



Adverse Childhood Experiences

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Population Health in Washington:

The Face of a Chronic Public Health Disaster

Results from the 2009 Behavioral Risk Factor Surveillance System

July 2, 2010

EXECUTIVE SUMMARY
& SELECTED POLICY EXCERPTS

Prepared for the
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Preface

Kai Erikson has defined both the threat and challenge posed by a chronic disaster: “..it gathers force slowly and insidiously, creeping around one’s defenses rather than smashing through them. People are unable to mobilize their normal defenses against the threat, sometimes because they have elected consciously or unconsciously to ignore it, sometimes because they have been misinformed about it, and sometimes they believe they cannot do anything to avoid it.”¹ Chronic disasters are easily ignored, overlooked, or placed on the back burner.

As this report is being written our nation is riveted by an *acute disaster* in the Gulf of Mexico—a ruptured oil well spewing toxic oil into fragile ecosystems. This is newsworthy; our national, state and local leaders are scrambling to respond. Many billions of dollars will be spent in attempts to treat it and fix what has been destroyed. We are saddened and outraged. Place the blame, hold court in Washington, DC. Write new regulations, reconfigure agencies, and compensate the injured. Clean it up, plug the hole and move on. We’ll prevent the next disaster and get better at cleaning up after ourselves the next time.

I had already concluded that Adverse Childhood Experiences (ACEs) have created a “**chronic public health disaster.**” This conclusion was based on epidemiologic data from members of the Kaiser Health Plan in California by the ACE Study—in laborious and ongoing detail. Now this conclusion is based on population-based data from in the State of Washington. ACEs are poisonous to the fragile human ecosystem. The chronic disaster is real. It is *alive in your state.*

For an epidemic of influenza, a hurricane, earthquake, or tornado the worst is quickly over; treatment and recovery efforts can begin. In contrast, the chronic disaster that results from ACEs is insidious, constantly rolling out from generation to generation. As evidenced in this report, ACEs are endemic and have strong and myriad effects on the health, quality of life, and functioning of the people of the State of Washington.

Although the consequences of ACEs are often challenging and provocative, these results should not be surprising. But many who read this report will be surprised. Your state is the first to take a comprehensive, population-based look at ACEs and health. I have visited Washington many times to teach and learn about the public health impact of ACEs. Your state is pushing forward thanks to the efforts of the Washington Family Policy Council, and is contributing to the exponential growth of empirical evidence that has fueled markedly increased awareness and understanding of the lifelong consequences of ACEs. However, there will be disbelief, denial, and doubts about believing what the people of the State of Washington tell you about their childhoods and their lives.

During my training as a medical student I learned that 90% of diagnoses come from asking patients good questions and listening carefully to their responses... the same truth holds for understanding population health. People who tell you about their ACEs are not liars or looking for secondary gain; rather, they bravely provide you the privilege of bearing witness to their lives. Challenge the critics of your Washington BRFSS for a viable alternative explanation for the findings. If there is one, what are they going to do about the alternative cause?

Some will say that the problem is too big to address or ask for simple, immediate solutions—a silver bullet. You will hear that budgets are too small. We are in an economic recession. We’ll have to wait on this one. Are those reasons to turn the other way? Ask if you

want the same report, or maybe worse, for your children, your grandchildren, or anyone else's children when they grow up and respond to the survey in the decades to come.

Your results are consistent with what we have learned about the biology of childhood. Excessive stress and adversity has a cumulative and predictable negative effect on human development. These effects are most pronounced for infants, children, and adolescents. The developing brains (and other body systems) of your young ones are negatively impacted by the inherent biochemistry of stress. More is worse, adversity is cumulative; it can affect any human function.

As you read this report and review the data, you can decide for yourself whether “public health disaster” is a grandstanding term or an attempt to spin data into a catchy report. Then look at the current health and social priorities of your state, where the resources are going, and how much progress has been made as a result. Challenge yourself to find a problem that compares in magnitude and scope to the preventable human wreckage and suffering described in this report.

Until very recently, this public health disaster has been hidden from view. Our society has treated the abuse, maltreatment, violence, and chaotic experiences of our children as an oddity that is adequately dealt with by *emergency* response systems—child protective services, criminal justice, foster care, and alternative schools—to name a few. These services are needed and are worthy of support—but they are a dressing on a greater wound.

Our society has bought into a set of misconceptions. Here are a few: *ACEs are rare and they happen somewhere else. They are perpetrated by monsters. Some, or maybe most, children can escape unscathed, or if not, they can be rescued and healed by emergency response systems. Then these children vanish from view... and randomly reappear—as if they are new entities*—in all of your service systems later in childhood, adolescence, and adulthood as clients with behavioral, learning, social, criminal, and chronic health problems.

Take the time to review the prevalence of ACEs in your state—they are common—they are endemic. ACEs pile up to burden the lives of the people of Washington. The ACE score demonstrates their cumulative *biologic* impact. This biologic impact transcends the traditional boundaries of your health and human service systems. The impact is enormous.

