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A Review of the Clinical Utility and Psychometric Properties of the Benevolent Childhood Experiences (BCEs) Scale: Standardised Scoring, Normative Data, and Qualitative Descriptors.

The Benevolent Childhood Experiences (BCEs) scale, developed by Narayan et al. (2023), is a 20-item self-report measure that assesses positive childhood experiences across multiple ecological domains. This technical review synthesises current research on the BCEs scale's psychometric properties and provides clinicians with comprehensive scoring frameworks, normative comparisons, and qualitative descriptors. Based on previous research with diverse populations, we present an interpretive system that enhances the clinical utility of the BCEs scale through evidence-based guidelines and practical implementation strategies.

View the BCEs on NovoPsych.com.au

March 2025

Developer

The Benevolent Childhood Experiences (BCEs) scale was developed by Narayan and colleagues (2018):

> Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. Child Abuse and Neglect, 78, 19-30. https://doi.org/10.1016/j.chiabu.2017.09.022

The BCEs scale was later expanded and revised by Narayan and colleagues (2023):

> Narayan, A. J., Merrick, J. S., Lane, A. S., & Larson, M. D. (2023). A multisystem, dimensional interplay of assets versus adversities: Revised benevolent childhood experiences (BCEs) in the context of childhood maltreatment, threat, and deprivation. Development and Psychopathology, 35(5), 2444-2463. https://doi.org/10.1017/S0954579423000536

This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The Benevolent Childhood Experiences (BCEs) scale is a 20-item self-report measure designed to retrospectively assess positive childhood experiences from birth to age 18 years. Developed within a developmental psychopathology framework, the BCEs scale evaluates multisystem positive experiences that serve as assets and resources for developing children.

The BCEs scale also measures two primary dimensions of positive childhood experiences:

1. Common Protective Factors - assesses the presence of frequently reported protective childhood experiences, capturing internal and relational safety and security (e.g., having at least one safe caregiver, a good friend, a supportive teacher) and a positive, predictable quality of life.
2. Discriminating Protective Factors - evaluates the presence of experiences such as beliefs that provide comfort, positive self-image, fair treatment, and regular access to restorative factors (like good sleep and time outdoors).

For clinicians, the BCEs scale offers several distinct advantages, particularly in settings where understanding resilience factors is crucial for intervention planning. The measure is especially valuable for working with individuals who have experienced adversity, as it identifies existing strengths that can be leveraged in treatment. The BCEs scale can function as a strength-focused counterpart to adversity measures such as the Adverse Childhood Experiences (ACEs) scale, enabling a more balanced assessment of developmental influences.

The BCE offers clinicians a versatile tool for formulation, treatment planning, and therapy, particularly in trauma-focused settings. As a formulation tool, it can function as a strengths-based counterpart to adversity measures such as the Adverse Childhood Experiences (ACEs) scale, enabling a more balanced assessment of developmental influences. It can help clinicians identify protective factors in a client's early life that may have buffered against adversity, while the absence of BCEs can highlight unmet needs that may have contributed to the formation of maladaptive beliefs or schemas.

In treatment planning, clients with few or no BCEs may benefit from a greater initial focus on establishing safety and trust in the therapeutic relationship before engaging in deeper trauma work. During therapy, understanding and exploring BCEs can foster hope and facilitates a strengths-based approach to meaning making and identity development. Additionally, BCEs can serve as existing strengths or resilience factors, which can be developed as internal resources for navigating trauma work in modalities such as EMDR and other trauma-focused therapies.

When using the BCEs scale in clinical practice, consider the following:

1. Integration with adversity measures: The BCEs scale is designed to complement, not replace, assessment of childhood adversity. Optimal clinical practice involves assessing both positive and adverse childhood experiences. For example, using the BCEs in conjunction with the ACEs scale can provide a comprehensive overview of the child's positive and adverse experiences. Indeed individuals can often have both high ACEs and BCEs, but higher scores on BCEs predict more favourable outcomes (Han et al., 2023).
2. Interpretation context: BCEs scores should be interpreted in the context of the individual's full clinical presentation, including current symptoms, life circumstances, and reported adversity.
3. Promotive versus protective effects: Research suggests that BCEs may have both direct promotive effects on wellbeing and protective (interactive) effects that buffer against adversity (Han et al., 2023). Clinical interpretation should consider both mechanisms.

