FACT SHEET
October 2017

Adverse Childhood Experiences Among US Children

This fact sheet presents the latest data on the prevalence of Adverse Childhood Experiences (ACEs) among children in the United States.[1] ACEs include a range of experiences (Table 1) that can lead to trauma and toxic stress which impact the early and lifelong health and well-being of children—particularly children who experience the compounding effects of multiple ACEs.[2-4] While children and families can thrive despite ACEs,[3-7] ACEs are a strong risk factor impacting child development and health across life.[2,3,7] ACEs are common among all children; most who have experienced one have experienced at least one other.[1,4,8] These impacts extend beyond children and can have far-reaching consequences for entire communities; families, caregivers.[9-12]

Parents, teachers, providers and communities can implement a range of strategies to reduce the negative health effects associated with ACEs.[9-13] Many resources and a new national research, policy and practice agenda are available to help translate these strategies, requiring policy and practice innovations, collaboration across sectors and common use of relationship-centered, hands on support for children and families to help them heal from trauma, build resilience and prevent ACEs.[13-23] A new science of thriving provides hope for all children and families.[24,25]

About the Study

All findings reported here are based on analysis of data from the 2016 National Survey of Children's Health (NSCH). See methods notes for more details.

In 2016, *34 million* children age 0–17—nearly half of all US children—had at least one of nine ACEs, and more than 20 percent had two or more.

Table 1: National and Across-State Prevalence of ACEs among Children and Youth

Adverse Childhood Experiences (ACEs)	National Prevalence, by Age of Child				Range Across States
	All Children	Age 0-5	Age 6-11	Age 12-17	
Child had ≥ 1 Adverse Childhood Experience	46.3%	35.0%	47.6%	55.7%	38.1% (MN) – 55.9% (AR)
Child had ≥ 2 Adverse Childhood Experiences	21.7%	12.1%	22.6%	29.9%	15.0% (NY) – 30.6% (AZ)
Nine assessed on the 2016 NSCH[1]					% with 1+ Additional ACEs
Somewhat often/very often hard to get by on income*	25.5%	24.1%	25.7%	26.5%	54.4%
Parent/guardian divorced or separated	25.0%	12.8%	27.5%	34.2%	68.0%
Parent/guardian died	3.3%	1.2%	2.9%	5.9%	74.7%
Parent/guardian served time in jail	8.2%	4.5%	9.2%	10.6%	90.6%
Saw or heard violence in the home	5.7%	3.0%	6.1%	8.0%	95.4%
Victim/witness of neighborhood violence	3.9%	1.2%	3.7%	6.5%	92.1%
Lived with anyone mentally ill, suicidal, or depressed	7.8%	4.4%	8.6%	10.3%	82.4%
Lived with anyone with alcohol or drug problem	9.0%	5.0%	9.3%	12.7%	90.7%
Often treated or judged unfairly due to race/ethnicity**	3.7%	1.2%	4.1%	5.7%	75.3%

*47% of children in households with poverty level incomes have parents who reported "often hard to get by on income". **1 in 10 black and "other" race/ethnicity children had parents who reported their children often were treated or judged unfairly. 4.4% of Hispanic and Asian/Non-Hispanic children had parents who reported this (1% for white children)

Table 2: Prevalence of ACEs by Race/Ethnicity and Income

	All Children	White, NH*	Hispanic	Black, NH*	Asian, NH*	Other, NH*
% of all US children		51.9%	24.5%	12.7%	4.5%	6.3%
% 1+ ACEs	46.3%	40.9%	51.4%	63.7%	25.0%	51.5%
% 2+ ACEs	21.7%	19.2%	21.9%	33.8%	6.4%	28.3%
% among children with 1+ ACES		46.0%	27.0%	17.4%	2.4%	7.1%
Income < 200% of Federal Poverty Level (43.7% of all US children; 58% of children with 1+ ACEs)						
% 1+ ACEs	61.9%	63.3%	57.0%	70.5%	36.4%	70.6%
% 2+ ACEs	31.9%	34.7%	25.1%	39.9%	9.0%	44.4%
Income 200-399% of Federal Poverty Level (26.8% of all US Children; 25.1% of children with 1+ ACEs)						
% 1+ ACEs	43.2%	39.7%	46.8%	59.1%	24.8%	50.7%
% 2+ ACEs	19.0%	17.2%	19.8%	29.4%	7.0%	24.5%
Income ≥ 400% of Federal Poverty Level (29.5% of all US Children; 17.0% of children with 1+ ACEs)						
% 1+ ACEs	26.4%	24.4%	35.5%	41.2%	14.3%	27.3%
% 2+ ACEs	9.2%	8.6%	12.1%	14.1%	3.6%	10.5%

