

Special Emphasis Report:

Adverse Childhood Experiences (ACEs)

UNDERSTANDING ACES

Adverse childhood experiences, or ACEs, are potentially traumatic events or circumstances 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, 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.

FIGURE 1: Percentage of ACEs,

Types of ACEs*

FIGURE 2: Top Five Types of ACEs Experienced by Children,

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

** All of the included ACEs, except Discrimination, are experienced by someone in the child’s household. Discrimination is in regards to the child’s experience

ACEs by Demographic*

FIGURE 3:

* This report uses data from the National Survey of Children’s Health (NSCH), which does not include all potential ACEs, including the well-known ACEs of child abuse and neglect. The ACEs in this survey focus more on experiences that can impact a child’s sense of safety, stability, and bonding in their environment. See [website](#) for more detail about the NSCH.

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Positive Childhood Experiences*

FIGURE 4: Percentage of Positive Childhood Experiences,

CDC Resources to Support State and Local Strategies

- [Adverse Childhood Experiences Prevention Strategy](#)
- [Preventing ACEs: Leveraging the Best Available Evidence](#)
- [Technical Packages for Violence Prevention](#)
- [VetoViolence – Violence Prevention in Practice](#)

ACEs Prevention Strategies

The primary prevention of ACEs—stopping ACEs before they start—would result in fewer risks for unintentional and intentional injuries, reduction of poor health conditions, and less 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 children to caring adults and activities (e.g., social emotional learning, safe dating/healthy relationship, and parenting/family relationship programs).
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). While not a primary prevention strategy, timely access to assessment, intervention, support, and treatment for children who have experienced ACEs can help mitigate the consequences of ACEs.
