

Adverse Childhood Experiences (ACEs)

Severe or repeated exposure to harmful experiences without the support of caring adults can cause toxic stress responses in children, which puts them at risk for a range of health, learning and behavior problems across their life span.^{1,2} Adverse childhood experiences (ACEs) reported by adults include verbal, physical or sexual abuse and measures of family dysfunction that have occurred over the course of their lives. The ACE score has been used as a measure of cumulative exposure to traumatic stress in childhood. ACEs have been associated with increased mortality and morbidity due to a variety of causes, with risk increasing with the number of ACEs experienced.³ In 2011, 26% (\pm 1%) of Washington adults reported having had three or more adverse childhood experiences (ACEs).

Females, American Indian and Alaska Natives (AIAN), young adults 18-34 years old, and people with low incomes or less education were more likely to report having had three or more ACEs compared to other Washingtonians.

DOH, along with partner agencies, is working to prevent and mitigate the impact of childhood trauma and create safe, stable, nurturing relationships and environments for children.



26%

Washington adults have experienced 3 or more ACEs



ACEs have been associated with increased mortality and morbidity due to a variety of causes



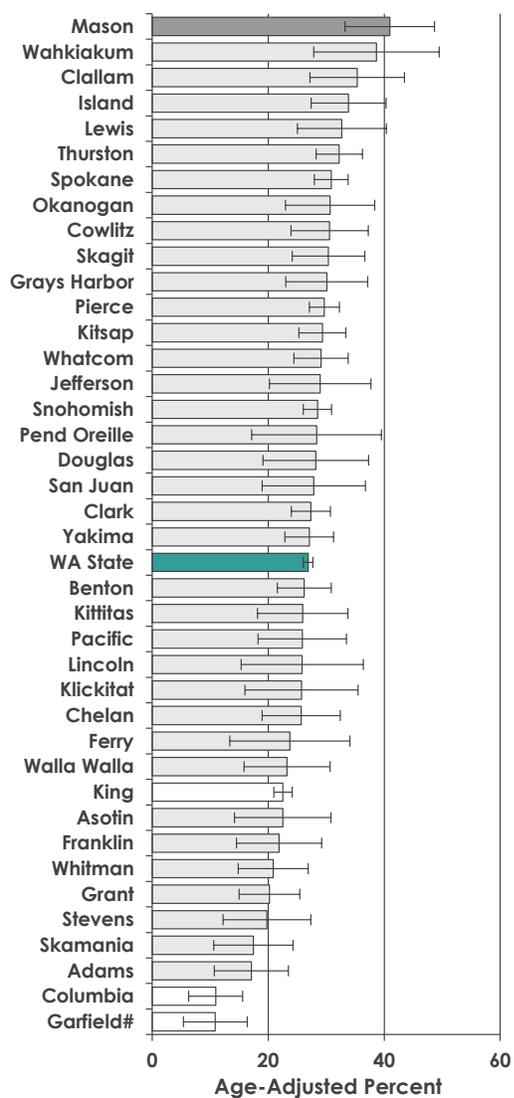
Time Trends

- In 2011, 26% ($\pm 2\%$) of Washington adults reported having had three or more ACEs.
- In 2010, questions were added to the Behavioral Risk Factor Surveillance System (BRFSS) addressing adverse childhood experiences in 10 states (including Washington). In these states, 22% of adults reported having had three or more ACEs.
- With only three years of data, we are not able to measure trends over time in the percent of adults with ACEs in Washington.

Geographic Variation

- In 2009-2011, Mason County was the only county where adults reported a higher prevalence of having three or more ACEs compared to the state.
- In Columbia, Garfield and King counties, adults reported a lower prevalence of having had three or more ACEs compared to the state.

**Prevalence of 3+ ACEs
Washington Counties
BRFSS, 2009-2011**



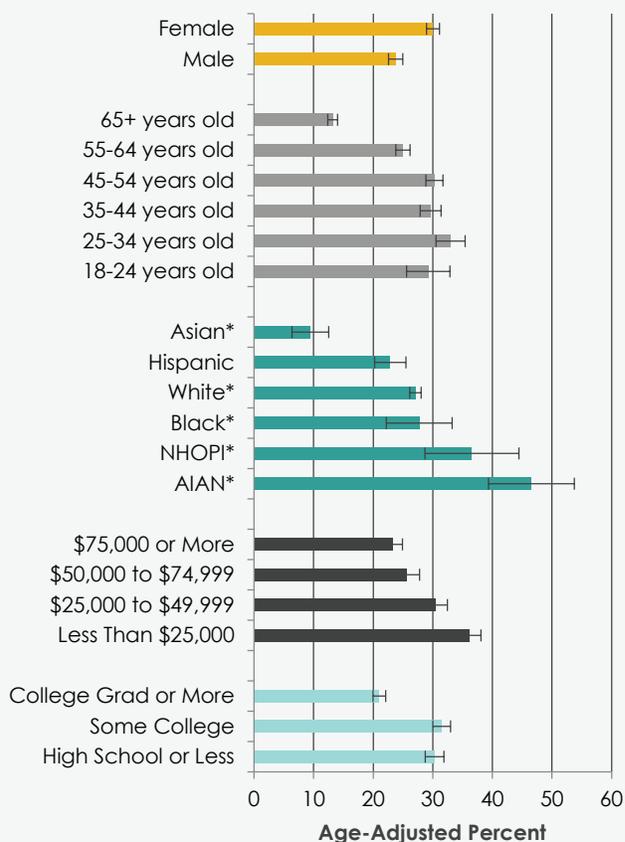
WA State
 Lower than WA State
 Same as WA State
 Higher than WA State

#Relative standard error (RSE) is between 25% and 29%

Disparities

- In the 2009-2011 BRFSS, females were more likely to report having three or more ACEs compared to males.
- Having had three or more ACEs was similar among those 18-54 years old, lower for those 55-64 years old, and lowest among those 65 years old and older.
- AIAN had the highest prevalence of having had three or more ACEs, and Asians had the lowest prevalence.
- Having had three or more ACEs increased as levels of education and household income decreased.

