National leaders in health care, public health, and child development have identified adverse childhood experiences—or ACEs—as “the single greatest unaddressed public health threat facing our nation today.” Exposure to ACEs can have lasting negative effects on health and well-being. Toxic stress, which can occur when a child is exposed to a high number of ACEs, can disrupt neurodevelopment. This can impair decision making, reduce impulse control, and diminish resistance to disease. It can increase adoption of risky behaviors and contribute to early onset of disease, disability, and death. ACEs are common in the general population, with one in four adults reporting that they have experienced three or more ACEs. And they are more common among children living in nonparental care and those who have had contact with the child welfare system.

What Are Adverse Childhood Experiences or ACEs?

- Emotional Abuse
- Emotional Neglect
- Physical Abuse
- Physical Neglect
- Sexual Abuse
- Substance Abuse
- Mother Treated Violently
- Mental Illness
- Separation or Divorce
- Incarceration

1 in 4 ADULTS REPORT HAVING 3 OR MORE ACEs
KEY FINDINGS

- **Positive and statistically significant changes** occurred in the areas of (1) building awareness of ACEs, (2) family support, (3) risk behavior reduction and healthy youth development, (4) school climate and student success, and (5) community development.

- **Development of community capacity varied.** It was highest in the areas of (1) cross-sector partnerships, (2) evidence-based problem solving, (3) shared goals, (4) effective communication with partners, and (5) focusing on equity. The networks had moderate capacity in (1) developing sustainable infrastructure; (2) engaging and mobilizing residents; (3) implementing trauma-informed programs, policies, and practices; and (4) increasing capacity to use data. All networks struggled to achieve communitywide change.

- **Multiple models of success.** There may not exist one “best” community capacity building model. The networks that were more successful in addressing ACEs and building resilience aligned three factors: (1) collective community capacity, (2) community network structure, and (3) effective community change strategies.

- **All networks face sustainability challenges.** All networks had to independently find resources and support coalition infrastructure needed to sustain their work. Their staffs and budgets are small, and their grant-based funding is time-limited. The sustainability of these efforts depends on their ability to secure resources and implement a successful coalition leadership succession plan.

ABOUT THE STUDY

The study had two phases. During the first phase (2013–2014), the research team assessed operational contexts, strategies used to increase community capacity to prevent ACEs, and impact at the county level. In the second phase (2015–2016), the researchers examined the extent to which sites developed capacity to achieve their goals, and the relationship of select sites’ efforts to outcomes at the local level. The study was funded by the ACEs Public-Private Initiative (APPI), a Washington State consortium of private organizations, public agencies, and community organizations working to reduce children’s exposure to trauma and the substantial social, emotional, and physical tolls that may result.


Additional documents include:


You can access the reports at www.mathematica-mpr.com, keyword “appi.”