# STATE SPECIAL EMPHASIS REPORT:

## Instructions for Disseminating Data on Adverse Childhood Experiences

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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## Instructions for Disseminating Data on Adverse Childhood Experiences

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Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention

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# ABBREVIATIONS

| | |
|---|---|
| **BRFSS** | Behavioral Risk Factor Surveillance System |
| **CDC** | Centers for Disease Control and Prevention |
| **ACEs** | Adverse Childhood Experiences |
| **NCIPC** | National Center for Injury Prevention and Control |
| **SAS** | Statistical Analysis System |

# CONTENTS

# **WHAT IS** AN INJURY SPECIAL EMPHASIS REPORT?

State health department injury and violence prevention program staff and their partners use and develop Injury Special Emphasis Reports to move injury data into action. Reports focus on specific topics captured by a state's injury data in order to highlight the prevention needs related to disease or population subgroups using detailed information on the focus area.

## BACKGROUND

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

ACEs are a collection of experiences that may be traumatic to children and youth, and include emotional, physical, and sexual abuse, neglect, and household challenges (e.g., exposure to intimate partner violence, household mental illness, parental separation/divorce, household substance abuse, and parental incarceration) that occur during the first 18 years of life. ACEs can have a tremendous impact on brain development and functioning, future violence victimization and perpetration, and overall health and well-being. While some adversity is a normal, essential part of human development, exposure to frequent and prolonged adversity can result in a toxic stress response. Toxic stress can disrupt brain development, endocrine and immune system functioning, and can alter the way genes are expressed and the types of coping strategies adopted. While many coping strategies are healthy and help reduce acute stress, some (e.g., smoking cigarettes, alcohol misuse/abuse, drug misuse/abuse, engaging in risky sexual behaviors) present additional risks to health and well-being. As such, exposure to ACEs can increase risk of both later chronic and infectious health conditions through changes in physiological mechanisms, as well as increased engagement in risky health behaviors, ultimately resulting in premature death.

As the number of ACEs increases, so does the risk for negative health and life outcomes. To date, ACEs have been associated with numerous adverse outcomes, including risky health behaviors, chronic health conditions, infectious diseases, unintentional injury, low life potential, and early death. Certain populations are more vulnerable to experiencing ACEs, such as youth living in poverty and racial and ethnic minorities, but ACEs are common across all social and economic characteristics. Almost two-thirds of surveyed adults (61.6%) experience at least one ACE, with many adults (38%) experiencing more than one ACE.[1]

However, it is important to remember that the presence of ACEs does not mean that a child will experience poor outcomes. Protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred. Preventing ACEs requires using data to inform prevention and evaluation action; changing the context in which children are being raised through norms change, programs, and policies that are supportive of children and families; and raising awareness and commitment to promote safe, stable, nurturing relationships and environments for all children and their families.[2]

# PURPOSE

The purpose of this document is to provide injury researchers and professionals in states, counties, cities, and U.S. territories with resources to create a brief, meaningful data report that will inform stakeholders of the wide-ranging health and social consequences of ACEs and appropriate prevention strategies. This report will provide an overview of ACEs, highlight the magnitude and the burden of ACEs within communities, the mechanisms through which ACEs influence health and well-being, and increase understanding of the importance of preventing ACEs before they occur. Collectively, this information can help redefine the way clinicians, researchers, policymakers, and the public understand the intersection between exposure to adversity in childhood and morbidity and mortality across the lifespan.

This template is meant to be a flexible and useful tool and therefore may be modified to address specific needs. The figures and text may be changed. Content may be added or deleted (some areas may not have access to all data sources or variables). Users may also develop their own figures. If your state or territory has produced an ACEs document within the last calendar year, you may consider producing only some of the content.

