

Adverse Childhood Experiences

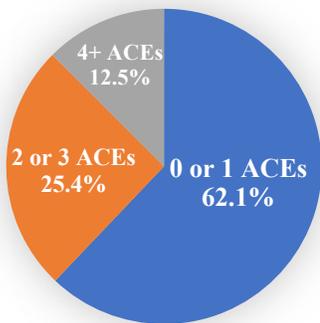
(ACEs)



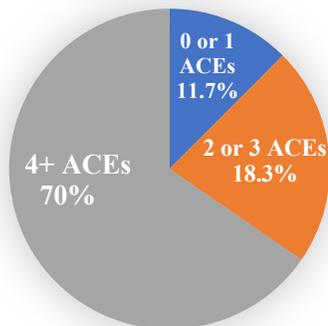
ACEs in Massachusetts Juvenile Court Clinics

In 2021, juvenile court clinics across the Commonwealth collected ACEs data on 315 children referred for comprehensive biopsychosocial evaluations.¹ This data was compared to prevalence statistics from a CDC sample of over 17,000.²

CDC Youth in Original ACEs Study



Juvenile Court Clinic Data



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



Massachusetts Alliance of Juvenile Court Clinics (MAJCC) www.majcc.org



Adolescent Consultation Services, Inc.
www.acskids.org

ACEs Nationwide

The ACEs is a two decades-long, ongoing research effort, conducted in collaboration with the Center for Disease Control and Prevention (CDC). Research shows a ‘dose-response’ relationship, whereby as the ACEs total score increases, the risk of social and health problems also increases. These problems include substance abuse, depressive disorders, suicide, memory disturbances, early sexual activity, sexually transmitted diseases, obesity, chronic health conditions, and more.²

Examples of Adverse Childhood Experiences (ACEs) include:

- Neglect
- Abuse
- Growing up around substance abuse
- Mental illness
- Parental discord or crime in the home

ACEs 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. In turn, these behaviors can lead to increased likelihood of violence, victimization, disease, disability, and premature mortality.³ 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.⁴

Positive Childhood Experiences (PCEs)

Positive Childhood Experiences (PCEs) entails the feeling of emotional and physical safety within one’s home environment, and the ability to talk to a trusted adult about difficult emotions.⁵ PCEs can be present in one’s family, friendships, and community.

In one study, adults who experienced PCEs are **3.5 times** more likely to seek social support when needed and have **72%** lower levels of depression.⁶

PCEs may mitigate the consequences of ACEs and lessen the likelihood of juvenile court involvement. One study shows that juveniles with four or more ACEs co-occurring with six or more PCEs have a **22% lower chance** of rearrest than those with fewer than six PCEs.⁷ Growing up in nurturing environments encourages resilience and can prevent court involvement.

Adverse Childhood Experiences

(ACEs)



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

Intergenerational Trauma

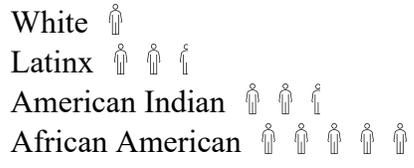
Research also points to an intergenerational cycle of adversity. Mental health disorders in parents can be correlated with other risk factors, such as unplanned pregnancy, poverty, and abusive relationships—all of which are risk factors for childhood maltreatment. Further, childhood maltreatment can result in lifelong mental health disorders, like depression.⁸

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 their family and environment, these characteristics may carry down through generations.⁹

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

Studies have shown that ACEs are more prevalent in racial minority groups, with American Indian youth averaging the highest ACEs scores.¹⁰ Discrimination and brutality at the hands of law enforcement also perpetuate delinquent behavior and recidivism in minority youth.¹¹ ACE prevalence also correlates with socioeconomic status, with children in impoverished communities reporting more developmental and health problems than children in affluent communities. Gender and sexual orientation also impact ACE prevalence: **21%** of males, compared to **39%** of females, experienced multiple traumatic events before age 18.¹² In one study, sexual minority individuals had nearly twice the likelihood of experiencing physical, emotional, and sexual abuse.¹³ 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.¹⁴

Compared to white youth, African American youth are nearly **5 times more likely**, and Latinx and American Indian youth are **2-3 times more likely** to be held in juvenile detention.¹⁰



“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.”¹⁵

References

1. Adverse Childhood Experiences (ACEs) Statewide Juvenile Court Clinic Data Summary. Calendar Year 2021.
2. About the CDC-Kaiser Ace Study, National Center for Chronic Disease Prevention and Health Promotion: <https://www.cdc.gov/violenceprevention/aces/about.html>.
3. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2015). *The Role of Adverse Childhood Experiences in Substance Abuse and Related Behavioral Health Problems*. Retrieved from <https://www.samhsa.gov/child-trauma/understanding-child-trauma>
4. Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and adverse childhood experiences research: Implications for practice and health policy. *Social work in public health, 29*(1), 1-16.
5. Krietz, M. (2020). *Positive Childhood Experiences*. Child & Adolescent Behavioral Health. From <https://www.childandadolescent.org/positive-childhood-experiences/>
6. Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatrics, 173*(11).
7. Baglivio, M. (2020). Positive Childhood Experiences (PCE): Cumulative Resiliency in the Face of Adverse Childhood Experiences. *Youth Violence and Juvenile Justice, 19*(2).
8. Aktar, E et al. (2019). Fetal and Infant Outcomes in the Offspring of Parents With Perinatal Mental Disorders: Earliest Influences. *Frontiers in Psychiatry (10)*, 391.
9. Barile, J. P., Edwards, V. J., Dhingra, S. S., & Thompson, W. W. (2015). Associations among county-level social determinants of health, child maltreatment, and emotional support on health-related quality of life in adulthood. *Psychology of Violence, 5*(2), 183.
10. Mersky, J., Choi, C., Lee, C.P., & Janczewski, C.E. (2021) Disparities in adverse childhood experiences by race/ethnicity, gender, and economic status: Intersectional analysis of a nationally representative sample. *Child Abuse & Neglect, 117*.
11. Crosby, S. D. (2016). Trauma-Informed Approaches to Juvenile Justice: A Critical Race Perspective. *Juvenile and Family Court Journal, 67*(1), 5-18.
12. Haahr-Pedersen, I., et al. (2020). Females have more complex patterns of childhood adversity: implications for mental, social, and emotional outcomes in adulthood. *European journal of psychotraumatology, 11*(1).
13. Andersen, J. P., & Blossnich, J. (2013). Disparities in adverse childhood experiences among sexual minority and heterosexual adults: Results from a multi-state probability-based sample. *PLoS one, 8*(1), e54691.
14. Linton, J. M., Choi, R., & Mendoza, F. (2016). Caring for Children in Immigrant Families: Vulnerabilities, Resilience, and Opportunities. *Pediatric Clinics of North America, 63*(1), 115-130.
15. Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*. Published.