

4 Essential Facts about Lifelong Health, School Success and Adverse Childhood Experiences among California's Children

Adverse childhood experiences (ACEs) have been found to have a direct and synergistic impact on the healthy development and lifelong health of individuals. ACEs evaluated in prominent studies include experiences ranging from extreme poverty and family discord and divorce to witnessing or experiencing violence, emotional or physical abuse, discrimination and racism and lack of community safety. (Table 1)

Table 1. National and California Prevalence of Adverse Childhood Experiences Among Children Age 0-17

Adverse Child or Family Experiences	California Prevalence	National Prevalence	State Range
Child had ≥ 1 Adverse Child/Family Experiences	44.3%	47.9%	40.6% (CT) – 57.5% (AZ)
Child had ≥ 2 Adverse Child/Family Experiences	18.2%	22.6%	16.3% (NJ) – 32.9% (OK)
Extreme economic hardship	22.4%	25.7%	20.1% (MD) – 34.3% (AZ)
Family discord leading to divorce or separation	16.6%	20.1%	15.2% (DC) – 29.5% (OK)
Having lived with someone who had an alcohol or drug problem	10.8%	10.7%	6.4% (NY) – 18.5% (MT)
Having been a victim or witness of neighborhood violence	7.7%	8.6%	5.2% (NJ) – 16.6% (DC)
Having lived with someone who was mentally ill or suicidal	5.4%	8.6%	5.4% (CA) – 14.1% (MT)
Witnessing domestic violence in the home	6.7%	7.3%	5.0% (CT) – 11.1% (OK)
Parent served time in jail	5.4%	6.9%	3.2% (NJ) – 13.2% (KY)
Treated or judged unfairly due to race/ethnicity	4.1%	4.1%	1.8% (VT) – 6.5% (AZ)
Death of parent	2.4%	3.1%	1.4% (CT) – 7.1% (DC)

Even after decades after ACEs occur, longitudinal studies demonstrate a strong dose-response effect between the experience of ACEs and adult health. (Figure 1) It seems that even

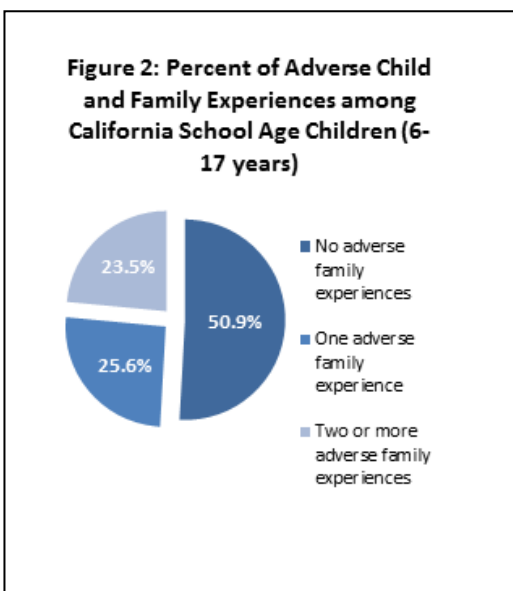
Figure 1: ACES Impact Pyramid



simple awareness of this phenomenon itself can begin to shift the negative health trajectory at any stage of life. However, prevention and intervening earlier in life is most promising.

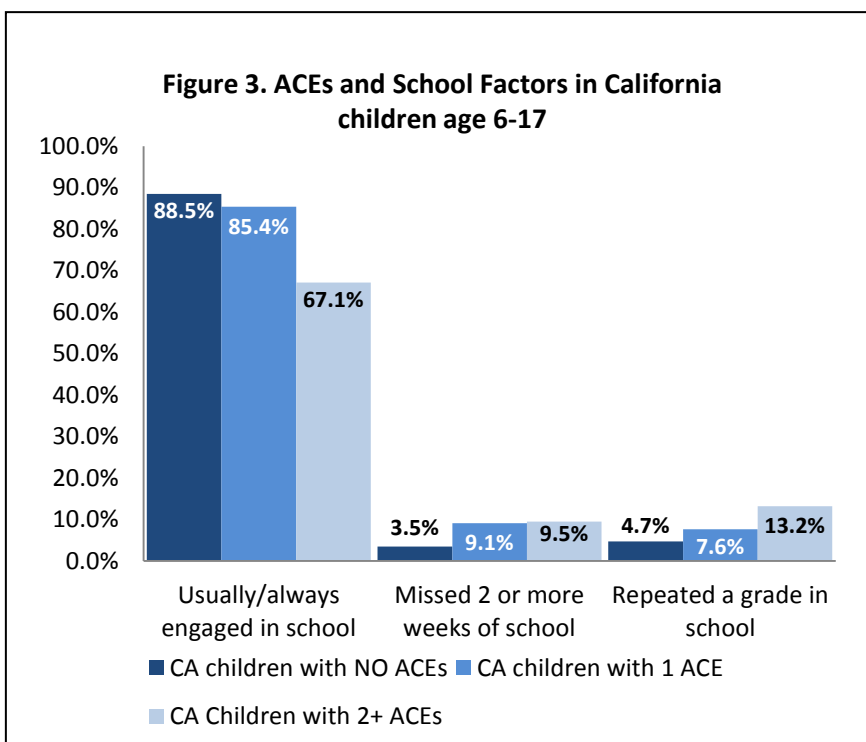
Many studies on ACEs have been retrospective in nature, asking adults to recall their childhood experiences and then examining the prevalence of various chronic conditions and economic outcomes. The recent 2011/12 National Survey of Children's Health (NSCH) now provides a first ever profile of ACEs among children age 0-17 living in the US and US states. (Table 1). This data brief presents key findings for California's children.