# THE AUDIENCE FOR THIS DOCUMENT INCLUDES:

- Researchers who routinely analyze injury data, surveillance data, or other data;
- Behavioral Risk Factor Surveillance System (BRFSS) coordinators or other professionals who analyze data from the BRFSS and;
- Injury prevention specialists and public health practitioners who do not analyze data directly, but obtain results from the health statistics division of the organization or from web-based data query systems to develop prevention programs

States and territories should engage partners in the development of the “ACEs Prevention Strategies” section, located on the last page, which highlights activities in your state or territory. If your state or territory has a Child Abuse & Neglect Prevention program within the health department, involve staff from that program in developing the ACEs Prevention Strategies section. If your state does not have a designated program or person to address ACEs, please contact your injury prevention program director.

# METHODS

## Survey Data

The BRFSS is an annual state-based telephone survey that collects state data on non-institutionalized U.S. residents ages 18 years and older regarding their health-related risk behaviors, chronic health conditions, and use of preventative services. BRFSS collects data in all 50 states, the District of Columbia, and many U.S. territories. All participating states conduct a core BRFSS module developed yearly by the CDC and have access to pre-developed optional modules that may be included depending on each state's priorities. In addition, many states develop questions to meet the needs of their prevention programs. The ACEs module was implemented by the CDC as an optional module from 2009-2011. Since 2011, many states have continued to add the ACEs module to their surveys as state-added questions. The BRFSS ACEs module consists of 11 questions adapted from the CDC - Kaiser ACEs Study[3] and assesses exposure to child abuse and household challenges experienced during respondents' first 18 years of life *(See Appendix A)*.

Many BRFSS state programs produce an annual report that includes results from the ACEs module. To assist in providing data for this State Special Emphasis Report, you may either use the data located in your annual report or contact your BRFSS coordinator to gain access to state data. You can locate contact information for your BRFSS coordinator at https://www.cdc.gov/brfss/state_info/coordinators.htm.

## ACEs Module

### Step 1: Select the most recent year of data available on ACEs. Include only residents of your state or territory.

**NOTE:**
In some instances, states may include the ACEs module on a split version of the survey, meaning that not every respondent receives the same survey questions. Thus, some respondents may have not received the ACEs module. *It is important to only include respondents who received the ACEs module in calculating ACEs prevalence and percent distributions. Please contact your BRFSS coordinator to identify which version(s) of the survey(s) administered included the ACEs module.*

### Step 2: Calculate ACEs Score using the following criteria.

- The ACEs module includes questions that measure eight specific adversities that may have occurred during childhood. Responses to each question are dichotomized to "yes/no" based on whether respondents were ever exposed or never exposed. For example, a "Yes", "Once", or "More Than Once" response to a question is designated as being exposed to the childhood adversity. For adversities that are measured using multiple questions (i.e., household substance abuse and sexual abuse), an affirmative response to any of the questions measuring that adversity is assigned as being exposed to the childhood adversity, regardless of the responses to the other questions measuring that adversity.

Scoring for each adversity is detailed on following page:

## Table 1: Adverse Childhood Experiences Questionnaire – Scoring Methodology

| ITEM CONTENT | EXPOSURE CATEGORIES | NON-EXPOSURE CATEGORIES | MISSING VALUE CATEGORIES |
|---|---|---|---|
| Did you live with anyone who was depressed, mentally ill, or suicidal? | Yes | No | DK/NS, Refused, Missing |
| Did you live with anyone who was a problem drinker or alcoholic? | Yes | No | DK/NS, Refused, Missing |
| Did you live with anyone who used illegal street drugs or who abused prescription medications? | Yes | No | DK/NS, Refused, Missing |
| Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | Yes | No | DK/NS, Refused, Missing |
| Were your parents separated or divorced? | Yes | No, Parents not Married | DK/NS, Refused, Missing |
| How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? | Once, More than Once | Never | DK/NS, Refused, Missing |
| Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say-- | Once, More than Once | Never | DK/NS, Refused, Missing |
| How often did a parent or adult in your home ever swear at you, insult you, or put you down? | Once, More than Once | Never | DK/NS, Refused, Missing |
| How often did anyone at least 5 years older than you or an adult, ever touch you sexually? | Once, More than Once | Never | DK/NS, Refused, Missing |
| How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? | Once, More than Once | Never | DK/NS, Refused, Missing |
| How often did anyone at least 5 years older than you or an adult, force you to have sex? | Once, More than Once | Never | DK/NS, Refused, Missing |
| **Numeric Item Coding** | **1** | **0** | **Missing** |

