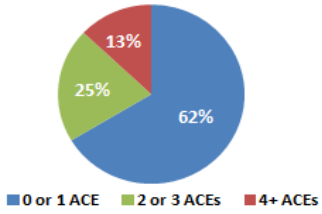
Adverse Childhood Experiences (ACEs)

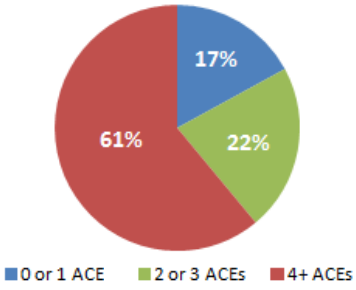
Adverse Childhood Experiences such as abuse, neglect, growing up with substance abuse, mental illness, and parental discord or crime in the home put children at significant risk for social, emotional, and cognitive impairments. Exposure to traumatic events can disrupt neurodevelopment in children, making it more difficult to deal with negative emotions, and increasing the likelihood that youth will turn to unhealthy coping behaviors such as substance use. These in turn can lead to increased likelihood of violence, victimization, disease, disability, and premature mortality.[1] Many of these risk factors are comorbid and cumulative. This makes them more challenging to mitigate and increases the chance that the effects will be felt later in life. A child's capacity to cope with stressful experiences both cognitively and psychologically is fundamental for healthy development.[2]

CDC Study: Youth General Population



The median number of ACEs in the **general youth** population sample was **1 out of 10**, while the median for the **Juvenile Court Clinic** sample was **5 out of 10**

Juvenile Court Clinic Study



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ACEs Nationwide

The ACEs is a two decades-long, ongoing research effort, conducted in collaboration with the Center for Disease Control (CDC). Research shows a 'dose-response' relationship, whereby as the ACEs total score increases, the risk of social and health problems also increases. These include substance abuse, depressive disorders, suicide, memory disturbances, early sexual activity, sexually transmitted diseases, obesity, chronic health conditions, and more.[3]

ACEs in Massachusetts Juvenile Court Clinics

In Fiscal Year 2018, juvenile court clinics across the Commonwealth collected ACEs data on 658 children referred for comprehensive biopsychosocial evaluations.[4] This data was compared to prevalence statistics from a CDC sample of over 17,000. The CDC study indicated that 62.1% of respondents had one or no ACE, while just 12.5% had 4 or more. By comparison, just 16.6% of youth in the juvenile court clinic sample had one or no ACE, while 61.4% had 4 or more. The median number of ACEs in the CDC study was 1 out of 10, while the median for the Juvenile Court Clinic sample was 5 out of 10, with an **average total ACE score of 4.5**.[4]

Data Collected from 658 Children in FY2018

Adverse Childhood Experience	Percent of Cases With ACE Present
Emotional Abuse	42.2%
Physical Abuse	35.7%
Sexual Abuse	12.9%
Emotional Neglect	57.8%
Physical Neglect	37.2%
Mother Treated Violently	45.4%
Household Substance Abuse	52.3%
Household Mental Illness	61.4%
Parental Separation or Divorce	81.5%
Incarcerated Household Member	28.1%

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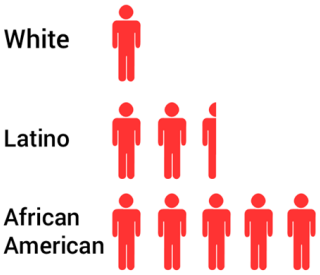
Adverse Childhood Experiences (ACEs)

ACEs are associated with limited ability to **trust and form supportive social relationships and networks** in adulthood

Likelihood that Youth Will Be Held in Juvenile Detention By Race



Ethnic backgrounds influence **perception and response** to adverse experiences, as well as the **ways in which families raise children**

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Intergenerational Trauma

Research also points to an intergenerational cycle of adversity. Mothers with mental health disorders are more likely to have unplanned pregnancies, unstable relationships, and to raise children with socioemotional and cognitive problems.[5] Disruption to early caregiving is also associated with an increased risk of mental and health problems.[6] ACEs are associated with limited ability to trust and form supportive social relationships and networks in adulthood. Since a child's early development is strongly influenced by family and environment, these characteristics may carry down through generations.[7]

Disparities in ACEs by Gender, Race, Class, Ethnicity, Sexual Identity, and Immigration Status

Some studies show that females report more sexual assault and victimization, and slightly higher prevalence rates for all ACEs.[8] Across race, African American youth are nearly 5 times more likely, and Latino and American Indian youth are 2-3 times more likely to be held in juvenile detention. African American youth are also twice as likely to be raised in impoverished communities, increasing their exposure to crime, community violence, stress, and trauma. Discrimination and brutality at the hands of law enforcement also perpetuate delinquent behavior and recidivism in minority youth.[9] ACE prevalence also correlates with socioeconomic status, with children in impoverished communities reporting more developmental and health problems than children in affluent communities. Ethnic backgrounds, in turn, influence the perception and response to adverse experiences, as well as the ways in which families care for their children.[10] Across sexual identity, lesbian, gay, and bisexual youth experience a higher prevalence of ACEs. In one study, sexual minority individuals had nearly twice the likelihood of experiencing physical, emotional, and sexual abuse.[11] Lastly, as a result of growing up in households with issues around language barriers, legal status, poverty, low educational level, and poor access to health care, first and second-generation immigrant youth may be exposed to high levels of stress that increase their risk for various physical and mental health problems and other adverse experiences.[12] "Although identifying and treating ACE exposure is important, prioritizing primary prevention of ACEs is critical to improve health and life outcomes throughout the lifespan and across generations."[13]

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