Psychometric Properties

The BCEs scale contains 20 items but incorporates two different versions of the BCEs within those. Firstly, the BCEs-Original (common protective factors) which was developed by Narayan et al. (2018) and the BCEs-Revised (discriminating protective factors; Narayan et al., 2023) which was specifically developed to address ceiling effects in the original scale by focusing on less commonly reported positive experiences (those endorsed at rates below 80%

across diverse samples). There are six remaining items that do not form part of either subscale but contribute to the total score on the BCEs.

Construct validity of the BCEs scale is supported by its ability to correlate with measures of wellbeing. The scale demonstrates expected inverse relationships with measures of depression, stress, and loneliness (Doom et al., 2021). Narayan et al. (2018) found that higher levels of BCEs predicted lower levels of PTSD symptoms and fewer stressful life events in pregnant women after accounting for women's ACEs, and began to offset the effects of ACEs on negative outcomes even when ACEs were high.

Convergent validity has been established through correlations with other measures of resilience and positive experiences. The BCEs scale shows moderate to strong correlations with measures such as the Connor-Davidson Resilience Scale (r = .51) and the Protective Factors Survey (r = .63). Discriminant validity is supported by negative correlations with ACEs (Merrick et al., 2019), although these are only moderate in nature (r = -.33) indicating that they are not simply opposite ends of the same construct and that some individuals may experience high levels of both.

Cross-cultural validity is a notable strength of the BCEs scale. The initial psychometric study revealed that mean differences in total scores did not significantly differ between individuals who identified as White versus Black versus Latino/a, between individuals who were English-speaking or monolingual Spanish-speaking, nor between individuals who were born in the U.S. versus foreign born (Narayan et al., 2018).

Predictive validity has been demonstrated in multiple studies showing that BCEs scores predict mental health outcomes over time (Han et al., 2023; Narayan et al., 2018). For example, Doom et al. (2021) found that higher BCEs scores predicted lower levels of depression and anxiety symptoms during the COVID-19 pandemic, even after controlling for baseline mental health and demographic factors.

Normative data and percentiles for the BCEs total score were derived from item endorsement frequencies reported in research by Narayan et al. (2023), using data from two large samples of U.S. young adults (pre-pandemic sample, N=548, and pandemic sample, N=1,198). NovoPsych combined these using a weighted approach to create a statistically-derived normative reference population for the BCEs-20 total score. For the BCE-20, the estimated mean is 15.5 (SD = 5.38), for the common protective factors (BCE-Original) the mean is 7.72 (SD = 2.14; Narayan et al., 2023) and for the discriminating protective factors (BCE-Revised) the mean is 6.98 (SD = 2.70; Narayan et al., 2023). Raw scores are then converted to percentiles using a standard normal distribution transformation based on these estimated parameters. These percentiles are used to create qualitative descriptors as follows:

- Very Low: 5th percentile and below
- Low: 6th-15th percentile
- Below Average: 16th-35th percentile
- Average: 36th-60th percentile
- Above Average: 61st-75th percentile
- High: 76th percentile and above

Scoring & Interpretation

The BCEs uses a dichotomous (Yes/No) response format, with "Yes" responses summed to create total scores. The BCEs results in three scores:

1. Total Score: Sum of "Yes" responses to all 20 items. Scores range from 0-20. The total score represents the sum of all positive childhood experiences endorsed across multiple ecological domains, providing a comprehensive measure of protective factors that research links to enhanced resilience and better mental health outcomes even in the presence of childhood adversity.
2. Common Protective Factors: Sum of "Yes" responses to items 1-10. Scores range from 0-10. The common protective factors subscale assesses more frequently reported protective childhood experiences, capturing internal and relational safety and security (e.g., having at least one safe caregiver, a good friend, a supportive teacher) and a positive, predictable quality of life.

3. Discriminating Protective Factors: Sum of "Yes" responses to items 3, 4, 6, 7, 9, 10, 11, 13, 16, and 19. Scores range from 0-10. The discriminating protective factors subscale assesses experiences such as beliefs that provide comfort, positive self-image, fair treatment, and regular access to restorative factors (like good sleep and time outdoors), which may provide clinicians with insights into deeper, more nuanced aspects of a client's developmental resources. Note that 6 of the items for the discriminating protective factors are also used in the common protective factors subscale, so there is some cross-over between the two.