*NH=Non-Hispanic

Key Findings

- The rate of children across U.S. states with one or more of nine ACEs assessed varies from 38.1% to 55.9%.
- Those with two or more ACEs varies from 15.0% to 30.6% across US states.
- Most children with any one ACE had at least one other, ranging from 54.4% to 95.4% across the nine ACEs assessed.
- ACEs are common across all income groups, though 58% of US children with ACEs live in homes with incomes less than 200% of the federal poverty level.
- ACEs are common across all race/ethnicity groups, though are somewhat disproportionately lower for White, Non-Hispanic and lowest for Asian children.
- Black children are disproportionately represented among children with ACEs. Over 6 in 10 have ACEs, representing 17.4% of all children in the US with ACEs.

References

1. NSCH ACEs Measure: http://www.academicpedsjnl.net/article/S1876-2859(17)30324-8/pdf
2. Shonkoff, et al: https://www.ncbi.nlm.nih.gov/pubmed/22201156
3. Arkin, et al: https://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409002#page=44
4. Bethell, et al: https://www.ncbi.nlm.nih.gov/pubmed/25489028
5. RWJF Commission: http://www.commissiononhealth.org/Recommendations.aspx
6. Sege, et al: http://www.academicpedsjnl.net/article/S1876-2859(17)30107-9/pdf
7. Jones, et al.: http://doi.org/10.2105/AJPH.2015.302630
8. Halfon, et al: http://www.academicpedsjnl.net/article/S1876-2859(16)30497-1/pdf
9. Pachter, et al: http://www.academicpedsjnl.net/article/S1876-2859(17)30168-7/pdf
10. Porter, et al: http://www.academicpedsjnl.net/article/S1876-2859(16)30496-X/pdf
11. Brown, et al: http://www.academicpedsjnl.net/article/S1876-2859(17)30015-3/pdf
12. Hargreaves, et al: http://www.academicpedsjnl.net/article/S1876-2859(17)30150-X/pdf
13. Davis, et al: http://www.academicpedsjnl.net/article/S1876-2859(16)30532-0/pdf
14. Stevens/ACES Connection: http://www.academicpedsjnl.net/article/S1876-2859(16)30556-3/pdf
15. National Child Traumatic Stress Network: http://www.nctsn.org/resources
16. Sesame Street in Communities: https://sesamestreetincommunities.org/
17. Provider Resources: http://www.cahmi.org/wp-content/uploads/2015/01/ACEs-Resource-Packet_ all-pages_12_06-16.pdf
18. Bruner, et al: http://www.academicpedsjnl.net/article/S1876-2859(17)30352-2/pdf
19. Ellis, et al: http://www.academicpedsjnl.net/article/S1876-2859(16)30552-6/pdfBruner
20. Jones, et al: http://www.academicpedsjnl.net/article/S1876-2859(16)30423-5/pdf
21. Burke Harris: http://www.academicpedsjnl.net/article/S1876-2859(16)30505-8/pdf
22. Rosenbaum: http://www.academicpedsjnl.net/article/S1876-2859(17)30111-0/pdf
23. National Agenda: http://www.academicpedsjnl.net/article/S1876-2859(17)30354-6/pdf
24. Beckman: http://www.academicpedsjnl.net/article/S1876-2859(16)30420-X/pdf
25. New Science of Thriving: http://bit.ly/2fasOEe

Additional Resources: Academic Pediatrics, 17(7S): S51-S69. Academic Pediatrics supplement, Sept/Oct 2017 – Child Well-being and Adverse Childhood Experiences in the US: http://www.academicpedsjnl.net/issue/S1876-2859(17)X0002-8

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Methods Notes

See NSCH Learn About the Survey for sampling, administration and content included in the 2016 NSCH. Alll differences in rates of ACEs across age, income and race/ethnicity groups are statistically significant using standard tests of differences. All analysis presented here replicates those presented in peer reviewed publications using ACEs data from the 2011-12 NSCH. The NSCH is a child level household survey conducted with parents or guardians under the leadership of the Maternal and Child Health Bureau (MCHB) and implemented through the US Bureau of the Census. Data were weighted to represent the population of noninstitutionalized children ages 0–17 nationally and in each state.

About the Child Adolescent Health Measurement Initiative

The Child and Adolescent Health Measurement Initiative (CAHMI), a national initiative based in the Johns Hopkins Bloomberg School of Public Health, partners with MCHB and the US Bureau of the Census to develop and disseminates data files, variable coding and micro-data findings on its Data Resource Center website (www.childhealthdata.org) and with funding from MCHB. For this issue brief, CAHMI independently prepared the data files, constructed variables and analysis reported on here.

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CAHMI The Child & Adolescent Health Measurement Initiative

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