The public health impact of ACEs can now only be ignored as a matter of conscious choice. Thus, with this information comes *the responsibility to use it.*²

The chronic public health disaster of adverse childhood experiences and their effects on human development are real. Data from your BRFSS properly informs about it. The first step toward healing comes with understanding the problem. The face of the disaster is in full view.

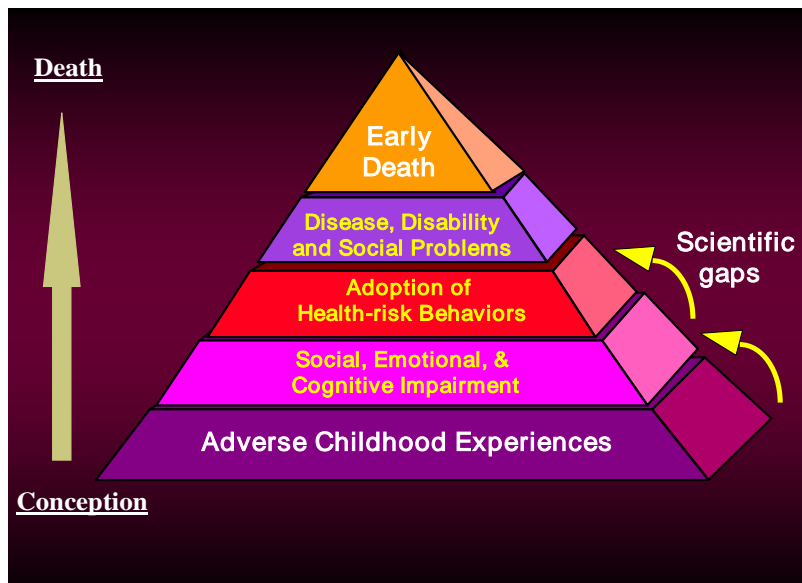
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Executive Summary

The Adverse Childhood Experiences (ACE) Study is now in its 15th year and is ongoing. The Study is designed to examine the childhood origins of many of our Nation's leading health and social problems. The Study represents collaboration between the Nation's leading prevention agency, the Centers for Disease Control and Prevention (CDC) and the Kaiser Health Plan's Department of Preventive Medicine in San Diego, CA. The ACE data in the 2009 Washington ACE BRFSS module are available because the strength of the ACE Study findings led to numerous activities by the Washington Family Policy Council, which in turn, resulted in grants from the *Bill and Melinda Gates Foundation*, *Committee for Children and Families of Incarcerated Parents*, and the *Mental Health Transformation Grant Prevention Advisory Group* to support the data collection and analysis. ***The purpose of this data collection in the Washington BRFSS is to document the public health and social burden of ACEs on a population scale.***

The key concept underlying the ACE Study is that stressful or traumatic childhood experiences such as abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home (which we termed adverse childhood experiences—or ACEs) are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability and premature mortality (Figure A). We now know from breakthroughs in neurobiology that ACEs disrupt neurodevelopment and can have lasting effects on brain structure and function—the biologic pathways that likely explain the strength of the findings from the ACE Study.

Figure A. Conceptual Framework for Understanding the Public Health Impact of ACEs



The ACE Study showed that these experiences are highly interrelated. This is also the case for the population of the State of Washington. In order to assess the relationship of the ACEs to health and social problems in this report we used the ACE score. This score is a count of the number of ACEs to assess their *cumulative* impact on childhood development and

therefore, their impact on a variety of health and social priorities. In this report you will find that the ACE score has a strong, graded relationship to a wide array of health and social problems in Washington.

ACEs in the State of Washington

As in the ACE Study, the Washington BRFSS ACE data shows that:

ACEs are common—they are endemic in Washington

- 17% of adults report exposure to physical abuse
- 17% of women and 7% of men report sexual abuse during childhood
- One in four adults report having dealt with parental separation or divorce during childhood
- A third of adults grew up with substance abuse in the household
- 62% of adults have at least one ACE

ACEs tend to co-occur or cluster in the lives of your children

- Among adults exposed to physical abuse, 84% reported at least 2 additional ACEs
- Among adults exposed to sexual abuse, 72% reported at least 2 additional ACEs

ACEs add up—more is worse—as captured by the ACE score

- One in four adults report three or more ACEs
- 5% of adults have six or more ACEs

As the ACE score increases the risk of numerous health and social problems increase dramatically

- Compared to adults without exposure to ACEs, the risk of smoking – a risk factor for many chronic diseases – was increased 1.2 times for those with 1 ACE, 1.5 times with 2 ACEs, 1.9 times with 3 ACEs, 2.8 times with 4 or 5 ACEs, and 4.6 times with 6 or more ACEs
- The likelihood of life dissatisfaction – a risk factor for suicide – increased with increasing ACE score such that adults with 6 or more ACEs are 9 times more likely to report life dissatisfaction compared to those with an ACE score of zero

These ACE-related problems in Washington are a “Who’s Who?” list that encompasses the priorities of many agencies, public and private, that are working to prevent and treat a vast array of problems.

References

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2. Foege WH. Adverse childhood experiences: A public health perspective (editorial). *American Journal of Preventive Medicine* 1998;14:354-355.