For each of these three dimensions, raw scores are converted to percentiles based on normative data derived from research with diverse populations. The percentiles provide a comparative framework for interpretation by indicating how an individual's score compares to the reference population. A percentile of 50 indicates typical childhood experiences.

Qualitative descriptors are assigned to BCEs scores according to the following percentile thresholds:

- Very Low: 5th percentile and below
- Low: 6th-15th percentile
- Below Average: 16th-35th percentile
- Average: 36th-60th percentile
- Above Average: 61st-75th percentile
- High: 76th percentile and above

These descriptors offer clinically meaningful categorisations that facilitate interpretation and communication of results. When interpreting BCE scores, consider the following clinical guidance:

1. Total Score: Provides a global index of protective childhood experiences. Lower scores indicate fewer positive experiences and potentially greater vulnerability to adverse outcomes, while higher scores suggest stronger protective resources.
2. Subscale Comparison: Comparing common protective factors and discriminating protective factors can offer insights into the pattern of protective experiences.
    a. Consistent profile (similar levels on both subscales): Indicates uniformity in access to both common and discriminating protective factors.
    b. Discrepant profile with higher common than discriminating factors: Suggests access to commonly reported protective experiences but fewer less common protective experiences.
    c. Discrepant profile with higher discriminating than common factors: Represents an unusual pattern that may indicate unique protective resources despite lacking common ones.
3. Individual Item Analysis: For clients with low scores (Very Low to Below Average), examining which specific protective experiences were absent can inform targeted intervention planning.

Research indicates that each additional positive childhood experience is associated with incremental benefits to mental health and wellbeing.

Upon first administration a plot is displayed showing the BCEs total score (made up of the common and discriminant protective factors and the six additional items that aren’t in either factor) and subscale percentiles. Qualitative descriptors are presented in the background of this plot for ease of translation. If administered on multiple occasions, an additional plot is presented showing the total score and subscale percentiles over time.

Supporting Information

Percentile Calculations

Percentiles for the BCEs are derived from item endorsement frequencies reported in the original research by Narayan et al. (2023). This approach uses data from two large samples of U.S. young adults (Pre-pandemic sample, N=548, and Pandemic sample, N=1,198) to create a statistically-derived normative combined sample.

The expected mean score for the 20-item BCEs was calculated by summing the weighted item endorsement probabilities across all 20 items:

$$\mu = \sum_{i=1}^{20} p_i$$

Where:

- μ is the estimated mean score
- p_i is the probability of endorsement for item ii i

The weighted average probabilities were calculated using:

$$p_i = \frac{n_1 p_{i1} + n_2 p_{i2}}{n_1 + n_2}$$

Where:

- n_1 and n_2 are the sample sizes (548 and 1,198)
- p_{i1} and p_{i2} are the endorsement probabilities in each sample

This calculation yielded an estimated mean BCEs score of 15.5.

The standard deviation was estimated using a formula that accounts for both item variances and inter-item correlations:

$$\sigma = \sqrt{\sum_{i=1}^{20} p_i(1 - p_i) + \sum_{i=1}^{20}\sum_{j>i}^{20} r\sqrt{p_i(1 - p_i)p_j(1 - p_j)}}$$

Where:

- σ is the estimated standard deviation
- p_i is the probability of endorsement for item i
- r is the average inter-item correlation

The average inter-item correlation (ρ\rhoρ = 0.42) was derived from the reported correlation between the BCEs-Original and BCEs-Revised scales (r = .92), which share 6 out of 10 items. This value was calculated by solving for the average correlation that would produce the observed between-scale correlation given their degree of item overlap. This calculation yielded an estimated standard deviation of 5.38.

