Massachusetts

ACEs Initiatives and Actions

As knowledge about the science of adverse childhood experiences (ACEs) spreads, ACEs initiatives have launched in all 50 U.S. states and the District of Columbia. Hundreds of cross-sector collaboratives are educating and engaging organizations and policymakers about ACEs science. In turn, these organizations are implementing trauma-informed and resilience-building practices and policies based on ACEs science; many legislatures are passing resolutions and/or bills.

Highlights

Trauma and Learning Policy Initiative (TLPI) is a long-standing collaboration between Massachusetts Advocates for Children and Harvard Law School, serving as a nationally recognized leader in creating trauma-sensitive schools in Massachusetts and across the country. It provides technical assistance to help schools become trauma-sensitive and advocates for children, based on an interdisciplinary approach that includes education, law, and mental health. Another statewide collaboration is Essential for Children (EFC), between the state Department of Public Health and the Children’s Trust. EFC engages diverse individuals and organizations to foster collective responsibility for the wellness of children and families. In Boston, Vital Village is a network of residents and agencies committed to improving community systems to enhance protective factors and reduce adversity.

In the western part of the state, two county-based initiatives in Berkshire County and Hampshire County, made up of a coalition of cross-sector organizations including a Task Force on Trauma-Informed Approaches in the region’s Department of Mental Health (DMH). The task force is developing training for DMH staff, hosting a trauma symposium, and expanding access to trauma interventions.

Statewide initiative

Trauma and Learning Policy Initiative deals with education issues statewide.

Local Initiatives

Vital Village

Legislation

Massachusetts Safe and Supportive Schools No. 4376, To establish a statewide “safe and supportive schools framework” to assist schools to create safe and supportive learning environments “that improve educational outcomes for students.” and S. 947 defines role of school resource officers that requires school resource officers’ professional development to include incidence and impact of adverse childhood experiences, de-escalation techniques, and implicit or unconscious bias.

Find links and add your updates to all initiatives and legislation at www.bit.ly/ACEsInitiatives

Percent of children with 2 or more ACEs

MA ranks 4th in the US for lowest percentage of children with ACEs scores of 2 or more.

CAHMI (Child & Adolescent Health Measurement Initiative) surveys parents or guardians about their children ages 0-17.

Percentage of children aged 0–17 yrs. who experienced two or more of the following:

- Hard to get by on income (somewhat or very often)
- Saw or heard violence in the home
- Victim/witness of neighborhood violence
- Lived with anyone mentally ill, suicidal, or depressed
- Lived with anyone with alcohol or drug problem
- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Often treated or judged unfairly due to race/ethnicity

Citation: Bethell, CD, Citation: Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017.

www.cahmi.org/projects/Adverse-childhood-experiences-aces

* State Range: 15.0% – 30.6%

The ACEs module of Behavioral Risk Factor Surveillance Survey (BRFSS) data comes from interviews with adults about their experiences to age 18. BRFSS is sponsored by the CDC and other federal agencies.

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