



ADVERSE CHILDHOOD EXPERIENCES

The cumulative effect of Adverse Childhood Experiences (ACEs) has a lifelong impact on children. As the number of ACEs increases, there is a greater likelihood of negative well-being outcomes such as obesity, depression, and other chronic conditions throughout life.¹

What are ACEs?

Adverse childhood experiences are stressful or traumatic events occurring in childhood and are used to assess the long-term impact of abuse and household dysfunction on later-life health.²

- Nearly half (47.3%) of Hoosier children have experienced one or more ACEs.
- Indiana has a higher prevalence of children experiencing at least one ACE (47.3%) than half of our neighboring states: Illinois (39.7%), Michigan (46.2%), Ohio (49.5%), and Kentucky (53.1%).
- Hoosier youth have a higher prevalence than their peers nationally in eight of out nine ACEs as measured by the National Survey of Children’s Health.³

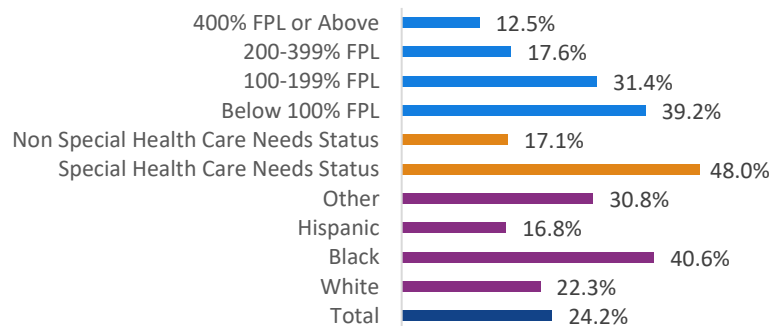
Adverse Childhood Experiences	Indiana	United States
Parent divorce	27.4%	25.0%
Parent death	5.3%	3.3%
Parent served time in jail	10.4%	8.2%
Lived with anyone who was mentally ill, suicidal, or severely depressed	9.2%	7.8%
Lived with anyone who had a problem with alcohol or drugs	9.6%	9.0%
Treated unfairly because of race/ethnicity	4.1%	3.7%
Witnessed domestic violence	7.5%	5.7%
Victim or witness of neighborhood violence	5.9%	3.9%
Somewhat or very hard to get by on family's income	23.6%	25.4%

Source: National Survey of Children’s Health 2016

Disparities in ACEs

- Hoosier children who live in poverty are three times more likely to have two or more ACEs than their peers at or above 400% of the FPL.
- Children with Special Health Care Needs Status (CSHCN) have chronic physical, developmental, behavioral, or emotional conditions which require more health services. CSHCN are nearly three times as likely to experience two or more ACEs than those without special health care needs.
- Black Hoosier youth are nearly twice as likely to experience two or more ACEs as their white peers.⁴

Percentage of Children Who Have Experienced Two or More Adverse Childhood Experiences, Indiana: 2016



Source: National Survey of Children’s Health

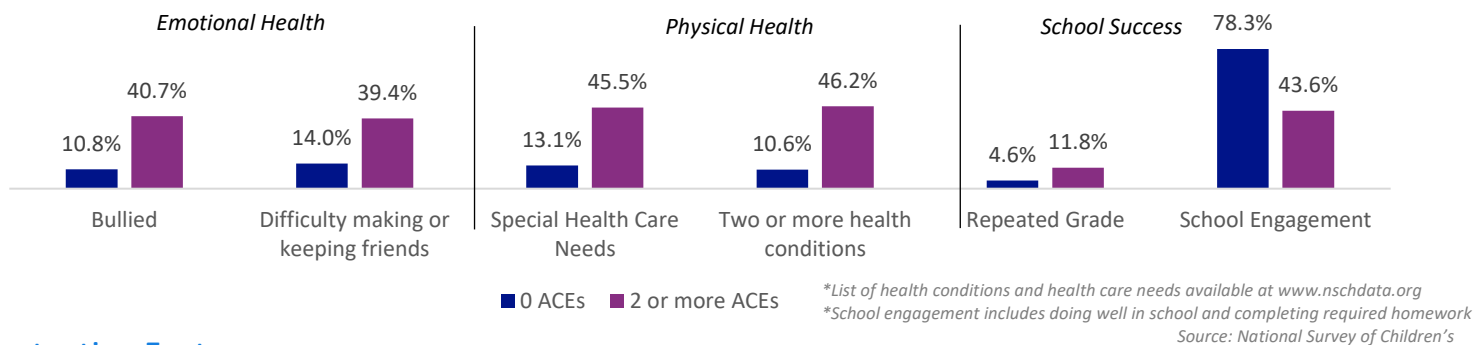
*FPL = Federal Poverty Level

Impact of ACEs

Adverse childhood experiences can shape health across a lifetime. Young children are especially vulnerable to trauma exposure as this can lead to problems with behavior, emotional health, physical health, and school success.⁵