BCEs scores are converted to percentiles according to the following equation:

$$\text{Percentile} = 100 \text{ x } \Phi\left(\frac{x - \mu}{\sigma}\right)$$

Where:

- x is the raw BCE20 score
- μ is the mean (15.5)
- σ is the standard deviation (5.38)
- Φ is the standard normal cumulative distribution function

These percentile calculations are then presented as a percentile table for each possible score in the BCEs (see Tables 1-3 below). Notably, these normative calculations involve several important assumptions and limitations:

- Mathematical Estimation: The standard deviation is mathematically derived rather than directly calculated from raw data, which introduces some uncertainty into the percentile estimates.
- Distribution Assumption: While the calculations assume normal distribution properties, the original research indicates BCE scores tend to be negatively skewed, which may affect the precision of percentile estimates. Some alternatives to the normal distribution were attempted (i.e., beta distribution, Johnson SB distribution), but these didn't produce results that appeared to be realistic or useful for clinical purposes (e.g., distortion of percentiles at the upper end of the distribution where the maximum percentile produced a percentile of 100 or unrealistic percentiles (~ 95th percentile) given the known skew of the data)
- Population Specificity: The normative sample consists of U.S. young adults (ages 19-35) and may not generalise to other age groups or cultural contexts.
- Inter-item Correlation Estimate: The average inter-item correlation of 0.42 is derived indirectly and represents an approximation based on available data.

These normative estimates provide a meaningful framework for score interpretation while acknowledging the inherent limitations of deriving population norms from published summary statistics rather than raw data.

Percentile Table

Table 1. BCEs Total Score Percentiles and Descriptors

Score	Percentile	Descriptor
0	0.2	
1	0.4	
2	0.6	
3	1	
4	2	Very Low
5	3	
6	4	
7	5	
8	8	
9	11	Low
10	15	
11	20	
12	26	Below Average
13	32	
14	39	
15	46	Average
16	54	
17	61	Above Average
18	68	
19	75	High
20	80	

Table 2. BCEs Common Protective Factors Percentiles and Descriptors

Score	Percentile	Descriptor
0	0.1	
1	0.2	
2	0.4	
3	1	Very Low
4	4	
5	10	Low
6	21	Below Average
7	37	Average
8	55	
9	73	Above Average
10	86	High

Table 3. BCEs Discriminating Protective Factors Percentiles and Descriptors

Score	Percentile	Descriptor
0	0.5	
1	1	Very Low
2	3	
3	7	Low
4	13	
5	23	Below Average
6	36	Average
7	50	
8	65	Above Average
9	77	High
10	87	

Interpretive Text

The first paragraph provides an interpretation of the client's total BCE-20 score, contextualising it within normative data and explaining its clinical significance. The text varies based on the client's score descriptor:

- Very Low: "The client's total Benevolent Childhood Experiences (BCEs) score is in the very low range and they score higher than [percentile] percent of the comparative sample. This indicates a significant lack of protective childhood experiences, which research associates with increased risk of mental health symptoms, particularly in the context of childhood adversity. Individuals with very low BCE scores often experience greater vulnerability to stress and may benefit from interventions that build new protective experiences and coping strategies."
- Low: "The client's total Benevolent Childhood Experiences (BCEs) score is in the low range and they score higher than [percentile] percent of the comparative sample. This indicates fewer than typical protective childhood experiences, which is associated with elevated risk of mental health concerns. The client likely had limited access to protective resources during childhood that could buffer against adversity, which may contribute to decreased resilience when facing current life stressors."
- Below Average: "The client's total Benevolent Childhood Experiences (BCEs) score is in the below average range and they score higher than [percentile] percent of the comparative sample. This suggests a limited level

of protective experiences that may be insufficient when faced with significant adversity. While the client had access to some positive experiences during childhood, these may have been limited in number or impact, potentially affecting their current coping resources."

- Average: "The client's total Benevolent Childhood Experiences (BCEs) score is in the average range and they score higher than [percentile] percent of the comparative sample. This indicates a typical level of protective experiences compared to the general population. The client had access to a foundational level of protective experiences during childhood, which research suggests provides a moderate buffer against adversity and supports general resilience."
- Above Average: "The client's total Benevolent Childhood Experiences (BCEs) score is in the above average range and they score higher than [percentile] percent of the comparative sample. This indicates an enhanced protective capacity against adversity. The client appears to have had access to numerous positive childhood experiences, which research suggests contributes to better mental health outcomes and greater resilience when facing life challenges."
- High: "The client's total Benevolent Childhood Experiences (BCEs) score is in the high range and they score higher than [percentile] percent of the comparative sample. This indicates a strong protective capacity that research associates with better mental health outcomes even in the presence of adversity. The client appears to have had access to abundant positive childhood experiences, contributing to substantial resilience resources that can be leveraged in treatment."

