

ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs), such as living with someone who had problems with drugs or alcohol or witnessing violence in the home, can have significant effects on long-term health and well-being.¹ Early exposure to these types of life events has been linked to a wide range of chronic health conditions and health risk behaviors later in life.² The National Survey of Children’s Health (NSCH) asks parents and caregivers about children’s exposure to nine such experiences, including

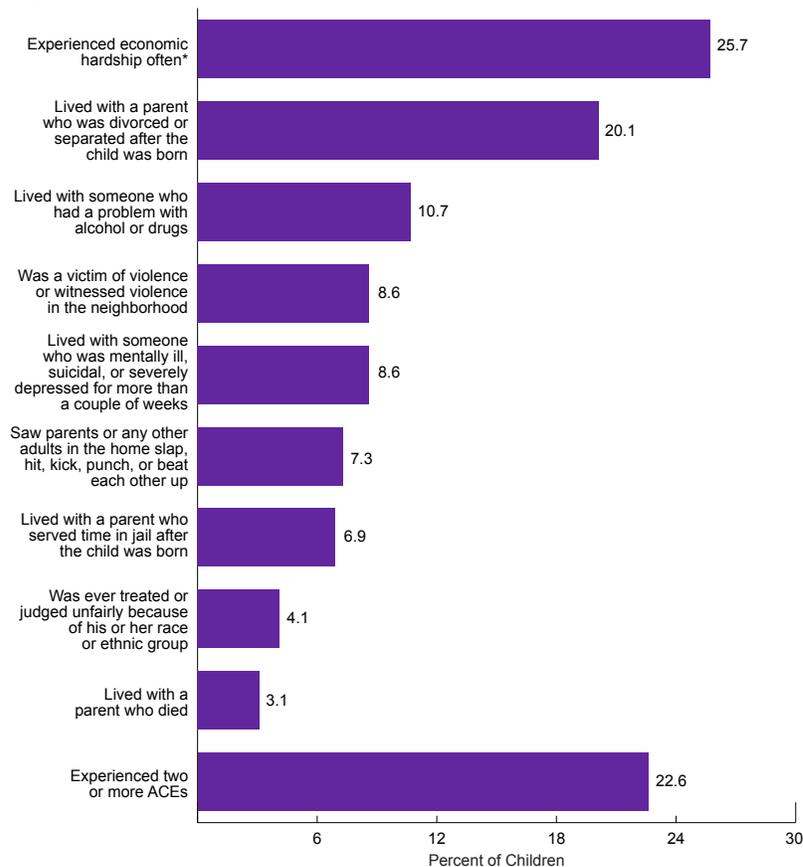
- Economic hardship (defined as living in a household that often had difficulty affording basics like housing or food);
- Living with a parent who was divorced or separated since the child’s birth;
- Living with a parent who died;
- Living with a parent who served time in jail after the child was born;
- Witnessing intimate partner violence;
- Witnessing or was the victim of violence in their neighborhood;

- Living with someone who was mentally ill, suicidal, or severely depressed for more than a couple of weeks;
- Living with someone who had a problem with alcohol or drugs; and
- Having been discriminated against because of race/ethnicity.

In 2011–2012, nearly one-quarter (22.6 percent) of children aged 0–17 were reported to have experienced two or more of these nine ACEs. Economic hardship was the most commonly reported ACE (25.7 percent), followed by living with a parent who was divorced or separated after the child’s birth (20.1 percent), living with someone who had a substance use or abuse problem (10.7 percent), and being a victim of or witness to neighborhood violence and living with someone who was mentally ill or suicidal for more than a couple of weeks (both 8.6 percent; figure 1).

Exposure to ACEs among children varied by sociodemographic characteristics, including race and ethnicity, parental education, and poverty. The proportion of children who had experienced two or more

Figure 1. Adverse Childhood Experiences (ACEs) Among Children Aged 0–17 Years, 2011–2012



*Reported that it was somewhat or very often hard to get by on the family’s income; i.e., it was hard to cover the basics like food or housing.

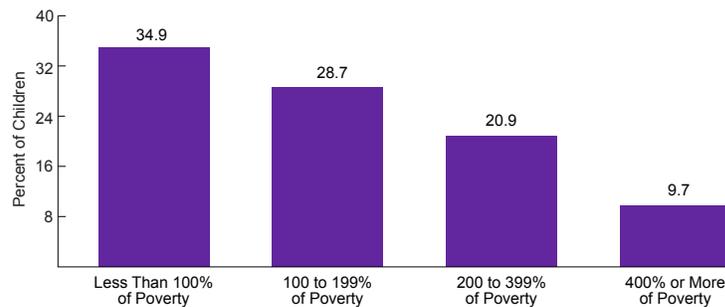
ACEs was highest among non-Hispanic American Indian/Alaska Native children, of whom two-fifths (40.3 percent) had experienced two or more of these nine life events; followed by non-Hispanic Black children and non-Hispanic children of multiple races, of whom approximately one-third had experienced such events (31.1 and 32.7 percent, respectively). About one-fifth of non-Hispanic Whites, Hispanics, and non-Hispanic Native Hawaiians/other Pacific Islanders reported experiencing two or more ACEs. Only 5.3 percent of non-Hispanic Asian children had experienced two or more ACEs since birth.

Exposure to two or more ACEs was more common among children living in poor and nearly poor families as well as those living in households where neither parent had completed college. More than

one-third of children living in households with incomes less than 100 percent of poverty (34.9 percent) had experienced two or more ACEs since birth, compared to 28.7 percent of those in households with incomes of 100–199 percent of poverty (figure 2). Less than 10 percent of children living in households with incomes of 400 percent or more of poverty had experienced two or more of these life events.

Similarly, while approximately 30 percent of children living in households where neither parent had completed college were reported to have experienced two or more ACEs, 13.1 percent of those living in households where at least one parent had completed college were reported to have done so.

Figure 2. Children Aged 0–17 Years Experiencing Two or More ACEs, by Poverty Status,* 2011–2012



*Based on the U.S. Department of Health and Human Services poverty guidelines, poverty was \$23,050 for a family of four in 2012.

Data Sources

Figure 1 and 2. Health Resources and Services Administration, Maternal and Child Health Bureau; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health. Analyzed by the Health Resources and Services Administration's Maternal and Child Health Bureau.

Endnotes

1. Felitti 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. *American Journal of Preventive Medicine*. 1998;14(4):245–258.
2. Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACE) Study: major findings by publication year. Available at: <http://www.cdc.gov/violenceprevention/acestudy/>. Accessed September 9, 2014.

Suggested Citation

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2014*. Rockville, Maryland: U.S. Department of Health and Human Services, 2015. Online at <http://mchb.hrsa.gov/chusa14/>