

Adverse Childhood Experiences Policy Statement

POSITION

State, territorial, and freely associated state health officials (S/THOs) can provide leadership to address and prevent adverse childhood experiences (ACEs) across the lifespan. Nearly two-thirds (64%) of U.S. adults report experiencing one type of ACE before age 18, and 17.3% report experiencing four or more ACEs.¹ At the threshold of four ACEs, the risk for seven of ten leading causes of death for adults—heart disease, stroke, cancer, COPD, diabetes, Alzheimer’s, and suicide—increases significantly.²

Summary of Recommendations

- Strengthen Economic Supports for Families
- Ensure a Strong Start for Children and Healthy Child Development

Reports from [CDC](#), [SAMHSA](#), the [American Academy of Pediatrics](#), and the [Safe States Alliance](#) serve as roadmaps for state, territorial, and freely associated state health agencies to address ACEs across sectors. Programs, such as the Title V Maternal and Child Health Services Block Grant, the Preventive Health and Health Services Block Grant, and injury prevention programs, can provide a portion of the funding and infrastructure to support healthy and safe communities across populations.

BACKGROUND/EVIDENCE BASE

ACEs are stressful or traumatic incidents that harm social, cognitive, and emotional functioning and undermine the safe, nurturing environments children need to thrive. ACEs include emotional, physical, or sexual abuse, neglect, and household challenges. A child’s well-being flourishes in nurturing, stable environments, whereas children exposed to adverse events often suffer toxic stress responses that alter the brain’s developing architecture and impact health throughout the life course.³ Additionally, the impact of social media may affect the mental health of children and adolescents.⁴

Racism and historical/intergenerational trauma impact ACE scores—a measure of childhood abuse and neglect. ACEs disproportionately affect racial and ethnic minorities in the United States, with 61% of Black children and 51% of Hispanic children experiencing at least one ACE, compared to 40% of white children.⁵ Also, parents with higher ACE scores are far more likely to have children with high ACE scores.⁶

Adults exposed to ACEs have a higher risk of experiencing chronic disease, behavioral health issues, and intimate partner violence, all of which can contribute to dysfunctional, maladaptive parenting practices.⁷ As a result, ACEs are often cyclical and inter-generational, where the negative effects can be transmitted through toxic stress during pregnancy, affecting fetal brain development.⁸

Considering the productivity loss and increased healthcare, education, child welfare, and criminal justice costs associated with child maltreatment, the estimated lifetime costs total \$2 trillion.⁹ In order to address this, jurisdictions need prevention and intervention strategies that can support change for individuals, families, the organizations they interact with, their communities, or society as a whole.¹⁰

RECOMMENDATIONS

ASTHO recommends the following policy and systemwide changes to create safe, stable, nurturing relationships and environments for children and families by utilizing a population health approach, engaging cross-sector partners, and leveraging data to inform prevention programs and policy.

Strengthen Economic Supports for Families

- Strengthen family supports that allow a basic standard of living without food and housing insecurity.^{11 12 13 14} In the United States, nearly two in five (18%) children birth to age five and 16% of six to 17-year-olds live in a low-income household. American Indian and Alaska Native, Black, and Hispanic children are 2.5 times more likely to experience poverty.^{15 16}
- Address housing insecurity for low-income people and families¹⁷ by assessing challenges specific to their existing supports. These include a potential backlog of vouchers, availability of housing options accepting vouchers, and engaging directly with people with lived experience. Develop policies that increase access to affordable housing, including zoning regulations and land use.
- Support tax credits,^{18 19 20 21} such as the Earned Income Tax Credit (EITC) and child tax credits. Consider expanding child tax credits that provide families with qualifying children a credit to their state taxes as well as EITC, which incentivize work for low- and moderate-income earners by providing an additional tax credit for working. These benefits lift families out of poverty and reduce ACEs.²²
- Support and enhance family-friendly work policies,^{23 24 25 26} such as paid leave and flexible and consistent work schedules. These policies increase economic stability and family income, increase maternal employment, and improve parents' ability to meet children's basic needs and obtain high-quality childcare.
- Address food insecurity for low-income families^{27 28 29} by identifying barriers to reliably accessing healthy foods in communities. Layer policies that would address economic challenges (e.g., unemployment) and strengthen economic supports for families.
- Develop and support healthcare payment and delivery models that increase access to comprehensive support of health-related social needs that align with ACEs prevention strategies.^{30 31}
- Develop or support policy initiatives to close healthcare coverage gaps for people with documented high ACE scores.³²

Ensure a Strong Start for Children and Healthy Child Development

- Provide sustained funding for early childhood home visiting programs^{33 34 35 36}, the Title V Maternal and Child Health Block Grant, Preventive Health and Health Services Block Grant, and other early childhood development programs. Strengthen enrollment and program retention with specialized outreach and engagement efforts for families who may not participate in daycare and other early childhood schooling options. Home visitation programs promote healthy child development and optimal health outcomes for families by providing positive parenting education and connecting families with critical resources, such as earned income tax credits, subsidized childcare programs, and food assistance programs.³⁷
- Support policies that strengthen parent-child relationships during incarceration, including placing parents close to where children reside and creating visiting spaces that are child- and family-friendly.³⁸ Support policies that prepare incarcerated persons and their families for re-entry and post-incarceration supports like employment and parenting skill building.³⁹
- Ensure the whole family has access to physical and mental health services, including exploring licensing requirements and reimbursement policies to allow maximum use of telehealth.⁴⁰
- Subsidize the cost of childcare^{41 42 43 44} and improve access to affordable, high-quality childcare and early childhood education.^{45 46} Adopt strategies, such as increasing wages, to minimize high turnover rates among early childhood education staff.⁴⁷
- Promote and support family violence screening and reporting policies. Layer policies that strengthen economic supports for families (e.g., EITC, subsidized childcare, and food assistance) with domestic violence and intimate partner violence screening and reporting policies.⁴⁸
- Implement legislative approaches to reduce corporal punishment in alternative care settings (e.g., foster care or institutional care), childcare and after-school care, schools, and juvenile detention facilities.⁴⁹ Legislative approaches can help establish norms around safer, more effective discipline strategies to reduce the harms of harsh physical punishment against children.

- Promote protective factors to increase the well-being of children and families. Increase help-seeking behaviors by reducing stigma around mental health and behavioral health conditions.⁵⁰ Implement skill-based parenting and family relationship approaches to strengthen caregiver practices related to healthy relationship behaviors, discipline, and communication.⁵¹
- Build a trauma-informed workforce and implement trauma-informed practices across service sectors including, but not limited to, behavioral health, child welfare, education, primary care, juvenile and criminal justice, and government.^{52 53 54 55}

POLICY APPROVAL HISTORY

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ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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