**Prevalence of 3+ ACEs
Washington State
BRFSS, 2009-2011**



*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

How is Washington addressing adverse childhood experiences?

DOH and other state agencies are working with partners to prevent and mitigate ACEs through home visiting and trauma-informed approaches in schools. Many local communities also have cross-sector groups that provide educational opportunities and coordinate initiatives to prevent ACEs and promote trauma-informed approaches across their communities.

DOH and its partner agencies are implementing the [Essentials for Childhood Initiative](#), which supports cross-sector collaboration to support safe, stable, nurturing relationships and environments for all children by enhancing parents' capacity to promote healthy child and youth development, strengthening family economic security, and preventing and mitigating the impact of trauma. DOH also provides Title V Maternal and Child Health Services funding to local health jurisdictions to address ACEs and promote resiliency.

The Office of Superintendent of Public Instruction (OSPI) convenes the Social Emotional Learning Benchmarks workgroup to implement the Social Emotional Learning Framework for all Washington children enrolled in K-12 education.

OSPI is implementing the [Compassionate Schools Initiative](#) by providing training and technical assistance to schools on developing compassionate classrooms and staff attitudes to promote learning and engagement for all children, with a focus on those chronically exposed to stress and trauma in their lives.

[Pediatric Transforming Clinical Practices Initiative](#) (pTCPi), a partnership between DOH, Molina Healthcare and the Washington Chapter of the American Academy of Pediatrics, links clinicians with behavioral health professionals to address ACEs.

Community Based Child Abuse Prevention grants are administered by Department of Early Learning to address child abuse prevention by strengthening and supporting families. Efforts focus on comprehensive supports for families, promoting the development of parenting skills, improving access to formal and informal resources and promoting meaningful parent leadership using the [Protective Factors Framework](#).

Department of Social and Health Services/Division of Behavioral Health and Recovery (DSHS/DBHR) and its partners are implementing the goals of the [State 5-Year Strategic Plan for Substance Abuse Prevention and Mental Health Promotion](#). While reducing ACEs is not one of the focus areas in the strategic plan, ACEs data was considered in the prioritization along with other behavioral health data. Efforts include funding 64 Community Prevention and Wellness Initiative community coalitions, Tribal mental health promotion projects among 29 federally recognized tribes to adopt evidence-based approaches to address their most important needs, and workforce development for prevention and treatment professionals, including trauma informed care and trauma-focused cognitive behavioral therapy training.

State agencies and public-private partnerships promote home visiting programs that reach children and families in those critical first years of life, strengthening the parent-child bond, developing more positive parenting practices, and improving school readiness.

Washington State is also working to integrate physical health services, mental health services and substance use services in the Medicaid (Apple Health) program. These efforts are funded by grants and the [Medicaid 1115 waiver](#) and include integrating clinical practices, supporting providers in identifying, serving and monitoring high need populations, developing systems to support information sharing across providers, and integrating payment systems.

[Blue Ribbon Commission on the Delivery of Services to Children and Families](#). On Feb. 18, 2016, Gov. Inslee issued an [executive order](#) establishing the Washington State Blue Ribbon Commission on Delivery of Services to Children and Families. His executive order directs the Commission to recommend the organizational structure for a new department focused solely on children and families. HB1661 (signed into law on July 6) follows the suggestions of the Blue Ribbon Commission and established the Department of Children, Youth and Families (DCYF), which will restructure how the state serves at-risk children and youth with the goal of producing better outcomes in all Washington communities. DCYF is charged to focus on supporting and strengthening families before crises occur and leveraging every contact with families as an opportunity to improve the course of a child's life and help to minimize further harm.

See also [Mental Health](#), [Access to Behavioral Health Providers](#), and [Domestic Violence & Sexual Violence](#)

Evidence-Based Interventions to address ACEs are available in the [CDC Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities](#).

Technical Notes

Confidence Intervals: Definition and examples are described in [Appendix C](#)

Race and Ethnicity: Classification described in [Appendix C](#)

Relative Standard Error: Definition and how it was used is described in [Appendix C](#)

Trauma Informed Approach: A program, organization or system that is trauma informed, which means that it realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.⁴

Endnotes

¹Harvard University, Center on the Developing Child. The Foundations of Lifelong Health Are Built in Early Childhood. <https://developingchild.harvard.edu/>. Published July 2010. Accessed August 9, 2017.

²Institute of Medicine. From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, DC: The National Academies; 2000. <https://doi.org/10.17226/9824>.

³Felitti VJ, Anda RF, Nordenberg et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998; 14(4):245-258.

⁴Trauma-informed approach and trauma-specific interventions. Substance Abuse and Mental Health Services Administration Web site. www.samhsa.gov/nctic/trauma-interventions. Published August 14, 2015. Accessed September 8, 2017.