Special Emphasis Report:

Adverse Childhood Experiences (ACEs)

<CURRENT YEAR>

<JURISDICTION>

UNDERSTANDING ACES

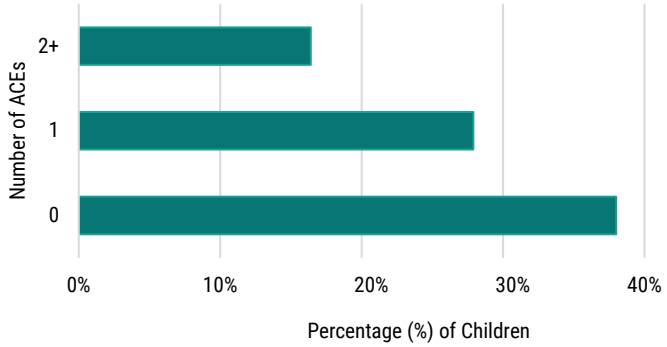
Adverse childhood experiences, or ACEs, are potentially traumatic events in childhood (0-17 years), including aspects of a child's environment that can undermine their sense of safety, stability, and bonding. ACEs can negatively impact physical, mental, emotional, and behavioral development and can also have lasting effects on health, well-being, and prosperity well into adulthood.

Impact and Magnitude of ACEs*

The effects of ACEs can be passed down from one generation to the next, when protective buffers are not in place in a child's life. The effects of ACEs can be passed down from one generation to the next, especially when positive childhood experiences are not in place in a child's life. Positive childhood experiences can include being in a safe, stable, and nurturing environment and having community and family support.

As of <data year> <%> percent of children in <jurisdiction> have experienced one or more ACEs [Figure 1] and <%> percent have experienced <#> or more ACEs. This is compared to the <%> of children who have experienced at least one ACE nationally.

FIGURE 1: Percentage of ACEs, <Data Year>



** This report uses data from the National Survey of Children's Health (NSCH) which does not include all potential ACEs. ACEs that can be reported by parents/caregivers are included but questions about abuse and neglect experienced by the child are not. See website for more detail about the NSCH.*

Types of ACEs*

The most prevalent type of ACE experienced in <jurisdiction> was <type>, impacting <%> percent of children.

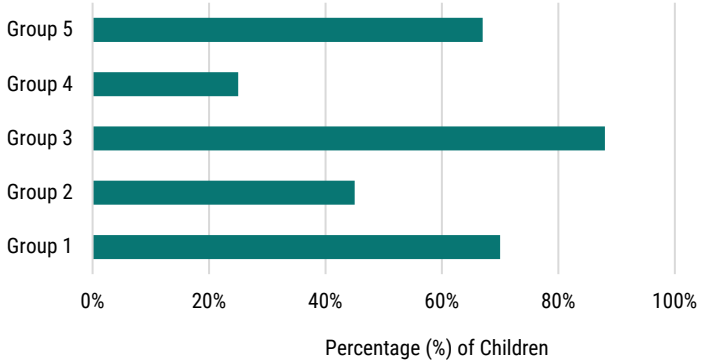
FIGURE 2: Top Five Types of ACEs Experienced by Children, <Data Year>

Type of ACE	Percentage
1.	
2.	
3.	
4.	
5.	

ACEs by Demographic*

ACEs vary by individual and population level characteristics. ACEs in <jurisdiction> disproportionately impacted <group> in <data year>.

FIGURE 3: Percentage of <X> ACE(s) by Population Characteristics, <Data Year>



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State Health Department Logo

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ACEs Prevention Strategies

The primary prevention of ACEs – stopping ACEs before they start – would benefit the community with lessened risks for unintentional and intentional injuries, decreased poor health conditions, and relieved pressure on healthcare systems.

Six Strategies for Preventing ACEs:

1. Strengthen economic supports for families (e.g., earned income tax credits, family-friendly work policies)
2. Promote social norms that protect against violence and adversity (e.g., public education campaigns and bystander approaches to support healthy relationship behaviors)
3. Ensure a strong start for children (e.g., early childhood home visitation, high quality/affordable child care, preschool enrichment programs)
4. Enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges
5. Connect youths to caring adults and activities (e.g., social emotional learning programs, safe dating/healthy relationship programs, parenting/family relationship approaches)
6. Intervene to lessen immediate and long-term harms (e.g., enhanced primary care to address ACEs exposures and advancement of trauma-informed care for people with a history of exposure to ACEs)

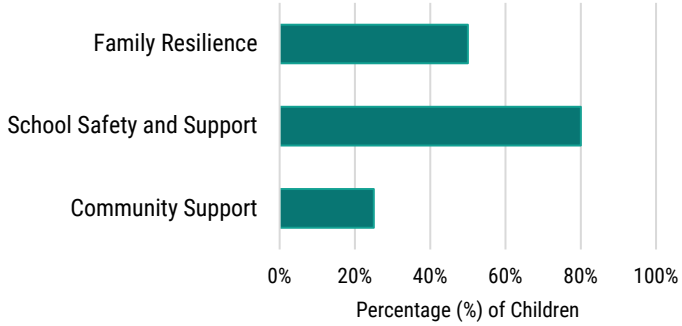
CDC Resources to Support State and Local Strategies:

- ACEs Prevention Strategies
- Technical Packages to Prevent Violence
- Violence Prevention in Practice

Positive Childhood Experiences

There are opportunities to improve the lives of all children and adults. It starts with healthy childhoods, which can provide lasting benefits throughout life. In <Jurisdiction>, <%> of children have <a safe and supportive school environment>. ACEs data for Figure 4 are reported by parents/caregivers.

FIGURE 4: Percentage of Positive Childhood Experiences, <Data Year>



All data is from The National Survey of Children's Health.

ACEs Activities in <Jurisdiction>

<PREVENTION>	
<SURVEILLANCE>	
<PARTNERSHIPS>	

Note: