**Improving Data Collection for Adverse Childhood Experiences (ACEs) Act (S. 4332)**

*U.S. Senator Angus King and U.S. Senator Lisa Murkowski*

**Adverse Childhood Experiences**

Certain negative events, circumstances, or maltreatment during childhood, known as adverse childhood experiences (ACEs), are associated with negative health outcomes in childhood and throughout a lifetime. ACEs include: experiencing violence, abuse, or neglect; witnessing violence; and/or having a family member attempt or die by suicide. A child’s environment can also contribute to ACEs, including growing up in a household with substance misuse, mental health problems, exposure to generational or historical trauma, parental separation, and/or household members being in jail or prison. Studies from the NIH also show that social isolation, job loss, school closures, and other stressors unleashed by the COVID-19 pandemic may be amplifying some ACEs.

According to the Centers for Disease Control and Prevention (CDC) in 2019, an estimated 62 percent of adults surveyed across 23 states reported that they had experienced one ACE during childhood and nearly one-quarter reported that they had experienced three or more ACEs.[[1]](#endnote-1) Research published by CDC in 2018 showed that, for each person in the United States who experiences nonfatal child abuse and neglect, the cost to society can be more than $830,000.[[2]](#endnote-2) ACEs are significantly associated with poorer health outcomes, health risk behaviors, and socioeconomic challenges. At least 5 of the top 10 leading causes of death are associated with ACEs.[[3]](#endnote-3) Additionally, the CDC shows that preventing ACEs can potentially lower the risk for serious health conditions like cancer and diabetes, reduce risky behaviors like smoking and heavy drinking, improve education and job potential, and stop ACEs from being passed from one generation to the next.[[4]](#endnote-4)

The CDC has recognized ACEs as a major public health concern and made it a priority area for focus in the National Center for Injury Prevention as well as across the CDC. However, there remain significant gaps in research to better define and understand ACEs - especially those that occur outside of the home. In FY2022, $7 million was allocated to research ACEs at CDC, the research for which is limited in scope.

**Improving Data Collection for ACEs Act**

To help fill in research gaps for children with ACEs, Senator King and Senator Murkowski are introducing the Improving Data Collection for ACEs Act, which authorizes $7 million annually over five years, additional to current funding, to support research and programmatic efforts at the CDC that will build on previous research on the effects of ACEs. More specifically, the bill’s funding would support novel research topics, including:

* The inclusion of a diverse nationally representative sample of participants;
* The strength of the relationship between specific ACEs and negative health outcomes;
* The intensity and frequency of ACEs;
* The impact of historical trauma, in communities determined by the Secretary, on ACE scores;
* The relative strength of particular risk and protective factors; and
* The effect of social, economic, and community conditions on health and well-being.
1. <https://www.cdc.gov/violenceprevention/aces/fastfact.html> [↑](#endnote-ref-1)
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6289633/> [↑](#endnote-ref-2)
3. <https://www.cdc.gov/vitalsigns/aces/index.html> [↑](#endnote-ref-3)
4. [https://www.cdc.gov/violenceprevention/aces/fastfact.html](%20https%3A//www.cdc.gov/violenceprevention/aces/fastfact.html) [↑](#endnote-ref-4)