

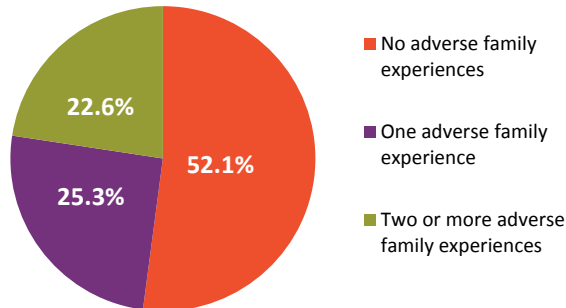
Overview of Adverse Child and Family Experiences among US Children

Adverse childhood experiences (ACEs) can have profound effects on the lifelong health of adults.¹⁻³ Many studies on ACEs have been retrospective in nature, asking adults to recall their childhood experiences and then examining the prevalence of various chronic conditions and economic outcomes. The recent 2011/12 National Survey of Children's Health (NSCH) provides cross-sectional, parent-reported data on nine ACEs among US children age 0 to 17 years (Table 1). Nearly half (47.9%) of US children age 0-17 years experienced one or more of the nine ACEs asked about in this survey (Figure 1). This translates into an estimated **34 825 978** children nationwide.

Table 1. National Prevalence of Adverse Child or Family Experiences based on the 2011/12 NSCH

| Adverse Child or Family Experiences | National Prevalence | State Range |
|---|---------------------|-------------------------|
| Child had ≥ 1 Adverse Child/Family Experiences | 47.9% | 40.6% (CT) – 57.5% (AZ) |
| Child had ≥ 2 Adverse Child/Family Experiences | 22.6% | 16.3% (NJ) – 32.9% (OK) |
| Socioeconomic hardship | 25.7% | 20.1% (MD) – 34.3% (AZ) |
| Divorce/parental separation | 20.1% | 15.2% (DC) – 29.5% (OK) |
| Lived with someone who had an alcohol or drug problem | 10.7% | 6.4% (NY) – 18.5% (MT) |
| Victim or witness of neighborhood violence | 8.6% | 5.2% (NJ) – 16.6% (DC) |
| Lived with someone who was mentally ill or suicidal | 8.6% | 5.4% (CA) – 14.1% (MT) |
| Domestic violence witness | 7.3% | 5.0% (CT) – 11.1% (OK) |
| Parent served time in jail | 6.9% | 3.2% (NJ) – 13.2% (KY) |
| Treated or judged unfairly due to race/ethnicity | 4.1% | 1.8% (VT) – 6.5% (AZ) |
| Death of parent | 3.1% | 1.4% (CT) – 7.1% (DC) |

Figure 1. Prevalence of Adverse Child and Family Experiences among US Children Age 0-17 years



Source: 2011/12 NSCH

The prevalence of ACEs varies among child subgroups (Figure 2) and by state (Figure 3). For example, the prevalence of two or more of the nine ACEs among children age 0-17 years ranges across states from **16.3%** in New Jersey to **32.9%** in Oklahoma. In addition, variation exists within high or low ACEs prevalence states according to child subgroups. For example, while New Jersey is the state with the **lowest rate** of Adverse Child and Family Experiences (≥ 2) it has the **greatest variation by household income level** (Figure 4).

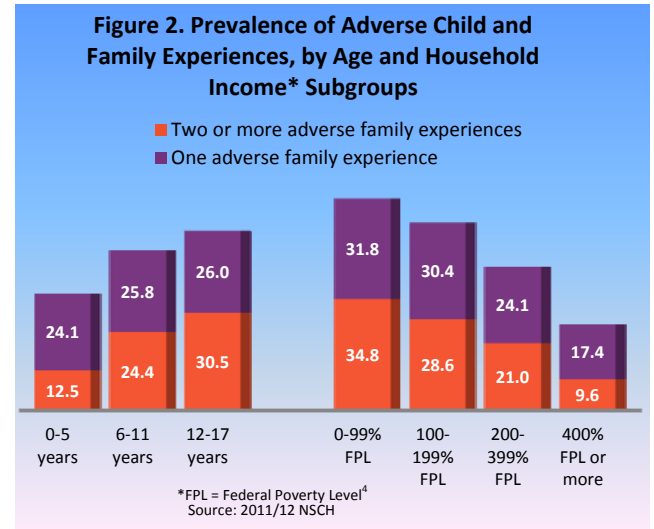


Figure 3. Exploring Disparities between States: State Ranking Map of Children with ≥ 2 ACEs

