Adverse childhood experiences (ACEs) are potentially traumatic events that occur during the first 18 years of life. The original ACE study, conducted among adults from 1995 to 1997, and decades of research since have linked negative childhood experiences to lifelong negative health and social outcomes. Frequent or prolonged adversity in the absence of a supportive adult, known as toxic stress, can derail early childhood development and affect health and behavior throughout a person's lifetime.

ACEs can include neglect; physical, emotional and sexual abuse; household challenges of parental separation, substance misuse, incarceration, violence and mental illness; and social factors such as economic hardship, homelessness and discrimination. The more ACEs a child experiences, the more likely he or she is to develop chronic health conditions and risky behaviors. These often lead to negative outcomes later in life, such as reduced educational and occupational achievement, heart disease, obesity, depression, substance misuse and suicide. In 2019, the Centers for Disease Control and Prevention (CDC) linked ACE exposure to half of the top 10 leading causes of death.

ACEs often repeat across generations and have a cyclical impact not only on family and community health, but also on state budgets through costs to the education, health care, child welfare and corrections systems.

The COVID-19 pandemic has raised further concerns about ACEs because it has dramatically transformed life for children and their families, creating new stressors or exacerbating preexisting ones. Children are vulnerable to mental health issues after a disaster, in part because their brains are still developing, and they need adult support—especially if they already have an emotional, developmental or behavioral disorder. Economic hardship is one of the most common ACEs and research has linked high parental stress to an increased likelihood of a child experiencing abuse or neglect. Amid this heightened risk, children are isolated from the positive experiences of going to school,
having a routine and interacting with supportive adults outside their household.

Certain protective factors can help prevent ACEs while some strategies may protect children from negative consequences after ACEs have occurred. Efforts that focus on building healthy families early in life can help prevent ACEs and reduce their damaging effects. The CDC provides a resource focused on preventing ACEs, which highlights evidence-based strategies to strengthen family financial stability, provide quality care and education early in life, enhance parenting skills, and intervene to lessen harms and prevent future risk, to name a few.

State Action

Though legislatures have shifted focus to respond to COVID-19, more than 35 states introduced legislation on ACEs this year. Since January 2019, at least 26 states enacted or adopted legislation to address childhood trauma, child adversity, toxic stress or ACEs specifically. Many bills create a new task force or commission, implement workforce training on ACEs or trauma-informed practices, or strengthen behavioral health supports for children.

Several states formed task forces or similar groups to consider strategies that fit their communities. For example, Indiana established a behavioral health commission to assess mental health issues, including childhood trauma and suicide, and to identify barriers to treatment. Last year, Hawaii established a task force to evaluate students—especially those exhibiting certain behaviors—using an ACEs assessment protocol and to make recommendations about implementing it statewide. West Virginia and Washington created similar groups.

Some states enacted laws addressing trauma-informed care in schools and child care centers. For example, New Jersey and Tennessee established trauma-informed discipline policies in schools to address ACEs. Beginning in 2020, New York lawmakers require ACEs training for day care providers, with a focus on understanding trauma and nurturing resiliency. In Iowa, school districts are required to adopt employee training and protocols on suicide prevention, ACEs identification and strategies to mitigate toxic stress.

Other states are targeting treatment to lessen the harms of ACEs and help children build healthy coping strategies. In 2019, Colorado enacted the K-5 Social and Emotional Health Act, which places a social worker in each grade in up to 10 pilot program schools. Due to COVID-19, its implementation has been delayed. A 2019 Oklahoma law directed state departments to develop training guidelines to help school employees recognize and address the mental health needs of students, including information about the impact ACEs can have on a student’s ability to learn, and resources on mental health services.

During emergencies, some states have found ways to support children’s mental health remotely. In response to the pandemic, Vermont expanded access to telehealth services and Minnesota established private payer reimbursement for telemedicine services. Executive guidance in Michigan and New Mexico directed school districts to continue mental health services for students, to the extent possible, while schools remain closed.

Among other state efforts, Tennessee launched the Building Strong Brains initiative, which addresses ACEs through a coordinated effort by academia, advocates, business leaders and all three branches of government. California developed the nation’s first statewide effort to screen for childhood trauma through the ACEs Aware initiative, under which California Medicaid providers are offered training, clinical guidance and payment to screen children and adults for ACEs.

Federal Action

The CDC’s Division of Violence Prevention supports seven state health departments under the Essentials for Childhood Framework, which promotes safe, stable and nurturing environments for children and families. The Maternal, Infant and Early Childhood Home Visiting Program, coordinated by the Health Resources and Services Administration’s Maternal and Child Health Bureau, supports states in providing pregnant women and families with resources and skills to improve child health, prevent child abuse and neglect, encourage positive parenting and promote healthy child development. During the pandemic, home visitors may communicate by telephone or video in lieu of face-to-face visits.

The Coronavirus Aid, Relief and Economic Security (CARES) Act passed by Congress in March 2020 included $2.2 trillion to address the health, human services, educational and economic impacts of COVID-19. Some of this funding offered flexibility to address mental health and provide resources to those experiencing homelessness, community behavioral health clinics, suicide prevention and family violence prevention.