This document provides background on adverse childhood experiences (ACEs) and explores ACEs data in Virginia. OMNI Institute prepared this brief for the Virginia State Epidemiological Outcomes Workgroup, which is funded by the Virginia Department of Behavioral Health and Developmental Services with a SAMHSA Partnerships for Success grant.

Adverse Childhood Experiences (ACEs) Defined

ACEs are all types of abuse, neglect, and other potentially traumatic experiences that occur in childhood (under age 18), including household challenges, in which a child observes violence or instability in the home.

In recent years, data collection on ACEs has become a more common feature of public health surveillance data. The ACEs listed below are asked about on Virginia's Behavioral Risk Factor Surveillance Survey (BRFSS). This survey asks Virginia adults about which ACEs they experienced as a child. The Virginia-specific data in this document is based on 2017 BRFSS data.

- Physical abuse
- Sexual abuse
- Emotional abuse
- Substance misuse in the household
- Incarcerated household member
- Parental separation or divorce
- Mental illness in the household
- Intimate partner violence in the household (e.g., hitting, kicking)

Consequences of Exposure to ACEs

ACEs have wide-reaching effects and lasting impacts not only during childhood but also into adulthood. In both youth and adults, ACEs can impact risk behaviors, mental health, and health status.

In youth, higher ACE scores have been linked to higher rates of...



Medical issues (e.g., asthma, frequent infections)



Childhood obesity and poor growth



Behavioral problems, including delinquency



Learning difficulties

In adults, higher ACE scores have been linked to higher rates of...



Substance misuse (e.g., alcohol, prescription drugs)

Cardiovascular

disease



Cancer, including breast, lung, and cervical cancers



Lifetime history of depression

Recent research from Merrick et al. estimated the impact of preventing all ACEs on some of the most common chronic conditions and behaviors in adults. They found that preventing ACEs could significantly reduce the number of people with certain chronic conditions, as well as the number who engage in risky substance use.

Preventing ACEs could reduce the number of U.S. adults who...

Have Depression by 44% Currently Smoke by 33%

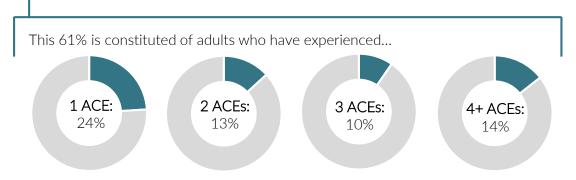
Have COPD*
by 27%

Have Asthma by 24% Engage in Heavy Drinking by 23%



ACEs are Common Among Virginians

61% of Virginia adults experienced at least one ACE before age 18.



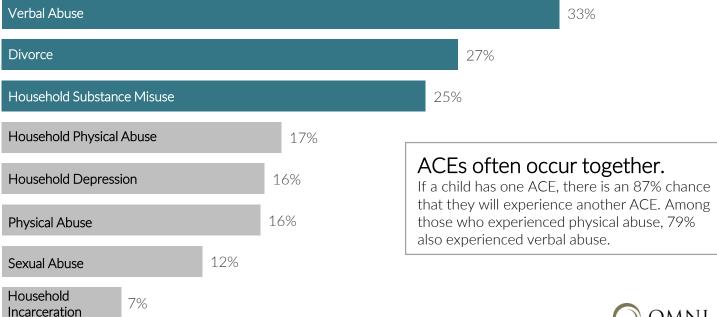
In the average Virginia classroom, 12 out of 20 children have experienced at least one ACF.



3 of these students have experienced 4 or more ACEs.

The most common ACEs Virginia adults experienced as youth are verbal abuse, divorce, and household substance misuse.

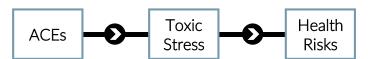
Percentage of Virginia adults who reported experiencing each ACE as a child:



ACEs Increase Health Risks

How?

ACEs cause children to experience toxic stress or increased activation of the stress response system. Toxic stress can also be triggered by other experiences, such as poverty, violence, or racism. Toxic stress in children affects the developing brain, immune system, metabolic regulatory system, and the cardiovascular system. This has long-term consequences for learning, behavior, and physical and mental health.



Exposure to ACEs can be traumatic, evoking toxic stress responses that have immediate and long-term adverse physiologic and psychologic impacts.

What health risks do Virginians experience?

There are many health risks associated with exposure to ACEs. These negative health outcomes include high-risk behaviors, such as substance misuse, as well as chronic diseases, like cardiovascular disease or cancer. If an individual experiences more ACEs, these health risks become more likely.

Virginia adults with an ACE score of 4 or more are:

5.8x

more likely to engage in HIV risk behaviors.

4.2x

more likely to experience depression.

2.6x

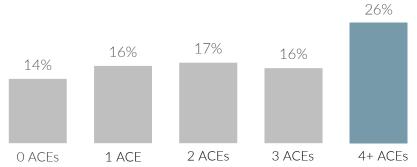
more likely to have asthma.

2.6x

more likely to have **COPD**.

Virginia adults who experienced 4 or more ACEs are more likely to report their health status as fair or poor than adults with fewer ACEs.

Percentage of adults who report health as fair or poor, by number of ACEs experienced:



One-quarter of adults who experienced 4 or more ACEs report their health as fair or poor.



You Can Help Address ACEs in Your Community

Because ACEs happen in the community, community-wide solutions are needed.

The Virginia Department of Behavioral Health and Developmental Services' Office of Behavioral Health Wellness (OBHW) is working to raise awareness in local communities about ACEs, their impacts, and how they can be prevented through ACE Interface trainings. Training attendees have included:

- Medical and mental health professionals
- Community coalitions, faith-based groups, and local governments
- School professionals and students
- Parents, grandparents, and other family members

In the past 2 years, 10,0003 people have been trained through 366 community ACE trainings.

Request an ACEs training for your community or get more info on OBHW efforts to address ACEs by contacting Keith Cartwright at OBHW (robert.cartwright@dbhds.virginia.gov).

Stakeholders across sectors all have a role to play.

Addressing consequences of ACEs and promoting social norms that prevent ACEs requires participation from individuals across community groups and sectors. Some example actions sectors can take are outlined below.



Healthcare Providers

- Refer patients to effective services and support.
- Link adults to family-centered treatment approaches with parenting interventions.



Schools

- Hire trauma-informed specialists.
- Teach coping skills to manage emotions and conflicts.
- Connect youth to caring adults and activities.



States and Communities

- Improve access to high-quality childcare.
- Support policies that provide safe and healthy conditions for all children and families.



Employers

 Adopt family-friendly policies, such as paid family leave and flexible work schedules.

Take action today!

- Visit the Virginia Social Indicator Dashboard to review more community data, including youth health indicators and additional BRFSS measures at omni.org/vasis.
- Share this document with community partners to start an ACEs conversation.

For electronic copies and more information on this document, including sources, visit the Epidemiological Reports section on the Resources page of the VASIS Dashboard: https://tinyurl.com/vasis-resources.

