Social Determinants of Health

Adverse childhood experiences

Early childhood experiences influence the developing brain, and adversity/trauma during sensitive periods of development can create toxic stress and interrupt normal brain development. Adverse childhood experiences (ACEs) are a root cause of many social, emotional, physical and cognitive impairments that lead to increased incidence of developmental delays and other problems in childhood\(^1\), as well as adult health risk behaviors (e.g. smoking, alcoholism), mental illness (e.g. depression and suicide), diseases (e.g. heart disease, cancer, diabetes), disability, and premature mortality\(^2\). Understanding the prevalence and impact of ACEs can inform efforts to prevent trauma and promote individual, family and community resilience; as well as to create trauma informed systems and services.

The original ACEs study included abuse, neglect, and household dysfunction (household substance abuse or mental illness, parental divorce, incarcerated household member, exposure to domestic violence). Some ACEs scales also include other experiences such as historical trauma, discrimination, community violence or war, being a refugee, school violence and bullying, or experiencing severe social deprivation including poverty, hunger and homelessness.

The most commonly reported types of adverse childhood experiences are emotional abuse (33.2%), household substance abuse (33.4%), and parental separation or divorce (33.2%; Figure 1).

---


ACEs are common and their related health impacts - beginning in childhood and continuing throughout the lifespan - increase with increasing number of ACEs\(^3\). 44.3% of Oregon adults experienced 2 or more ACEs during childhood, and 22.4% experienced 4 or more (Figure 2).

In 2015 to 2017, the percentage of Oregon adults aged 18 to 44 who experienced four or more ACEs was higher for non-Hispanic American Indian/Alaska Natives (37.3%), non-Hispanic African Americans (28.8%), and non-Hispanic Native Hawaiian/Pacific Islanders (25.7%), and lower for non-Hispanic Asians (11.6%)

\(^3\) Oregon Behavioral Risk Factor Surveillance System
compared to non-Hispanic Whites (22.6%) and Hispanics/Latinos (22.1%; Figure 3). Note: ACE scores reflect only those adverse experiences included in the BRFSS survey.

The National Survey of Children’s Health (NSCH) asks parents to report on their children’s exposure to a set of nine adverse childhood experiences: hard to get by on family’s income; parent or guardian divorced or separated; parent or guardian died; parent or guardian served time in jail; saw or heard parents or adults slap, hit, kick punch one another in the home; was a victim of violence or witnessed violence in neighborhood; lived with anyone who was mentally ill, suicidal, or severely depressed; lived with anyone who had a problem with alcohol or drugs; and treated or judged unfairly due to race/ethnicity. Among Oregon children 0-17 years old, 24.1% have experienced 2 or more ACEs, which is higher than the percentage among all children in the US (19.3%; Figure 4).
**Additional Resources:** Centers for Disease Control and Prevention - [www.cdc.gov/ace](http://www.cdc.gov/ace)
Data Resource Center for Child and Adolescent Health - [http://childhealthdata.org/](http://childhealthdata.org/)
Harvard Center on the Developing Child - [https://developingchild.harvard.edu/](https://developingchild.harvard.edu/)

**About the Data:** The first data source is the Behavioral Risk Factor Surveillance System (BRFSS). Data includes self-report of 11 ACEs (grouped into 8 types) among adults 18 years or older. The second data source is the National Survey of Children’s Health (NSCH). Data includes parental report of nine types of ACEs experience by their children aged 0 to 17 years.

**For More Information Contact:** Maria Ness, [maria.n.ness@state.or.us](mailto:maria.n.ness@state.or.us)

**Date Updated:** September 2, 2019

Oregon State Health Profile