



Resolution: Supporting Positive Childhood Experiences

WHEREAS, Adverse childhood experiences (ACEs) are traumatic experiences that occur during childhood with lasting long-term effects and include experiences such as child abuse and neglect, witnessing violence or growing up in a household with a family member with a serious mental illness; and

WHEREAS, the original ACE study by CDC and Kaiser Permanente in California and those studies that have followed, found that ACEs are common – approximately 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs. ACEs are particularly high in low-resourced communities; and

WHEREAS, The ACE study demonstrates the clear association that exposure to violence and adversity has on development, such as increased risk for physical health issues, addiction, and mental health issues, as well as other leading causes of illness and poor quality of life in the United States¹; and

WHEREAS, at least five of the top 10 leading causes of death are associated with adverse childhood experience (ACEs). Preventing ACEs could reduce many health conditions, including up to 21 million cases of depression, 1.9 million cases of heart disease, and 2.5 million cases of overweight/obesity²; and

WHEREAS, positively influencing the architecture of a child's developing brain and preventing children's exposure to adverse childhood experiences is more effective and less costly than attempting to correct poor learning, health, and behaviors later in life. Investments in primary prevention pay off as studies show that the total lifetime economic burden associated with treating the consequences of child maltreatment is approximately \$2 trillion³; and

WHEREAS, every child is filled with tremendous promise and we all have a shared obligation to foster their potential. That means shoring up the ways families are supported by addressing the root causes of ACEs. Every policy set – from tax credits to paid leave to funding evidence-based home visiting programs – should reduce financial pressures on families and increase the time and capacity for supportive family relationships. Upstream prevention policies can help to create the safe, stable environments that children need to thrive;

NOW, THEREFORE, BE IT RESOLVED, that members of the National Foundation for Women Legislators

1. encourage every state to declare ACEs as a critical health issue recognizing the need to commit to an ongoing strategy to significantly reduce ACEs through legislative leadership, legislative acts, appropriations, oversight and monitoring; and
2. call on every state to make greater investments in child abuse and neglect prevention to create the conditions for thriving children, families, and communities by investing in, funding and implementing evidence-based and research-informed policy strategies such as those identified by the Centers for Disease Control and Prevention in their Technical Assistance Package for Preventing Child Abuse and Neglect⁴.

¹ Felitti, VJ et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258.

² Centers for Disease Control and Prevention (2019). *Vital Signs: Adverse Childhood Experiences, Preventing early trauma to improve adult health*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

³ Cora Peterson, Curtis Florence, Joanne Klevens. "The Economic Burden of Child Maltreatment in the United States." *Child Abuse & Neglect The International Journal* 86 (2018): 178-183. In partnership with the National Center for Injury Prevention and Control Centers for Disease Control and Prevention (CDC).

⁴ Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.