Over 45% of US children¹ and two-thirds of adults² have been exposed to at least one Adverse Childhood Experience—such as physical or emotional neglect or abuse, living with someone with a drug, alcohol or serious mental health problem, the death of a parent and being exposed to violence or discrimination in the home or community. Over 1 in 5 children have 2+ ACEs where large impacts are seen.

Breakthrough neurobiological sciences explain mechanisms linking ACEs exposure levels to markedly higher rates of chronic physical illnesses, mental, emotional and behavioral health problems and lowered quality of life and life expectancy.³ Methods to prevent and heal the legacy of the trauma from ACEs are available. Policy shifts are needed to align with science and what is possible.

Prevalence of adults with ACEs²
- 61.5% of adults across 23 states with data had 1+ ACEs
- 24.6% were estimated to have had 3 or more ACEs

Estimates are based on 2011-2014 Behavioral Risk Factor Surveillance System data across 23 states that collected ACEs data.²

Table 2: Odds of key ADULT health problems for adults with 1, 2, 3 or 4+ ACEs compared to adults with no ACEs**

**SOURCE: Based on research from the CDC-Kaiser ACEs Study

- Children with multiple ACEs whose families have greater resilience and parent-child connections have nearly 400% times greater odds of flourishing. **We can promote health and healing even as we work to prevent ACEs.**⁵
- Children with ACEs are more likely to have a chronic condition, have chronic mental, emotional or behavioral problem and either bully or be bullied.
- Children with ACEs are less likely to have mothers who are in very good or excellent physical and mental health and are less likely to engage in school or live in families that feel hopeful during difficult times.

States, federal agencies, health care, education, social services and business sectors alike recognize the toll we have paid by not fostering healthy child development and addressing ACEs and trauma in adults. Recommendations for policy change are widespread and require strong collaboration across federal agencies to enable the innovation, and healing our nation needs and deserves. Our nation’s health and strength depend on it.

*To see your state data click on the outcome and select your state

---

¹ACE
⁰ACE
²ACE
³ACE
⁴ACE
⁵ACE
**ACE

Key adult outcomes
- Suicide attempts
- Injected drugs
- Consider self an alcoholic
- Recent depression
- Lung disease

Table 1: National & Connecticut CHILD outcomes by ACEs, (2016-2017 NSCH)¹,⁴,⁵

<table>
<thead>
<tr>
<th>Key child outcomes (age in years)</th>
<th>Nation¹</th>
<th>Connecticut*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No ACEs</td>
<td>1 ACE</td>
</tr>
<tr>
<td>Child has a chronic condition requiring above routine amount of or type of health care services* (0-17)</td>
<td>13.2%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Child has an ongoing emotional, developmental, or behavioral problem (0-17)</td>
<td>4.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Child is overweight or obese (10-17)</td>
<td>25.5%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Child is bullied, picked on, or excluded by other children (6-17)</td>
<td>14.6%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Child’s mother is in very good/excellent health (0-17)</td>
<td>75.4%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Child engages in school (6-17)</td>
<td>75.4%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Resilience and Flourishing* (met all 3 criteria) (6-17)</td>
<td>47.9%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Child’s family stays hopeful when facing problems (0-17)</td>
<td>60.9%</td>
<td>55.7%</td>
</tr>
</tbody>
</table>

---