- ACEs are associated with negative outcomes in well-being including mental health, educational attainment, occupational success, and criminal behavior.⁶
- Hoosier children with two or more ACEs are four times as likely to be bullied, picked on, or excluded by other children (40.7%) compared to children with no ACEs (10.8%).⁷
- Hoosier children with two or more ACEs are more than four times as likely to experience health conditions (46.2%) compared to children with no ACEs (10.6%). These health conditions include emotional disorders, chronic conditions, behavioral problems, and other illnesses.⁸

Associations between ACEs and Child Well-Being, Indiana: 2016



Protective Factors

Research suggests that protective factors such as resiliency, supportive adult-child relationships, trauma-informed programs as well as regular ACE screenings can help children reach positive outcomes in the face of hardship.⁹

- Resiliency, the ability to adapt successfully to adversities that threaten development, is supported through a variety of individual, family, and community conditions such as supportive relationships and cultural engagement.
- Partnerships across sectors in health, schools, social services, criminal justice, and business can promote child well-being across broad settings. Coordinated services reinforce social supports for vulnerable children and families.¹⁰
- Trauma-informed care can be implemented in any type of service setting. These programs develop practices acknowledging trauma, its impact, and the prevention of further traumatization.¹¹
- The American Academy of Pediatrics recommends screening in healthcare settings and in other locations, such as schools, to provide preventive interventions. These interventions are especially effective in the first few years of life and can reduce family stress and promote school readiness, achievement, and socioemotional learning.¹²

YI Resources

The latest data is at your fingertips with YI's Data Center and Indiana KIDS COUNT Data Book. Search statistics and gather data to improve your program planning and grant writing. Go to www.yi.org/data.



¹ Centers for Disease Control and Prevention (n.d.) About the CDC-Kaiser ACE Study. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/about.html>

² Centers for Disease Control and Prevention (n.d.) About the CDC-Kaiser ACE Study. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/about.html>

³ National Survey of Children's Health (2016). Indicator 6.13: Has this child experienced one or more adverse childhood experiences from the list of 9 ACEs? Retrieved from <http://www.nschdata.org/browse/survey/results?q=4783&r=16>

⁴ National Survey of Children's Health (2016). Indicator 6.13: Has this child experienced one or more adverse childhood experiences from the list of 9 ACEs? Retrieved from <http://www.nschdata.org/browse/survey/results?q=4783&r=16>

⁵ Child Trends (2017). Helping Young Children Who Have Experienced Trauma: Policies and Strategies for Early Care and Education. Retrieved from <https://www.childtrends.org/wp-content/uploads/2017/04/2017-19ECETrauma.pdf>

⁶ American Academy of Pediatrics (2016). Adverse Childhood Experiences and Adult Well-Being in a Low-Income, Urban Cohort. Retrieved from <http://pediatrics.aappublications.org/content/137/4/e20154016.info>

⁷ National Survey of Children's Health (2016). Indicator 2.2: Bullied, age 6-17 years. Retrieved from <http://www.nschdata.org/browse/survey/results?q=5244&r=1&g=628&r2=16>

⁸ National Survey of Children's Health (2016). Indicator 1.9: One or more health conditions. Retrieved from <http://www.nschdata.org/browse/survey/results?q=4582&r=1&g=628>

⁹ Center on the Developing Child, Harvard University (2015). In Brief The Science of Resilience. Retrieved from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/InBrief-The-Science-of-Resilience.pdf>

¹⁰ American Academy of Pediatrics (2017). Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics. Retrieved from [https://www.academicpediatrics.org/article/S1876-2859\(17\)30354-6/references](https://www.academicpediatrics.org/article/S1876-2859(17)30354-6/references)

¹¹ Substance Abuse and Mental Health Services Administration (2018). Trauma-Informed Approach and Trauma-Specific Interventions. Retrieved from <https://www.samhsa.gov/nctc/trauma-interventions>

¹² American Academy of Pediatrics (2016). Adverse Childhood Experiences and Adult Well-Being in a Low-income, Urban Cohort. Retrieved from <http://pediatrics.aappublications.org/content/137/4/e20154016>