An optional paragraph examines the relationship between common protective factors and discriminating protective factors scores. This comparison yields important insights into the pattern and quality of protective experiences. The text is only presented if there is a difference (greater than one descriptor range e.g., high & above average; average & below average) between subscales:

- Discrepant Profile (Common > Discriminating): "The client shows a discrepant profile with common protective factors ([descriptor] range) higher than discriminating protective factors ([descriptor] range). This pattern suggests the client had access to commonly reported protective experiences (e.g., having a safe caregiver, having a good friend) but lacked some of the less common protective experiences (e.g., beliefs that gave comfort, feeling accepted). Research suggests this profile may indicate adequate surface-level supports but potentially less depth to protective resources."
- Unusual Discrepant Profile (Discriminating > Common): "The client shows an unusual discrepant profile with discriminating protective factors ([descriptor] range) higher than common protective factors ([descriptor] range). This uncommon pattern suggests the client may have had access to certain less commonly reported protective experiences despite lacking some of the more typically reported protective factors. This profile suggests unique protective resources that could be explored and leveraged in treatment."

For clients with low scores, the report provides another paragraph identifying specific protective experiences that were absent in childhood. Depending on which scores fall in the low range, one of the following introductory statements is used, followed by a list of specific items:

- When total score is in low range: "The following key protective experiences (both common and discriminating) were absent in the client's childhood:"
- When only common protective factors is in low range: "The following key common protective experiences were absent in the client's childhood:"
- When only discriminating protective factors is in low range: "The following key discriminating protective experiences were absent in the client's childhood:"

Each statement is followed by a formatted list of specific items that were not endorsed (answered "No"), providing clinicians with targeted information for intervention planning.

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Developer

Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. Child Abuse and Neglect, 78, 19-30. https://doi.org/10.1016/j.chiabu.2017.09.022

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References

Doom, J. R., Seok, D., Narayan, A. J., & Fox, K. R. (2021). Adverse and benevolent childhood experiences predict mental health during the COVID-19 pandemic. Adversity and Resilience Science, 2(3), 193-204. https://doi.org/10.1007/s42844-021-00038-6

Han, D., Dieujuste, N., Doom, J. R., & Narayan, A. J. (2023). A systematic review of positive childhood experiences and adult outcomes: Promotive and protective processes in the context of childhood adversity. Paper presented at the 2023 Biennial Meeting of the Society for Research in Child Development (SRCD), Salt Lake City, UT.

Merrick, J. S., Narayan, A. J., DePasquale, C. E., & Masten, A. S. (2019). Benevolent childhood experiences (BCEs) in homeless parents: A validation and replication study. Journal of Family Psychology, 33(4), 493-498. https://doi.org/10.1037/fam0000521

Narayan, A. J., Merrick, J. S., Lane, A. S., & Larson, M. D. (2023). A multisystem, dimensional interplay of assets versus adversities: Revised benevolent childhood experiences (BCEs) in the context of childhood maltreatment, threat, and deprivation. Development and Psychopathology, 35(5), 2444-2463. https://doi.org/10.1017/S0954579423000536

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Assessment Questions

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Benevolent Childhood Experiences (BCEs)

Instructions:

When you were growing up, during your first years of life:

		Yes	No
1	Did you have at least one caregiver with whom you felt safe?	1	0
2	Did you have at least one good friend?	1	0
3	Did you have beliefs that gave you comfort?	1	0
4	Did you like school?	1	0
5	Did you have at least one teacher who cared about you?	1	0
6	Did you have good neighbours?	1	0
7	Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?	1	0
8	Did you have opportunities to have a good time?	1	0
9	Did you like yourself or feel comfortable with yourself?	1	0
10	Did you have a predictable home routine, like regular meals and a regular bedtime?	1	0
11	Did you feel accepted for who you were?	1	0
12	Was there at least one adult who cared about your progress and achievements in school?	1	0
13	Were you usually able to get a good night's sleep?	1	0
14	Did you have access to food that was healthy and nutritious?	1	0
15	Did you have access to adequate medical care when you needed it?	1	0
16	Did you feel that you were treated fairly (e.g., in your family and community)?	1	0
17	Did you have adequate law enforcement in your community that made you feel safe?	1	0

