

Learning from Washington's Adverse Childhood Experiences (ACE) Story



Why is research on Adverse Childhood Experiences¹ (ACE) important?

- Negative childhood experiences are related to major risk factors for the leading causes of illness and death and poor quality of life among adults.
- ACEs are common among all segments of the population.
- ACEs are connected. People who report any ACE are likely to experience adversity in other categories.

For more information on the ACE Study, results, and implications for public health and violence prevention efforts see [ACE Infographic](#), [ACE snapshot](#) and the [CDC ACE website](#).

1. Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, Koss M, Marks J. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998;14:245-258.

Washington was one of the first states to add the ACE module to their Behavioral Risk Factor Surveillance System (BRFSS) in 2009 to assess the prevalence of ACEs in its adult population and inform prevention action. This case study highlights how Washington supported state-specific ACE data collection, how they used their data to inform prevention efforts, and provides examples of Washington's next steps in child maltreatment prevention work.

See Washington's [Executive Summary](#) for more information about their ACE data.

How was Washington able to collect ACE data?

Washington used data from the original CDC-Kaiser Permanente ACE Study to unify partners to take a public health approach. Using the ACE Study as a platform, Washington unified leaders statewide to invest in and collaborate on the development of integrated approaches to pressing social concerns, including the collection of Washington-specific ACE data.

Example: Learning from child maltreatment researchers. Washington legislators invited researchers from the Institute on Learning and Brain Science, the National Center on the Developing Child, the principal investigators of the ACE study, and neurodevelopment researchers to educate them and interested partners about the impact that ACEs have on healthy development and multiple outcomes across the life course.

Washington increased buy-in from stakeholders. Learning about ACEs underscored the importance of child protection and family support in decreasing the high costs associated with health, social, and workforce problems for Washington's legislators. Subsequently, ACEs were infused into Washington's legislative agenda to help guide stakeholders' investments in data collection and evidence-based, child maltreatment prevention efforts.

Example: Consulting stakeholders. Washington asked stakeholders, "If you had information on the level of ACEs in your community and knew the benefits of reducing these, how would you use this information?" These questions and subsequent answers highlighted each sector's important role in this work and increased buy-in across sectors to collect and better understand ACEs in Washington.

How is Washington using their ACE data to inform prevention action?

Creating a common language by sharing state-specific ACE. Using their ACE data, Washington developed a common language to provide a platform for child maltreatment prevention efforts. Washington has disseminated their unified narrative about the impact of childhood adversity and importance of primary prevention to various groups so that they may lead, collaborate, and develop prevention action.

Example: Washington has focused on sharing information in two ways.

- Trained speakers host "learning events" and share ACEs and related information with local- and state-level stakeholders, funders, and philanthropists.
- "Train the Trainer," a PowerPoint presentation on ACEs, is a free online resource that local- and state-level stakeholders, funders, and philanthropists are encouraged to use and share with their sectors.

CASE STUDY



Keys for Success in Washington:

- Spreading the message about ACEs and related health outcomes to partners
- Using ACE data to inform public policy and prevention action
- Unifying childhood adversity and maltreatment prevention across multiple sectors
- Increasing buy-in from key partnerships, such as the Bill and Melinda Gates Foundation

If you would like to read more about ACEs and prevention, the following resources may be helpful to you: [ACE Infographic](#), [ACE Snapshot](#), [CDC ACE website](#), [Washington's Department of Health ACE portal](#), and [CDC's Essentials for Childhood website](#).

Using Washington's ACE data provides motivation to make changes to "business as usual." Sharing Washington-specific ACE data has brought cohesion and synergy to work throughout the state and has been used to prioritize prevention. Several programs developed and/or were strengthened from these efforts.

Example: Washington legislators used ACE data to inform state prevention policy.

Washington legislators used data to better understand the potential cost savings and improved productivity of its residents through ACE prevention. Subsequently, an ACE reduction law ([HB 1965, 2011](#)) was passed in June of 2011 to support a private-public partnership to prevent ACEs, reduce their prevalence, and mitigate their effects. HB 1965 represents advancement in two key areas: primary prevention of child maltreatment and community engagement to improve public health.

Example: Prevalence of ACEs in Washington prompted changes in service delivery.

- Mental health and substance abuse problems were prevalent among parents receiving Temporary Assistance for Needy Families (TANF). Recognizing the importance of strengthening families and preventing ACEs among children in families receiving TANF support, legislators included participation in Head Start parenting education, home visiting, and volunteering in a child's school or care setting in the definition of work participation. The expanded definition increased opportunities for families to access services while simultaneously supporting their families and improving outcomes.
- [Juvenile offenders had a high prevalence of ACEs](#). Legislators recognized that offenders needed additional support to mitigate future adverse outcomes, which led to increased support of flexibility in juvenile courts. For example, probation officers can prioritize high-ACE offenders into programs, such as Functional Family Therapy.

Example: Compassionate (Trauma-Informed) Schools Initiative was developed. This initiative provides training, guidance, referral, and technical assistance to schools wishing to adopt a Compassionate Schools Infrastructure. Compassionate schools take a trauma-informed approach to learning and facilitate parent and community involvement mitigating adverse outcomes for children exposed to trauma as well as creating environments that strengthen families and foster prevention of child maltreatment. Compassionate Schools benefit all students who attend but focus on students chronically exposed to stress and trauma in their lives, and has resulted in fewer suspensions and expulsions.

What are the next steps for Washington?

1. Washington intends to increase investment in child maltreatment prevention approaches that utilize ACE data and cut across multiple sectors. Better coordination of Washington's child maltreatment research priorities, as well as preventive, social, educational, and legal responses are expected. These efforts have been supported by important partnerships, including the Bill and Melinda Gates Foundation.
2. Washington will continue to build and strengthen community capacity to connect and align prevention resources. For example, Washington's ACE Private-Public Partnership Initiative, developed through the ACE reduction law, is currently evaluating the effectiveness of scientifically supported child maltreatment prevention interventions in five Washington communities.
3. Washington's Public Health Officials are working on the following:
 - Develop an ACE research consortium that will facilitate collaborative efforts between child maltreatment partners and nontraditional partners, such as business owners.
 - Conduct an actuary study of generated savings from child maltreatment prevention programs
 - Provide guidance to other states interested in adopting state-level, child maltreatment prevention policies.

Summary

While child maltreatment is a significant public health problem, it is also a preventable one. Washington is making great strides using their ACE data to inform primary prevention efforts intended to prevent adverse experiences before they happen. In fact, Washington is one of five states funded by the CDC to implement a state-wide child maltreatment prevention framework, [Essentials for Childhood](#), assuring safe, stable, nurturing relationships and environments for *all* children. Their commitment to preventing early adversity will help create communities in which every child can thrive.