Fact #1: Over half of school aged children in California have experienced ACEs (Figure 2)



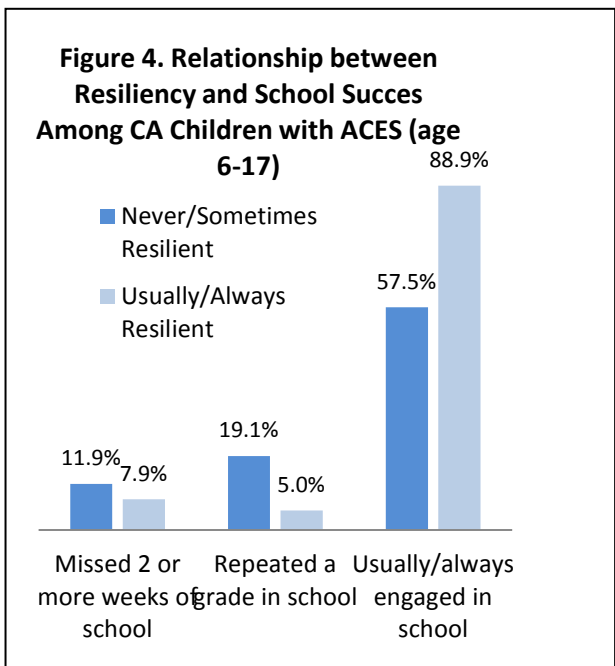
Data Source: All data from the 2011-12 National Survey of Children's Health

Fact #2: California children with ACEs are less engaged in school and repeat grades more (Figure 3)



Fact #3: Building resilience among children with ACEs improves school success (Figure 4)

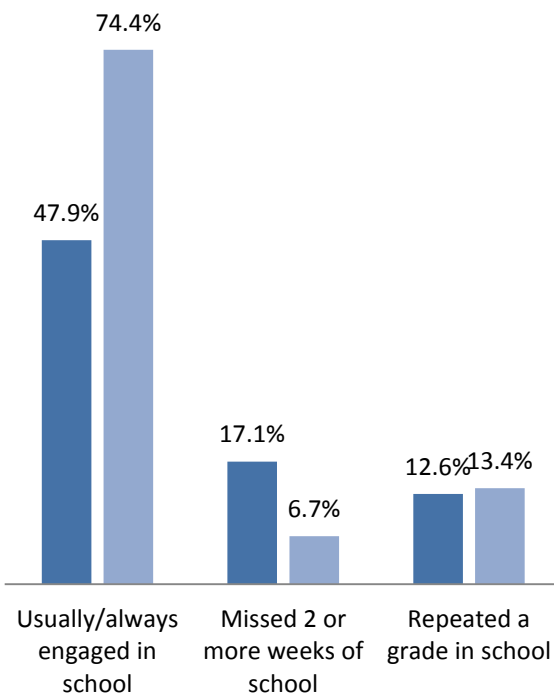
Children with ACEs are over 1.5 times more likely to be engaged in school if they have developed some resilience. They are nearly 4 times less likely to repeat a grade. Resilience can be trained.



Fact #4: In California, ACEs are more strongly associated with school success for children with chronic conditions and special health care needs

Figure 5: School engagement among CA children with 2+ ACEs: By chronic condition and special health needs status

■ CA Children with Special Health Care Needs
 ■ CA children without Special Health Care Needs



Additional Information on California Children with ACEs

Figure 6: Percent of California Adverse Child and Family Experiences by Household Income

■ Two or more adverse family experiences
 ■ One adverse family experience

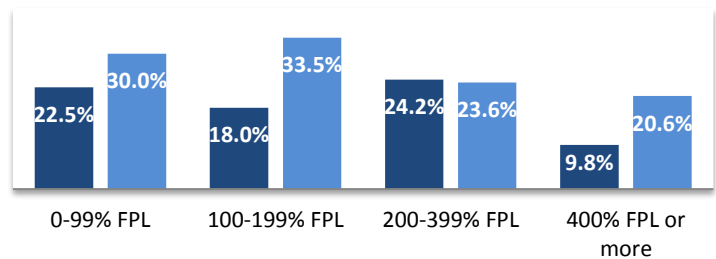


Figure 7: Percent of California Adverse Child and Family Experiences by Race/Ethnicity

■ Two or more adverse family experiences
 ■ One adverse family experience