**(DK/NS = Don't Know/Not Sure)**

- Responses to the questions are summed to create a total score with values ranging from zero (i.e., the respondent did not experience any of the ACEs measured) to eight (i.e., the respondent experienced all ACEs measured). Once each respondent is given a value, a 5-level categorical variable can be constructed corresponding to the overall number of ACEs each respondent reported experiencing – 0, 1, 2, 3, and 4 or more ACEs. Please note that this level can change depending on your data and analytic needs.
- The ACEs score may be used to generate numbers in Figure 1 and the supporting text on the first page of the report.

## Step 3: Calculate ACEs score and percentages for each of the eight adversities for Figure 1 & Figure 2.

- The prevalence of each type of ACE may be used to generate percentages on page two of the report. To calculate the percentage, the numerator should be equal to the total number of people who indicated exposure to the ACE. The total number of respondents who received the ACEs items should be the denominator.
- In the BRFSS, weighting data serves as a blanket adjustment for non-coverage and non-response and forces the total number of cases to reflect population estimates for each geographic region, which for the BRFSS sums to the state population. Use of the appropriate final weight (e.g., _LLCPWT) in analysis is necessary if users are to make generalizations from the sample to the population. Selecting the appropriate final weight is critical to obtaining accurate results; therefore, please consult the state-specific BRFSS user guide for assistance in selecting the correct final weighting variable. This weight along with the sample stratification variable, _STSTR, and the respondent's unique identifier, _PSU, should be used when generating percentages:

---

Below is an example SAS code that can be used to calculate percentages:

```
proc surveyfreq data=[dataset name];
table [variable of interest];
weight _llcpwt;
strata _ststr;
cluster _psu;
run;
```

---

**NOTE:**
The entire sample may not have responded to ACEs items as mentioned above. Therefore, it is important to only include respondents who received the ACEs module in calculating ACEs percentage distributions.

## Step 4: Calculate the percentage distribution of ACEs within specific demographics for Figure 3 and Figure 4. The prevalence of each type of ACE within certain demographics may be used to generate percentages on page three of the report.

- The template provides two examples using racial/ethnic and income level distribution of ACEs. Other demographic characteristics may be used (e.g., sex, education, sexual orientation, etc.) depending on your state's interests and needs. Understanding the distribution of ACEs across populations can help identify groups that may be more vulnerable to experiencing ACEs and inform how resources, interventions, and prevention programs are administered to achieve optimal impact.
- Certain demographic variables can be used to calculate percentage distributions of ACEs. Use the table below to identify calculated variable names for demographics that correspond to your data year for analysis.

## Table 2: Demographic Variable Names from the BFRSS

| DEMOGRAPHICS | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|
| Sex | SEX | SEX | SEX | SEX1 |
| Age | _AGE_G | _AGE_G | _AGE_G | _AGE_G |
| Race | _RACE | _RACE | _RACE | _RACE |
| Ethnicity | _HISPANC | _HISPANC | _HISPANC | _HISPANC |
| Income | _INCOMG | _INCOMG | _INCOMG | _INCOMG |
| Education | _EDUCAG | _EDUCAG | _EDUCAG | _EDUCAG |
| Sexual Orientation | SXORIENT | SXORIENT | SXORIENT | SOMALE<br>SOFEMALE |
| Employment | EMPLOY1 | EMPLOY1 | EMPLOY1 | EMPLOY1 |

---

Below is an example SAS code that can be used to calculate percentage distribution of ACEs for specific demographics:

```
proc surveyfreq data=[dataset name];
table [variable of interest]*ACEscore;
weight _llcpwt;
strata _ststr;
cluster _psu;
run;
```

---

Depending on your state, demographic categories may be sparse for some groups. If this occurs, the demographic variable may be collapsed into fewer categories, allowing data to be presented that will inform demographic categories effectively.

