%	4.9%	47.4%	37.2%	8.1%
Male	3.2%	4.4%	49.9%	29.1%	13.4%
Age group					
18-34	3.8%	4.9%	43.2%	38.0%	10.2%
35-49	1.7%	5.6%	52.4%	32.5%	7.8%
50-64	2.8%	4.5%	46.7%	32.5%	13.4%
65+	2.5%	3.1%	54.7%	28.3%	11.3%
Race					
White	3.1%	4.5%	50.7%	32.0%	9.6%
Black/African American	0.0%	2.1%	42.7%	41.7%	13.5%
Other	2.6%	15.4%	28.2%	41.0%	12.8%
Region					
East	2.4%	5.1%	52.3%	30.0%	10.2%
Middle	2.5%	5.7%	45.6%	35.4%	10.8%
West	4.2%	2.3%	47.7%	34.7%	11.1%
Community size					
Large	2.2%	4.5%	45.5%	37.5%	10.3%
Small city	3.7%	5.5%	48.8%	29.0%	12.9%
Town	1.4%	2.9%	47.8%	43.5%	4.3%
Small town	4.3%	3.4%	50.4%	35.9%	6.0%
Rural	2.4%	5.9%	53.3%	25.4%	13.0%
Income					
Less than \$15,000	3.1%	6.1%	36.7%	30.6%	23.5%
\$15,000 - \$29,999	3.9%	3.3%	50.0%	35.5%	7.2%
\$30,000 - \$49,999	2.6%	4.1%	50.5%	34.0%	8.8%
\$50,000 - \$74,999	0.0%	6.7%	53.0%	34.1%	6.1%
\$75,000 - \$99,999	0.0%	3.8%	55.2%	36.2%	4.8%
\$100,000+	6.6%	2.5%	45.5%	33.1%	12.4%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

32. How familiar are you with Building Strong Brains- Tennessee's ACEs Initiative?				
	Not at all familiar	Somewhat familiar	Very familiar	Not sure
Overall (n=922)	74.8%	13.9%	5.6%	5.8%
Gender				
Female	78.3%	11.7%	4.1%	6.0%
Male	71.1%	16.2%	7.2%	5.5%
Age group				
18-34	61.3%	19.5%	10.2%	9.0%
35-49	73.0%	16.1%	5.7%	5.2%
50-64	81.8%	11.3%	3.2%	3.6%
65+	89.3%	5.0%	1.3%	4.4%
Race				
White	77.1%	12.9%	5.1%	4.9%
Black/African American	60.0%	20.0%	10.5%	9.5%
Other	63.2%	23.7%	5.3%	7.9%
Region				
East	74.3%	13.5%	5.1%	7.2%
Middle	73.6%	17.0%	5.4%	4.0%
West	77.8%	9.3%	6.5%	6.5%
Community size				
Large	72.6%	13.7%	8.9%	4.8%
Small city	74.1%	15.7%	4.2%	6.0%
Town	78.3%	11.6%	5.8%	4.3%
Small town	76.3%	15.3%	5.1%	3.4%
Rural	79.8%	12.5%	1.8%	6.0%
Income				
Less than \$15,000	69.7%	6.1%	5.1%	19.2%
\$15,000 - \$29,999	75.2%	17.6%	3.9%	3.3%
\$30,000 - \$49,999	77.8%	16.0%	3.1%	3.1%
\$50,000 - \$74,999	76.2%	12.8%	7.3%	3.7%
\$75,000 - \$99,999	75.2%	13.3%	7.6%	3.8%
\$100,000+	71.3%	18.0%	9.0%	1.6%

Public Opinion in Tennessee about Adverse Childhood Experiences (ACEs)

