



## THE ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY & MARYLAND'S ACE PREVALENCE

### What are ACEs?

Adverse childhood experiences (ACEs) are traumatic events that can dramatically upset a child's sense of safety and well-being. In the mid-1990s, more than 17,000 adult members of the Kaiser Permanente health plan in San Diego, California, were surveyed about exposure to 10 types of childhood trauma:

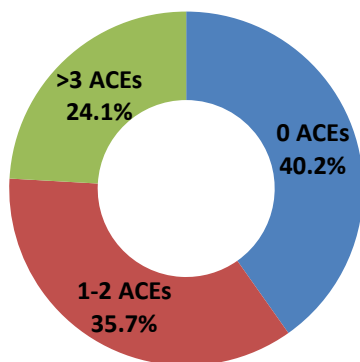
CHILD MALTREATMENT	FAMILY DYSFUNCTION
Physical Abuse	Substance Abuse
Sexual Abuse	Mental Illness
Emotional Abuse	Domestic Violence
Physical Neglect	Divorce/Separation
Emotional Neglect	Incarceration

### What did the ACE Study find?

- ▶ ACEs are common.
- ▶ ACEs frequently occur together.
- ▶ ACEs have a strong and cumulative impact on the health and functioning of adults:

BEHAVIORS			HEALTH			
Smoking	Alcohol Abuse	Drug Use (Illicit & Prescription)	Severe Obesity		Diabetes	
Absenteeism & Poor Work Performance			Depression	Anxiety	Suicide	Early Death
Lack of Physical Activity			HIV & STDs		Liver Disease	
Risky Sexual Behavior	Teen Pregnancy		Heart Disease	Cancer	Stroke	
Instability of Relationships		Revictimization Risk	Chronic Lung Disease		Autoimmune Diseases	

Maryland's 2015 ACE Study Data had similar findings. See Attached Prevalence of ACEs



**ACEs are Common:  
Percentage of MD Adult Population Reporting ACEs**

Findings from the ACE study have been reproduced multiple times, including recent data from 214,157 individuals in 23 states. Primary prevention of ACEs is critical to improving the health and wellbeing of Marylanders throughout the lifespan and across generations.

## Why Does this Matter?

- Marylanders take seriously our role as stewards of the next generation. We know that our ability to raise healthy children who will lead tomorrow's communities requires smart and innovative thinking today. The good news is that the science of the developing brain and the Adverse Childhood Experience (ACE) Study are clear about what children need to thrive.
- Child abuse and neglect costs Maryland taxpayers an estimated \$1.5 billion each year. Reducing children's exposure to ACEs makes good economic sense. For every \$1 invested in prevention, it is estimated that the state would save \$15 on treating its long-term effects.

## What is the Challenge?

- Brain architecture is built over time, from the bottom up; like a house. Sturdy architecture is built when children have stable, positive experiences & relationships with caring adults at home and in the community.
- When children experience ACEs, they experience what is now known as "toxic stress," and can't build sturdy brain architecture. They become vulnerable to a range of health, learning and behavior problems across their lifespan. **This puts our future well-being as a state at risk.**
- Fortunately, research also has identified steps that caring and innovative adults, including policy makers, can do to prevent ACEs and buffer toxic stress, thereby preventing or reversing the negative effects of ACEs.

## What can YOU do to meet this challenge? Legislative Priorities

- Help pass several important pieces of legislation that prevent ACEs and/or reduce their impact (SEE LIST BELOW). When we prioritize health, social, and economic outcomes for our children and their families, we are preventing ACEs.

## PLEASE SUPPORT

1. **SESAME Act- HB 486:** Helps prevent child sexual abuse & exploitation in schools by eliminating hiring of personnel with prior history of abuse or misconduct. ALL STUDENTS HAVE THE RIGHT TO BE FREE FROM TRAUMA AT SCHOOL, INCLUDING FREEDOM FROM SEXUAL ABUSE AND MISCONDUCT.
2. **Trauma-Informed Schools- HB 256, SB 223:** Establishes programs and funding to help schools better identify trauma exposure and address its ramifications among students and staff. SCHOOL-BASED PROGRAMS THAT ADDRESS TRAUMA SYMPTOMS IMPROVE EDUCATIONAL OUTCOMES FOR CHILDREN
3. **\$15 Minimum Wage:** Increases Maryland's minimum wage to \$15/hour by 2023. INITIATIVES THAT INCREASE FAMILY INCOME REDUCE RATES OF CHILD MALTREATMENT<sup>a</sup>
4. **2019 Time to Care Act- HB 341:** Provides up to 12-weeks of paid family leave. PAID FAMILY LEAVE IS ASSOCIATED WITH DECREASED INFANT MORTALITY, IMPROVED CHILD HEALTH, IMPROVED PARENT-CHILD BONDING, & REDUCED CHILD MALTREATMENT.<sup>b,c</sup>
5. **Child Advocacy Center Defining Legislation:** Makes sure that every abused or victimized child in Maryland has access to an accredited children's advocacy center. CACs are a critical first stop after an allegation of abuse is made. CACs PROVIDE EVIDENCE-BASED, TRAUMA-INFORMED SERVICES THAT HELP CHILDREN COPE WITH AND RECOVER FROM CHILDHOOD TRAUMA.
6. **Temporary Cash Assistance (TCA) Funding – HB 339:** Raises TCA from 61 to 71% of the Maryland Minimum Living Level over 5 years. INCREASES IN FAMILY INCOME IMPROVE FAMILY STABILITY, REDUCES FAMILY STRESS, AND MAY PREVENT CHILD NEGLECT.

<sup>a</sup>Raission KM, Bullinger LR. Money matters: Does the minimum wage affect child maltreatment rates? Children & Youth Services Review. 2017;72:60-70.

<sup>b</sup>Zero to Three. The Child Development Case for a National Paid Family & Medical Leave Program. December 2018.

<http://www.nationalpartnership.org/our-work/resources/workplace/paid-leave/the-child-development-case-for-a-national-paid-family-and-medical-leave-insurance-program.pdf>

<sup>c</sup>Klevens J, et al. Paid family leave's effect on hospital admissions for abusive head trauma. Inj Prev. 2016;22(6):442-445.