For example, the race calculated variable **_RACE** is grouped into eight categories:

1. White, non-Hispanic
2. Black, non-Hispanic
3. American Indian/Alaskan Native (AI/AN), non-Hispanic
4. Asian, non-Hispanic
5. Native Hawaiian or other Pacific Islander, non-Hispanic
6. Other Race, non-Hispanic
7. Multiracial, non-Hispanic
8. Hispanic

In the template, the variable is collapsed to five categories: 1) White, 2) Black, 3) Other, 4) Multiracial, and 5) Hispanic. Below is an example SAS code that can be used to collapse the race calculated variable:

```
data [dataset name];
[New Race Variable]=.;
if _RACE=1 then [New Race Variable]=1;
else if _RACE=2 then [New Race Variable]=2;
else if _RACE=(3, 4, 5, 6) then [New Race Variable]=3;
else if _RACE=7 then [New Race Variable]=4;
else if _RACE=8 then [New Race Variable]=5;
run;
```

This new race variable would be used to calculate the percentage distribution of ACEs by race/ethnicity.

**NOTE:**
The entire sample may not have responded to ACEs items as mentioned above. Therefore, it is important to only include respondents who received the ACEs module in calculating percent distributions.

## ACEs Prevention Strategies

The wide-ranging health, social, and economic consequences of ACEs underscore the importance of preventing ACEs before they happen. CDC promotes lifelong health and well-being by assuring safe, stable, nurturing relationships and environments for all children. CDC has developed many resources to assist states and communities in creating healthy environments for children. The report provides many examples of strategies and approaches that can be implemented to prevent ACEs. However, it is important to highlight the on-going work of your state. In the highlighted <approaches> section on page 4 of the report, insert your state's approaches for preventing ACEs under the designated prevention strategy.

# REFERENCES


9. Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 states. JAMA pediatrics, 172(11), 1038-1044.
10. National Center for Injury Prevention and Control. Essentials for childhood: steps to create safe, stable, nurturing relationships and environments. Atlanta, GA: CDC. https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf. Published 2014.
11. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACEs) Study. American journal of preventive medicine, 14(4), 245-258.

# APPENDIX A:
## BRFSS ACEs Module

Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age.

12. **Did you live with anyone who was depressed, mentally ill, or suicidal?**
13. **Did you live with anyone who was a problem drinker or alcoholic?**
14. **Did you live with anyone who used illegal street drugs or who abused prescription medications?**
15. **Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?**
16. **Were your parents separated or divorced?**
17. **How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?**
18. **Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--**
19. **How often did a parent or adult in your home ever swear at you, insult you, or put you down?**
20. **How often did anyone at least 5 years older than you or an adult, ever touch you sexually?**
21. **How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?**
22. **How often did anyone at least 5 years older than you or an adult, force you to have sex?**

---

# RESPONSE OPTIONS:

| Questions 1-4 | Questions 5 | Questions 6-11 |
|---|---|---|
| 1=Yes | 1=Yes | 1=Never |
| 2=No | 2=No | 2=Once |
| 7=DK/NS | 7=DK/NS | 3=More than once |
| 9=Refused | 8=Parents not married | 7=DK/NS |
| | 9=Refused | 9=Refused |

