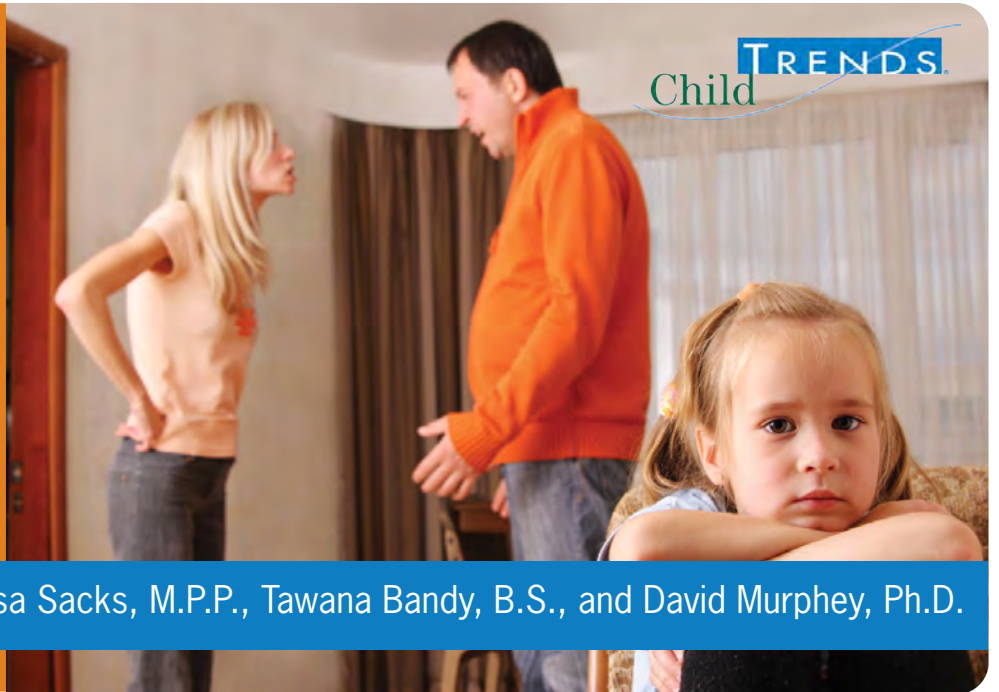


Fact Sheet: Adverse Childhood Experiences and the Well-Being of Adolescents

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Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being.¹ These experiences range from physical, emotional, or sexual abuse, to parental divorce or the incarceration of a parent or guardian. Child Trends analyzed data from the 2011/12 National Survey of Children's Health (NSCH) to assess the prevalence of adverse childhood experiences among children and youth. These are the first nationally-representative data on these experiences; previous studies have been restricted by subgroup or location.

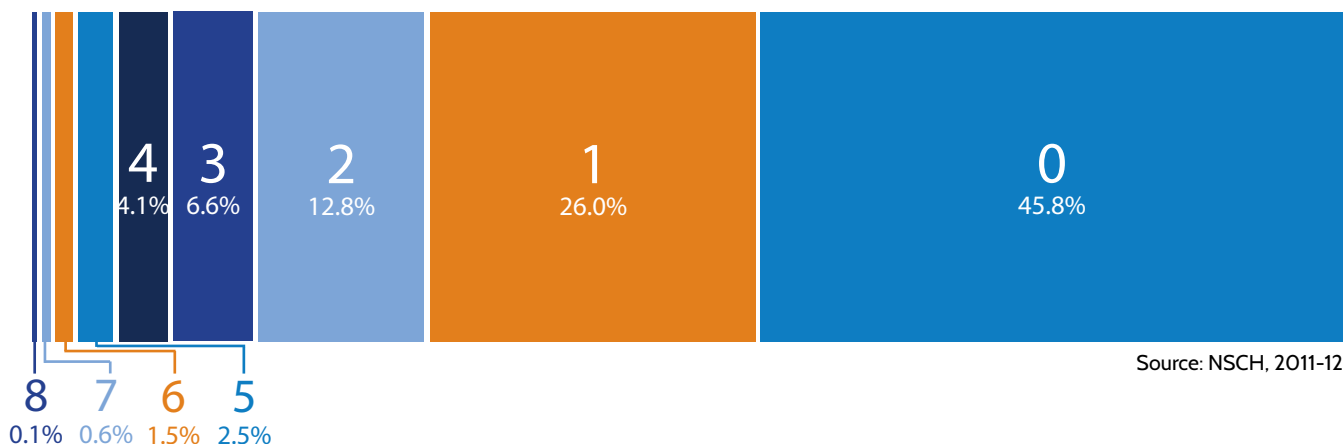
The prevalence of adverse childhood experiences