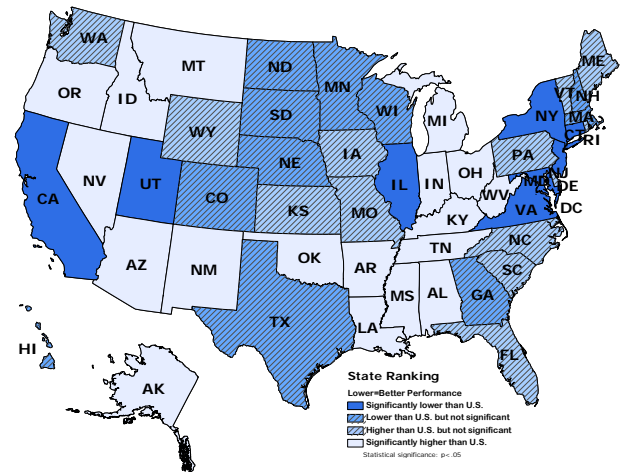
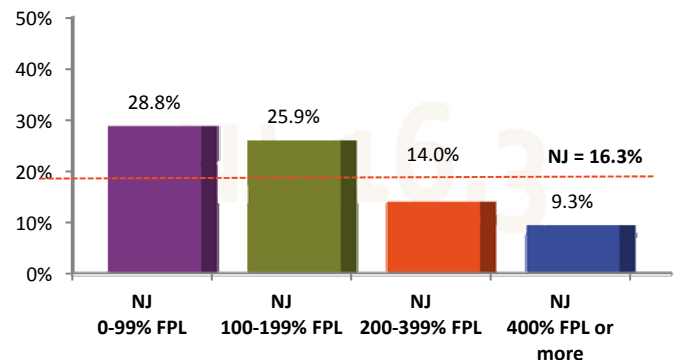


Figure 4. Exploring Disparities within States: Prevalence of ≥ 2 Adverse Child and Family Experiences among Children in New Jersey, by Household Income Level

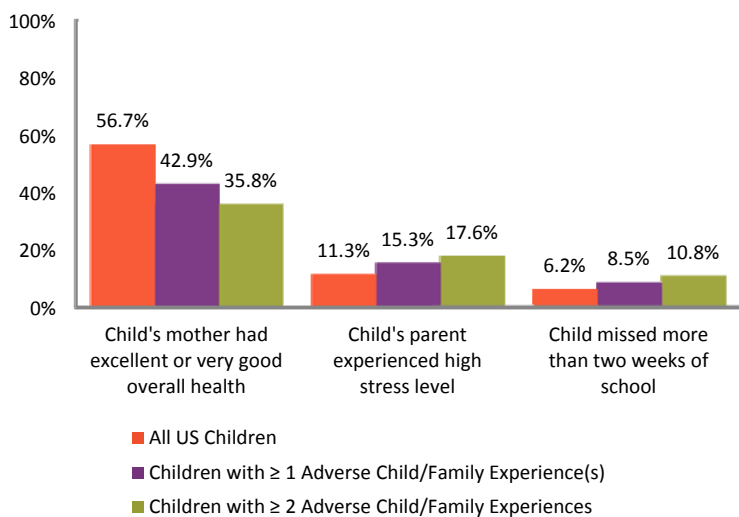


Source: 2011/12 NSCH

Associations between Adverse Child and Family Experiences and Health Status

Adverse child and family experiences may have deleterious health outcomes. Figure 5 demonstrates the additive effect that experiencing multiple ACEs may have in relation to child health as well as parental health and stress levels.