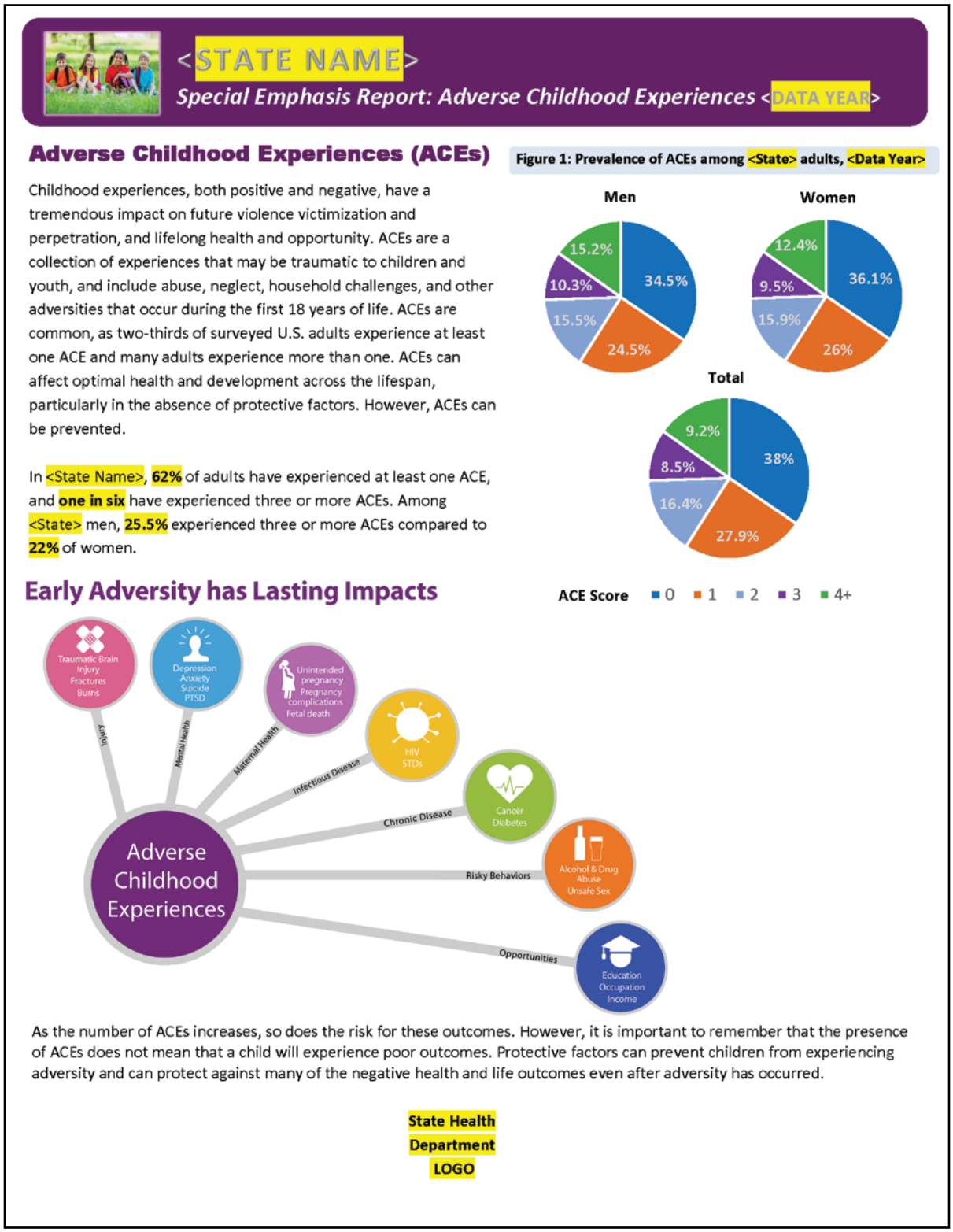
---

# APPENDIX B:

## Special Emphasis Report: Adverse Childhood Experiences Template

This is a screenshot of the report template to be customized by individual states. The actual template is found in an accompanying file.

Template – Page 1



<STATE NAME>

*Special Emphasis Report: Adverse Childhood Experiences <DATA YEAR>*

### Adverse Childhood Experiences (ACEs)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. ACEs are a collection of experiences that may be traumatic to children and youth, and include abuse, neglect, household challenges, and other adversities that occur during the first 18 years of life. ACEs are common, as two-thirds of surveyed U.S. adults experience at least one ACE and many adults experience more than one. ACEs can affect optimal health and development across the lifespan, particularly in the absence of protective factors. However, ACEs can be prevented.