The eight adverse childhood experiences we looked at include whether, according to parental report, the child has ever:

- 1 Lived with a parent or guardian who was divorced or separated
- 2 Lived with a parent or guardian who died
- 3 Lived with a parent or guardian who served time in jail or prison
- 4 Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks
- 5 Lived with anyone who had a problem with alcohol or drugs
- 6 Witnessed a parent, guardian, or other adult in the household behaving violently toward another (e.g., slapping, hitting, kicking, punching, or beating each other up)
- 7 Been the victim of violence or witnessed any violence in his or her neighborhood
- 8 Experienced economic hardship "somewhat often" or "very often" (i.e., the family found it hard to cover costs of food and housing)

We found that more than half of adolescents have had at least one of these adverse childhood experiences, and nearly one in ten have experienced four or more.

Number of Adverse Childhood Experiences Among Adolescents Ages 12-17, by Percent



Source: NSCH, 2011-12

The relationship between adverse experiences and child well-being

Studies of adults who experienced multiple adverse experiences in their youth have found increased risk for poor health outcomes such as obesity, alcoholism, and depression.² Less is known about the relationship between adverse experiences and well-being in childhood or adolescence. The large sample of the NSCH allows us to examine the association between high numbers of negative experiences and measures of child well-being.

The data reflect a consistent association, similar to that found for adults, indicating that a greater number of adverse childhood experiences are related to poorer well-being. In particular, our analysis finds that the percentage of adolescents with indicators of poor well-being is much higher among those who have had three or more adverse childhood experiences, compared with those who have experienced one or none, according to parental report. Nearly half of adolescents who have experienced three or more adverse childhood experiences have low levels of engagement in school, and do not finish tasks they start. Also, just over 40 percent demonstrate negative behaviors outwardly, such as arguing too much and bullying or being cruel to others, compared with 25 percent and 18 percent, respectively, of adolescents who have had no adverse childhood experiences.

Our findings suggest a need for research and intervention efforts to prevent adverse childhood experiences and to mitigate their consequences. They also suggest that the ACEs measure represents a potential screening tool to identify children and youth at risk for negative outcomes.

Prevalence of indicators of negative well-being, by number of adverse childhood experiences (teens 12-17)				
Measure of well-being	0 ACEs	1 ACE	2 ACEs	3+ ACEs
High externalizing behavior	18%	26%	33%	41%
Low engagement in school	25%	33%	44%	48%
Household contacted due to problems at school	13%	23%	31%	38%
Grade repetition	6%	12%	14%	21%
Does not stay calm and controlled	24%	34%	40%	44%
Does not finish tasks started	27%	36%	44%	49%
Diagnosed with a learning disability	9%	13%	16%	23%
Fair or poor physical health	2%	4%	4%	6%

Data used in this fact sheet

The National Survey of Children's Health (NSCH) was conducted in 2011/12 in all 50 states and the District of Columbia by the National Center for Health Statistics, with funding from the Maternal and Child Health Bureau, U.S. Department of Health and Human Services. Telephone numbers from a random sampling process were used to contact households, and one child in each household with children was randomly selected to be the focus of the study. An adult in the household knowledgeable about the child (most often the mother) answered questions about the child and himself. The survey is representative of children under 18 years old nationwide and within each state. A total of 95,677 interviews were completed in 2011/12.

Measures of adolescent negative well-being, as reported by parents, are as follows:

- 1 High externalizing behavior: The adolescent "usually" or "always" argues too much *and/or* the adolescent "sometimes," "usually," or "always" bullies or is cruel or mean to others.
- 2 Low school engagement: The adolescent only "sometimes," "rarely," or "never" cares about school *and/or* does all the required homework *and/or* is curious and interested in new things.
- 3 The household has been contacted at least once in the past 12 months about any problems the adolescent is having with school.
- 4 The adolescent has repeated a grade in school.
- 5 The adolescent "sometimes," "rarely," or "never" stays calm and in control when faced with a challenge.
- 6 The adolescent "sometimes," "rarely," or "never" finishes the tasks he/she starts and follows through with what he/she says he/she will do.
- 7 A doctor, health care provider, teacher, or school official has said the adolescent has a learning disability.
- 8 The adolescent's health is "fair" or "poor."

1. Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Koss, M. P. (1998) 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* 14(4), 245-258.
 2. Ibid.