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		Yes	No
18	Did you have at least one person to teach you how to say 'No' to negative influences?	**1**	**0**
19	Did you regularly spend time outside in the sunshine or around nature?	**1**	**0**
20	Did you have something that you felt you were good at or that made you proud?	**1**	**0**

Developer Reference:

Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. Child Abuse and Neglect, 78, 19-30. https://doi.org/10.1016/j.chiabu.2017.09.022

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Administer Now

Sample Result

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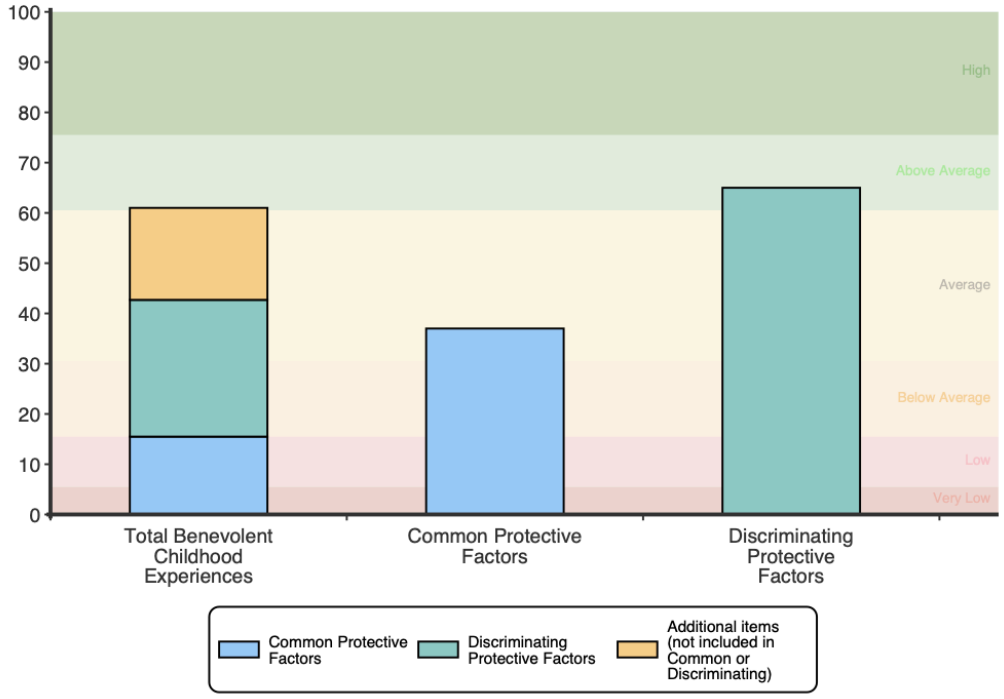
Benevolent Childhood Experiences (BCEs)

Client Name	Generic Client	*Date administered*	20 Mar 2025
Date of birth (age)	14 Dec 1975 (49)	*Time taken*	42s
Assessor	Dr David Hegarty		

Results

	Raw Score	Percentile	Range
Benevolent Childhood Experiences (Total) (0-20)	17	61	Above Average
Common Protective Factors (0-10)	7	37	Average
Discriminating Protective Factors (0-10)	8	65	Above Average

Benevolent Childhood Experiences (BCEs) Percentiles



Interpretation

The client's total Benevolent Childhood Experiences (BCEs) score is in the above average range and they score higher than 61 percent of the comparative sample. This indicates an enhanced protective capacity against adversity. The client appears to have had access to numerous positive childhood experiences, which research suggests contributes to better mental health

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Client Name	Generic Client

Interpretation (cont.)

outcomes and greater resilience when facing life challenges.

Scoring and Interpretation Information

For comprehensive information on the BCEs scale, see here.