In <State Name>, **62%** of adults have experienced at least one ACE, and **one in six** have experienced three or more ACEs. Among <State> men, **25.5%** experienced three or more ACEs compared to **22%** of women.

**Figure 1: Prevalence of ACEs among <State> adults, <Data Year>**



### Early Adversity has Lasting Impacts



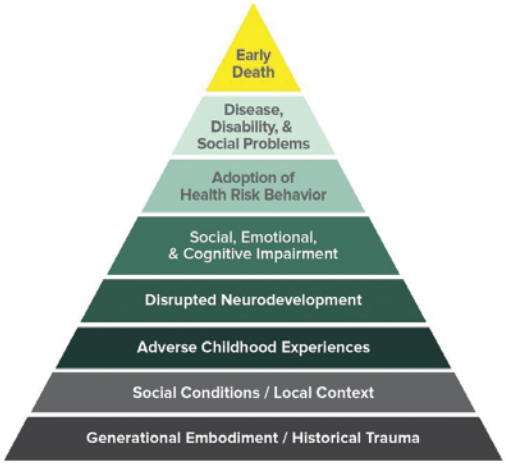
As the number of ACEs increases, so does the risk for these outcomes. However, it is important to remember that the presence of ACEs does not mean that a child will experience poor outcomes. Protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred.

**State Health Department LOGO**

# <STATE NAME>

## *Special Emphasis Report: Adverse Childhood Experiences <DATA YEAR>*

### The ACE Pyramid




Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

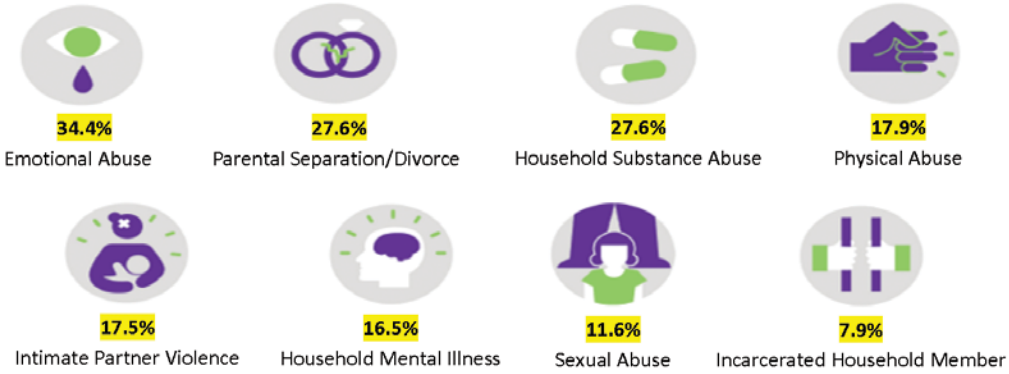
Exposure to ACEs may result in toxic stress responses that can impede a child's development, such as changes in gene expression, changes in brain connectivity and immune function, and changes in the type of coping strategies adopted. While many coping strategies are healthy and help reduce acute stress, some (e.g., smoking cigarettes, drinking alcohol, using substances, engaging in risky sexual behavior) present additional risks to health and well-being. As such, exposure to early adversity can increase risk of later chronic and infectious health conditions through changes in physiological mechanisms, as well as increased engagement in health risk behaviors, and can ultimately result in premature death.

### Types of ACEs

The Behavioral Risk Factor Surveillance System (BRFSS) is a statewide phone survey of non-institutionalized <State> adults 18 years and older. The ACE module was adapted from the CDC-Kaiser ACE study to collect information on child abuse and household challenges.

The most common ACE experienced by adults in <State> was **emotional abuse** with **34.4%** of adults indicating that a parent or adult swore, insulted, or put them down before the age of 19. The next most prevalent ACEs are **parental separation/divorce** reported by **27.6%** of adults, and **household substance abuse** reported by **27.6%** of adults.