Figure 5. Association between ACEs and Child & Parent Health

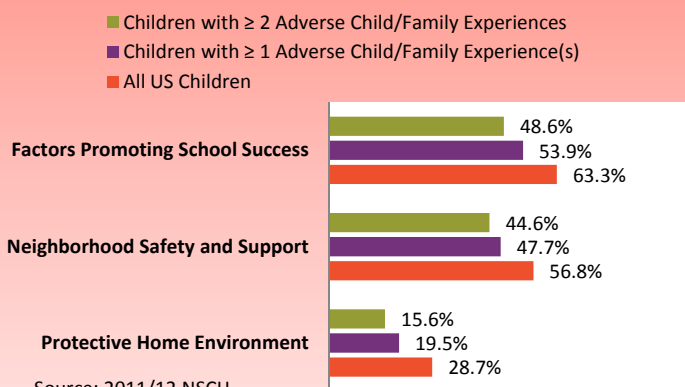


Source: 2011/12 NSCH

Interplay between Contextual Factors and ACEs

Where children live, play and learn may be associated with their likelihood of experiencing adverse child and family experiences. Figure 6 illustrates how children may be less likely to experience protective home environment factors⁵ (e.g. no exposure to household smoking, family shares meals together), neighborhood safety and support⁵ (e.g. neighborhood usually/always safe, neighborhood contains three or more amenities) as well as factors promoting school success⁶ (e.g. usually/always feels safe at school, participation in extracurricular activities) when they experience adverse child and family experiences.

Figure 6. Associations between ACEs and Home, Neighborhood and School Factors among US Children

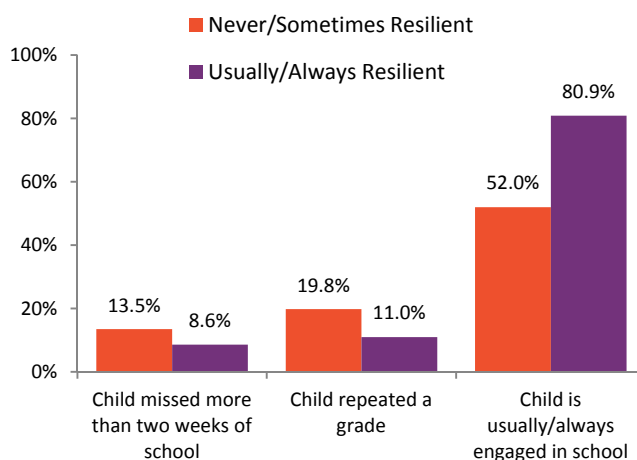


Source: 2011/12 NSCH

The Influence of Resiliency on Children with ≥ 2 ACEs

Associations exist between those contexts children are surrounded by and the number of ACEs that they encounter. Therefore, certain factors inherent in these environments may have the potential to promote their health and wellness. For example, among children age 6 to 17 years that experienced ≥ 2 ACEs, those who were usually/always resilient (e.g. stayed calm and in control when faced with a challenge) were less likely to have missed ≥ 11 school days per year and to have repeated a grade, in addition to having been more likely to be usually/always engaged in school (Figure 7).

Figure 7. Associations between Resiliency and School Attendance, Engagement and Performance among US Children age 6-17 years with ≥ 2 ACEs



Source: 2011/12 NSCH

References

¹Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14(4):245-258.

²Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACE) Study: major findings by publication year. <http://www.cdc.gov/ace/year.htm>. Accessed May 7, 2013.

³Anda RF, Felitti VJ, Bremner JD, et al. The enduring effects of abuse and related adverse experiences in childhood: a convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neurosci.* 2006;256(3):174-186.

⁴US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. 2013 Poverty Guidelines. <http://aspe.hhs.gov/poverty/13poverty.cfm> Accessed May 10, 2013.

⁵US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Children with Special Health Care Needs in Context: A Portrait of States and the Nation 2007. Rockville, Maryland: US Department of Health and Human Services, 2011.

⁶Bethell C, Forrest CB, Stumbo S, Gombojav N, Carle A, & Irwin CE. Factors promoting or potentially impeding school success: disparities and state variations for children with special health care needs. *Matern Child Health J.* 2012. DOI 10.1007/s10995-012-0093-z.