Q33. How much do you favor or oppose this initiative?					
	Strongly oppose	Somewhat oppose	Somewhat favor	Strongly favor	Not sure
Overall (n=922)	4.4%	2.9%	38.7%	42.8%	11.2%
Gender					
Female	5.3%	5.3%	33.3%	44.0%	12.0%
Male	4.0%	1.0%	42.6%	41.6%	10.9%
Age group					
18-34	3.8%	1.3%	39.2%	43.0%	12.7%
35-49	2.0%	4.1%	42.9%	42.9%	8.2%
50-64	8.1%	5.4%	32.4%	40.5%	13.5%
65+	10.0%	0.0%	40.0%	50.0%	0.0%
Race					
White	3.7%	3.7%	43.3%	38.8%	10.4%
Black/African American	6.9%	0.0%	17.2%	62.1%	13.8%
Other	0.0%	0.0%	41.7%	41.7%	16.7%
Region					
East	6.5%	0.0%	50.0%	32.3%	11.3%
Middle	2.6%	3.8%	30.8%	50.0%	12.8%
West	5.7%	5.7%	37.1%	45.7%	5.7%
Community size					
Large	4.3%	4.3%	35.7%	45.7%	10.0%
Small city	4.7%	0.0%	39.5%	39.5%	16.3%
Town	0.0%	0.0%	33.3%	58.3%	8.3%
Small town	0.0%	0.0%	54.2%	37.5%	8.3%
Rural	0.0%	0.0%	54.2%	37.5%	8.3%
Income					
Less than \$15,000	0.0%	0.0%	36.4%	36.4%	27.3%
\$15,000 - \$29,999	6.3%	3.1%	31.3%	56.3%	3.1%
\$30,000 - \$49,999	5.3%	0.0%	39.5%	36.8%	18.4%
\$50,000 - \$74,999	6.1%	0.0%	42.4%	36.4%	15.2%
\$75,000 - \$99,999	4.5%	9.1%	59.1%	18.2%	9.1%
\$100,000+	3.0%	6.1%	24.2%	63.6%	3.0%

Survey Instrument

Hello, I am calling from the Center for Applied Research at the University of Tennessee. We are conducting a survey about health and community. The survey will take less than 10 minutes and all of your answers are completely confidential. May I ask you a few questions?

I am going to begin by asking you if have heard of some terms or concepts. There are no right or wrong answers and it's okay if you are not familiar with the terms.

Q1. How familiar are you with the term "Adverse Childhood Experiences" or "ACES"?

1. Not at all familiar- SKIP NEXT 3 QUESTIONS
2. A little familiar - SKIP NEXT 3 QUESTIONS
3. Somewhat familiar
4. Very familiar
5. Extremely familiar
6. Not sure

Q2. Where did you first hear the term? _____

Q3: Approximately how long ago did you first hear the term? _____

Q4. What does the term mean to you? _____

Q5. Have you heard of or are you aware of a program called Universal Parenting Place?

1. Yes
2. No – SKIP NEXT QUESTION
3. Not sure – SKIP NEXT QUESTION

Q6: Where did you hear about the program? _____

We are interested in learning about your opinions and attitudes about how childhood experiences influence people's lives later on. I am going to read several statements and I would like you to tell me how much you agree or disagree with each statement. For each please, tell me if you strongly disagree, somewhat disagree, somewhat agree, or strongly agree. If you're not sure, just tell me that too. [FOR REVIEWERS... QUESTIONS 7 - 17 WILL BE PRESENTED IN RANDOM ORDER]

Q7. Brain development for children who are exposed to trauma is different from those who do not experience trauma.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q8: A stable relationship with an adult can reduce the damaging effects of childhood trauma.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q9. Only low-income children experience adverse childhood experiences.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q10: Children who experience trauma are less likely to graduate from high school.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q11: Those who experience trauma as a child are more likely to rely on public assistance as an adult.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q12: Adults who experience trauma as a child are more likely to be divorced.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q13: How a child is raised affects their physical health as an adult including increased chances to get cancer or heart disease.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q14: How a child is reared affects their mental health as an adult.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q15: Adverse experiences have a greater impact on some children than others.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q16: Government and public agencies share a responsibility with parents and the community to reduce trauma for children.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

Q17: Providing supports to children and their families can reduce the impact of adversity.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Not sure

I am going to read a list of several things that a child could experience. For each please tell me if you would consider this to be an adverse childhood experience with lifelong effects on a person's wellbeing. [FOR REVIEWERS... QUESTIONS 18 – 27 WILL BE PRESENTED IN RANDOM ORDER]

Q18: Poverty

1. Yes
2. No
3. Not sure

Q19: Violence in the home

1. Yes
2. No
3. Not sure

Q20: Breaking a bone.

1. Yes
2. No
3. Not sure

Q21: Racial or cultural discrimination.

1. Yes
2. No
3. Not sure

Q22: Malnourishment.

1. Yes
2. No
3. Not sure

Q23: Physical or sexual abuse.

