

Harford County CAC Community Screening and Open House  
for National Child Abuse Prevention Month  
Friday, April 7, 2017 10 AM – 12:30 PM at the Bel Air Armory

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Please come to learn about ACEs so our community can work cooperatively to combat childhood adversity and all its ill effects.

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"If you can get the science into the hands of the general population, they will invent very wise actions."

# RESILIENCE

## THE BIOLOGY OF STRESS & THE SCIENCE OF HOPE

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This event is FREE. Voluntary contributions are gratefully welcomed.

For tickets, please visit: <https://www.tugg.com/events/harford-county-cac-community-screening-and-open-house-for-national-child-abuse-prevention-month>

### Event Info

In recognition of National Child Abuse Prevention Month, please join the Harford County Child Advocacy Center and our community partners for a free screening of the Adverse Childhood Experiences (ACEs) documentary, *Resilience: The Biology of Stress & The Science of Hope*. This important film chronicles the birth of a new movement among pediatricians, therapists, educators and communities, who are using cutting-edge brain science to disrupt cycles of violence, addiction and disease.



### Event Program

10:00 AM - 10:30 AM: Welcome / Registration  
10:30 AM - 11:00 AM: Introduction / Recognitions  
11:00 AM - 12:00 PM: Feature Presentation of *Resilience: The Biology of Stress & The Science of Hope*  
12:00 PM - 12:30 PM: Discussion / Light Refreshments / Open House Tour of the CAC

**Adverse Childhood Experience (ACE) Questionnaire**  
**Finding your ACE Score**

**While you were growing up, prior to your 18th birthday:**

1. Did a parent or other adult in the household **often**...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
2. Did a parent or other adult in the household **often**...  
Push, grab, slap, or throw something at you?  
**or**  
Ever hit you so hard that you had marks or were injured?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or actually have oral, anal, or vaginal sex with you?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
4. Did you **often** feel that...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
5. Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
6. Were your parents **ever** separated or divorced?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
7. Was your mother or stepmother:  
**Often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
 Yes  No If yes enter 1 \_\_\_\_\_
  
10. Did a household member go to prison?  
 Yes  No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score**