**Figure 2: Percentage of ACEs among <State> adults, <Data Year>**



<STATE NAME>

*Special Emphasis Report: Adverse Childhood Experiences <DATA YEAR>*

## ACEs by Demographics

ACEs are common across all sociodemographic characteristics, yet some populations are more vulnerable to experiencing ACEs, such as children living in poverty and racial and ethnic minorities, because of the structural and social conditions in which some children and families live, learn, work, and play. Importantly, ACEs happen early in life and can shape children's life opportunities, including school achievement and economic wellbeing.

**Figure 3: Percentage Distribution of ACEs within Racial/Ethnic Groups in <State>**

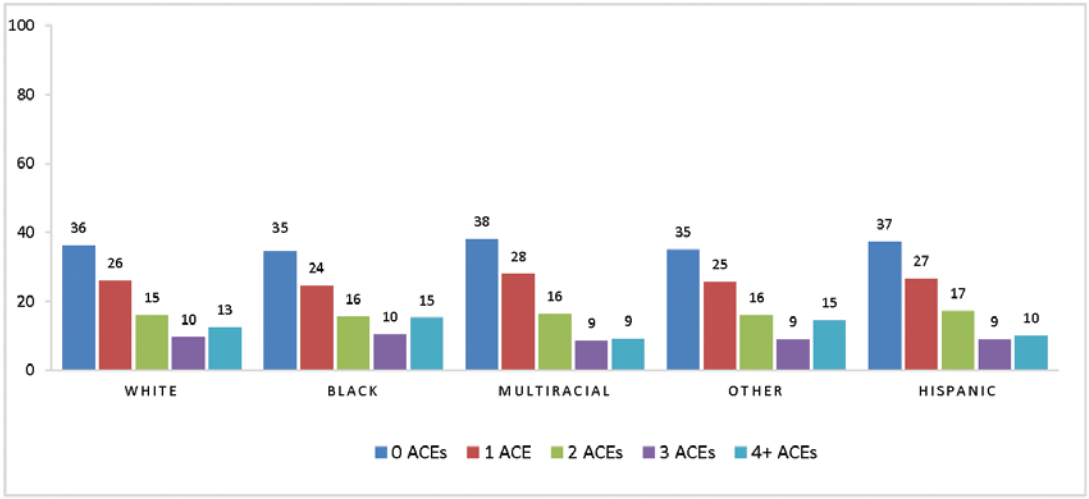
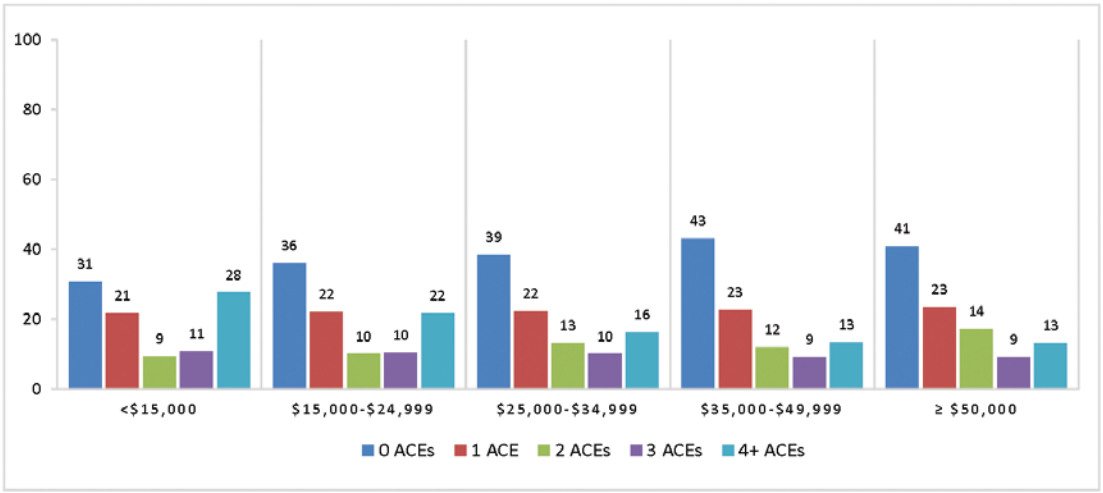



**Figure 4: Percentage Distribution of ACEs by Household Income Level in <State>**



# <STATE NAME>

## *Special Emphasis Report: Adverse Childhood Experiences* <DATA YEAR>

### ACE Prevention Strategies

The wide-ranging health, social, and economic consequences of ACEs underscore the importance of preventing ACEs before they happen. CDC promotes lifelong health and well-being by assuring safe, stable, nurturing relationships and environments for all children.