The BCEs uses a dichotomous (Yes/No) response format, with "Yes" responses summed to create total scores. The BCEs results in three scores:
1. Total Score: Sum of "Yes" responses to all 20 items. Scores range from 0-20. The total score represents the sum of all positive childhood experiences endorsed across multiple ecological domains, providing a comprehensive measure of protective factors that research links to enhanced resilience and better mental health outcomes even in the presence of childhood adversity.
2. Common Protective Factors: Sum of "Yes" responses to items 1-10. Scores range from 0-10. The common protective factors subscale assesses more frequently reported protective childhood experiences, capturing internal and relational safety and security (e.g., having at least one safe caregiver, a good friend, a supportive teacher) and a positive, predictable quality of life.
3. Discriminating Protective Factors: Sum of "Yes" responses to items 3, 4, 6, 7, 9, 10, 11, 13, 16, and 19. Scores range from 0-10. The discriminating protective factors subscale assesses experiences such as beliefs that provide comfort, positive self-image, fair treatment, and regular access to restorative factors (like good sleep and time outdoors), which may provide clinicians with insights into deeper, more nuanced aspects of a client's developmental resources. Note that 6 of the items for the discriminating protective factors are also used in the common protective factors subscale, so there is some cross-over between the two.

For each of these three dimensions, raw scores are converted to percentiles based on normative data derived from research with diverse populations. The percentiles provide a comparative framework for interpretation by indicating how an individual's score compares to the reference population. A percentile of 50 indicates typical childhood experiences.

Qualitative descriptors are assigned to BCEs scores according to the following percentile thresholds:
- Very Low: 5th percentile and below
- Low: 6th-15th percentile
- Below Average: 16th-35th percentile
- Average: 36th-60th percentile
- Above Average: 61st-75th percentile
- High: 76th percentile and above

These descriptors offer clinically meaningful categorisations that facilitate interpretation and communication of results. When interpreting BCE scores, consider the following clinical guidance:
1. Total Score: Provides a global index of protective childhood experiences. Lower scores indicate fewer positive experiences and potentially greater vulnerability to adverse outcomes, while higher scores suggest stronger protective resources.
2. Subscale Comparison: Comparing common protective factors and discriminating protective factors can offer insights into the pattern of protective experiences.
a. Consistent profile (similar levels on both subscales): Indicates uniformity in access to both

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Client Name	Generic Client

Scoring and Interpretation Information (cont.)

common and discriminating protective factors.
b. Discrepant profile with higher common than discriminating factors: Suggests access to commonly reported protective experiences but fewer less common protective experiences.
c. Discrepant profile with higher discriminating than common factors: Represents an unusual pattern that may indicate unique protective resources despite lacking common ones.
3. Individual Item Analysis: For clients with low scores (Very Low to Below Average), examining which specific protective experiences were absent can inform targeted intervention planning. Research indicates that each additional positive childhood experience is associated with incremental benefits to mental health and wellbeing.

Upon first administration a plot is displayed showing the BCEs total score (made up of the common and discriminant protective factors and the six additional items that aren't in either factor) and subscale percentiles. Qualitative descriptors are presented in the background of this plot for ease of translation. If administered on multiple occasions, an additional plot is presented showing the total score and subscale percentiles over time.

Client Responses

		Yes	No
1	Did you have at least one caregiver with whom you felt safe?	**1**	**0**
2	Did you have at least one good friend?	**1**	**0**
3	Did you have beliefs that gave you comfort?	**1**	**0**
4	Did you like school?	**1**	**0**
5	Did you have at least one teacher who cared about you?	**1**	**0**
6	Did you have good neighbours?	**1**	**0**
7	Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?	**1**	**0**
8	Did you have opportunities to have a good time?	**1**	**0**
9	Did you like yourself or feel comfortable with yourself?	**1**	**0**
10	Did you have a predictable home routine, like regular meals and a regular bedtime?	**1**	**0**
11	Did you feel accepted for who you were?	**1**	**0**
12	Was there at least one adult who cared about your progress and achievements in school?	**1**	**0**

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Client Name	Generic Client

Client Responses (cont.)

		Yes	No
13	Were you usually able to get a good night's sleep?	1	0
14	Did you have access to food that was healthy and nutritious?	1	0
15	Did you have access to adequate medical care when you needed it?	1	0
16	Did you feel that you were treated fairly (e.g., in your family and community)?	1	0
17	Did you have adequate law enforcement in your community that made you feel safe?	1	0
18	Did you have at least one person to teach you how to say 'No' to negative influences?	1	0
19	Did you regularly spend time outside in the sunshine or around nature?	1	0
20	Did you have something that you felt you were good at or that made you proud?	1	0