1. Yes
2. No
3. Not sure

Q24: Starting a new school.

1. Yes
2. No
3. Not sure

Q25: Being separated from parents.

1. Yes
2. No
3. Not sure

Q26: Being exposed to bullying.

1. Yes
2. No
3. Not sure

Q27: Substance abuse in the home.

1. Yes
2. No
3. Not sure

Q28: How much do you think experiencing trauma before age three impacts a child's brain development?

1. No impact
2. Very little impact
3. Some impact
4. A great amount of impact
5. Not sure

Q29: Have you ever attended a parenting class or workshop?

1. Yes
2. No
3. Not sure
4. Not a parent



Q30. If you have questions or need information about raising children, whose opinion would you trust the most? You may choose more than one.

1. My parent
2. My friends
3. My minister or other spiritual leader
4. My doctor
5. A teacher
6. A childcare provider
7. Social worker
8. A nurse
9. Other

Q31. A Universal Parenting Place is a place where parents can get information and help with raising their children in a safe and healthy environment. How effective do think programs like these are in helping to improve conditions for vulnerable families?

1. Not at all effective
2. Somewhat ineffective
3. Somewhat effective
4. Very effective
5. Not sure

Q32. How familiar are you with Building Strong Brains – Tennessee’s ACEs Initiative?

1. Not at all familiar  SKIP NEXT QUESTION
2. Somewhat familiar
3. Very familiar
4. Not sure  SKIP NEXT QUESTION

Q33. How much do you favor or oppose this initiative?

1. Strongly oppose
2. Somewhat oppose
3. Somewhat favor
4. Strongly favor
5. Not sure

Q34: Now I have just a few questions to make sure we have talked to as many different people as possible. Please remember that all of your answers are completely confidential.

First, what is your age? _____

Q35: Do you consider yourself to be a female or a male?

1. Female
2. Male

Q36: How many children under the age of 18 live in the home with you? _____ [IF 0, SKIP NEXT QUESTION]

Q37: What is your relationship to this child/these children? CHECK ALL THAT APPLY

1. Parent or step parent
2. Foster parent
3. Grandparent
4. Other extended family member

Q38: Are you employed outside of the home?

1. Yes
2. No – SKIP NEXT QUESTION

Q39: What type of job do you have? _____

Q40: Where do you get most of your information? You may choose more than one.

1. Television
2. Radio
3. Internet
4. Social media
5. Newspapers
6. Magazines
7. Friends or family
8. Other

Q41: Are you of Hispanic or Latino origin?

1. Yes
2. No
3. Don't know
4. Refused

Q42: Which of the following racial categories describes you? You may select more than one.

Would it be

1. American Indian or Alaskan Native,
2. Asian,
3. Black or African American,
4. Native Hawaiian or Other Pacific Islander, or
5. White
6. [DO NOT READ] Hispanic / Latino

Q43: What is the highest level of schooling you have completed?

1. Some High School (No Diploma)
2. High School Graduate
3. Some College or technical school (No Degree)
4. Associate Degree (AA, INCLUDES DEGREE FROM TECHNICAL SCHOOL)
5. Bachelor's Degree (BA, AB, BS, etc.)
6. Some Graduate or Professional School (No Degree)
7. Graduate or Professional School Degree (MA, MS, PHD, etc.)
8. Don't know
9. Refused

Q44: What is your marital status?

1. Married or partnered
2. Divorced
3. Single

Q45: Which of the following categories best describes your total household income before taxes in 2016? Your best estimate is fine. Would it be ...

1. Less than \$15,000
2. \$15,000 to less than \$30,000
3. \$30,000 to less than \$50,000
4. \$50,000 to less than \$75,000
5. \$75,000 to less than \$100,000
6. \$100,000 to less than \$150,000
7. \$150,000 or more
8. Don't know
9. Refused

Q46: What county do you currently live in?

Q47: Which of the following best describes where you live? Do you live in a large city (over 100,000 people), a small city (between 20,000 and 100,000 people), a town (between 5,000 and 20,000 people), a small town (Fewer than 5,000 people), or in a rural area?

1. LARGE CITY
2. SMALL CITY
3. TOWN
4. SMALL TOWN
5. RURAL
6. DON'T KNOW
7. REFUSED

Q48: Would you be interested in learning more about Adverse Childhood Experiences?

1. Yes -
2. No