- **Essentials for Childhood** proposes strategies communities can consider to promote relationships and environments that help children grow up to be healthy and productive citizens so that they, in turn, can build stronger and safer families and communities for their children. https://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html
- **CDC's technical package for preventing child abuse and neglect** identifies strategies to help states and communities prioritize prevention activities based on the best available evidence. These strategies focus on policies, programs, and norms change activities. https://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html
- **Violence Prevention in Practice** is a new web-based resource to help states and communities take advantage of the best available evidence to prevent violence. https://vetoviolence.cdc.gov/apps/violence-prevention-practice

### Strategies & Approaches for Preventing ACEs

**Strengthen economic supports for families**
- Strengthen household financial security
- Family-friendly work policies
- In <State>, we <approaches>

**Change social norms to support parents and positive parenting**
- Public engagement and education campaigns
- Legislative approaches to reduce corporal punishment
- In <State>, we <approaches>

**Provide quality care and education early in life**
- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation
- In <State>, we <approaches>

**Enhance parenting skills to promote healthy child development**
- Early childhood home visitation
- Parenting skill and family relationship approaches
- In <State>, we <approaches>

**Intervene to lessen harms and prevent future risk**
- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence
- In <State>, we <approaches>

Data sources: <Year> <State> Behavioral Risk Factor Surveillance System. Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.

**STATE DEPARTMENT OF HEALTH**

**State DPH Injury Prevention Program Website**

Released <Month, year>

# APPENDIX C:
## Instructions for Using the Special Emphasis Report: Adverse Childhood Experiences template

The template is a tool to help states publish and disseminate state-specific data on ACEs to support program initiatives. The template is intended to be flexible, allowing users to change or add figures, text, and pages appropriately, depending on the needs and interests of the state.

### Technical Requirements

The template is provided in Microsoft Word 2016/2013. The template can be used with previous versions of Microsoft Word, but may need adjustments in formatting or to be saved as a compatible file type (.doc). Save the completed document as a PDF for easier printing and electronic distribution. Please follow the guidelines below for easy use and to ensure consistent design.

## Entering Data for Charts/Graphs in Microsoft Word 2013 and 2016

### Editing the Header

- To access the Header in Word 2016 and 2013, click Insert < Header < Edit Header.
- In Header, insert your state name in ALL CAPS, as indicated.
- Enter relevant information in <highlighted> sections and remove highlighting and "< >" characters.
- Keep the font and formatting consistent to avoid major shifts in spacing and layout.
- To ensure consistent design, keep only the two lines of text in the Header. Use the year the data were collected in the Header, not the year the data are released.

### Editing the Text

- Within the text, insert your state's name in as indicated and remove information in <highlighted> sections and remove highlighting and "< >" characters.
- Estimates that are highlighted within the text should be replaced with your state's prevalence estimates on ACEs or approaches for prevention of ACEs where appropriate. Remove example information in the highlighted> sections and remove highlighting and "< >" characters.

### Adding Pages

If you are including additional data points in your report, add extra pages to the template by inserting a new page. The new page will include the header.

### Design Layout and Colors

To ensure consistency in design and layout across all reports, please do not change the color palette (including header color), font, or placement of the graphics and texts.

### Clearance

The template has been cleared by the Centers for Disease Control and Prevention. Before distribution manually or electronically, obtain appropriate clearance from your state health department and injury prevention program. This includes applicable clearance of content and use of logos.


**U.S. Department of Health and Human Services**

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention


CS303990-A