

# Adverse Childhood Experiences (ACEs)

## UNDERSTANDING ACEs

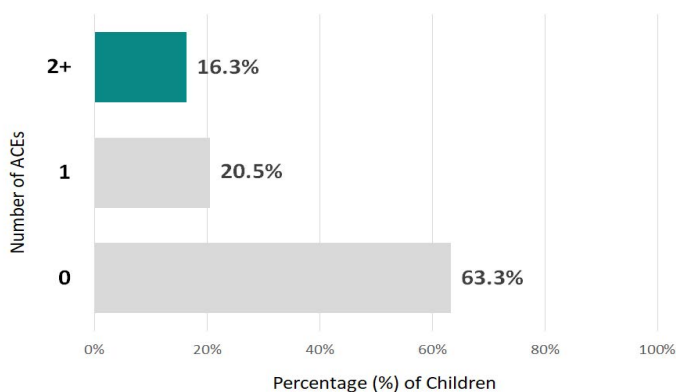
Adverse childhood experiences, or ACEs, are potentially traumatic events or circumstances in childhood (0-17 years), including aspects of a child's environment that can undermine their sense of safety, stability, and bonding. ACEs can negatively impact physical, mental, emotional, and behavioral development 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.

As of 2019-2020, 36.8% of children in Virginia have experienced one or more ACEs [Figure 1], and 16.3% have experienced two or more ACEs, as reported by a parent/caregiver. This is compared to the 39.8% of children who have experienced at least one ACE nationally.

FIGURE 1: Percentage of ACEs, 2019-2020



\* 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.

### Types of ACEs\*

The most prevalent type of ACE experienced in Virginia was divorce or separation, impacting 21.8% of children.

FIGURE 2: Top Five Types of ACEs Experienced by Children, 2019-2020

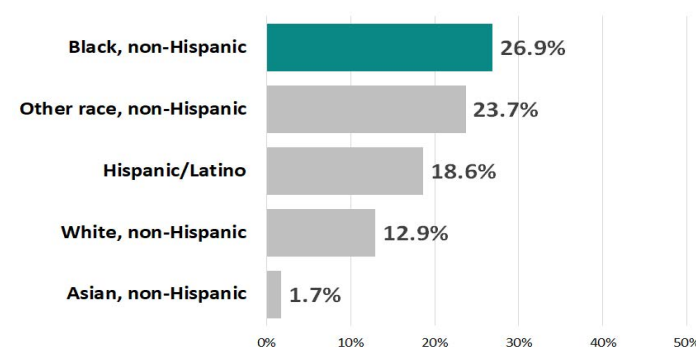
Type of ACE**	Percentage
1. Divorce or separation of parent/caregiver	21.8%
2. Financial troubles	11.3%
3. Lived w/someone w/substance use problems	7.8%
4. Lived w/someone with mental illness	7.7%
5. Parent/guardian served time in jail	7.0%

\*\* 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\*

ACEs vary by individual and population level characteristics. ACEs in Virginia disproportionately impacted Black, non-Hispanic children in 2019-2020.

FIGURE 3: Percentage of 2+ ACE(s) by Race/Ethnicity, 2019-2020

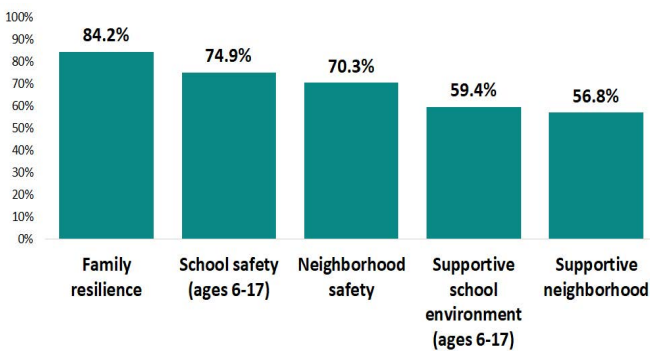


# Special Emphasis Report: Adverse Childhood Experiences (ACEs)

## 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 Virginia, over eight out of 10 children live in households that exhibit family resilience.

**FIGURE 4:** Percentage of Positive Childhood Experiences, 2019-2020\*



## 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.

## ACEs Activities in Virginia

<b>PREVENTION</b>	The VDH Injury and Violence Prevention Program works to prevent ACEs through a number of strategies. Learn more at: <a href="https://www.vdh.virginia.gov/injury-and-violence-prevention/adverse-childhood-experiences/">https://www.vdh.virginia.gov/injury-and-violence-prevention/adverse-childhood-experiences/</a>
<b>SURVEILLANCE</b>	VDH has collected survey data annually since 2016 on the impact of ACEs through the Virginia Behavioral Risk Factor Surveillance System (BRFSS). Learn more about Virginia BRFSS at: <a href="https://www.vdh.virginia.gov/brfss/">https://www.vdh.virginia.gov/brfss/</a>
<b>PARTNERSHIPS</b>	VDH partners with many groups from various sectors to prevent ACEs, including the Virginia Chapter of the American Academy of Pediatrics, state agencies, community organizations, and healthcare providers.

\*Family resilience is from Indicator 6.12 with a response of "All or most of the time to all 4 items". Supportive school environment is a calculated indicator where respondents from Indicator 2.2 had a response of: 'Never in the past 12 months' and from Indicator 2.6 had a response of either: "No difficulty" or "A little difficulty".