



CHILDHOOD RISK

ACE: Two or More

INDICATOR

Percent of children experiencing two or more Adverse Childhood Experiences (ACEs).

Numerator Number of children who experienced two or more adverse experiences
Denominator Children aged 0-17

DESCRIPTION

This is the composite score of all ACEs and is a proxy measure for a higher level of toxic stress. Parents are asked to answer questions about these experiences as they relate to their child. This score encompasses nine experiences of family stress and violence, developed specifically for the National Survey of Children's Health (NSCH), based on existing literature and a team of child development experts.

IMPORTANCE

The ACEs literature has found an increased likelihood of engaging in risky health behaviors and facing poor health outcomes for those with two or more ACEs (Felitti, 1998; Anda, 2010). Recent research has also found that ACEs have an immediate impact on adolescent mental health outcomes; in a study using Medicaid data, only 11 percent of youth (age 12-17) without any ACEs had a mental health problem, compared to 44 percent of youth with five or more ACEs who had a mental health problem (Lucenko, 2012).

LIMITATIONS

- Though there is substantial evidence of the potential negative impact that ACEs may have on an individual, resilience factors can mitigate or completely prevent negative outcomes.
- This ACE data is specific to children and can not be compared to the 10-question ACE questionnaire for adults (Felitti, 1998).

ADDITIONAL ANALYSES

Wisconsin Analyses

Racial estimates are not available for Wisconsin.

Wisconsin ranks 17th in lowest exposure to two or more ACEs. Subgroup analysis show that ACEs are higher among individuals with one or more emotional, behavioral or developmental issue (58.1% experiencing two or more, statistically significant compared to those with no EBD, and with those with no other special health care need).

SOURCE

Anda, R. F., Butchart, A., Felitti, V. J., & Brown, D. W. (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American journal of preventive medicine*, 39(1), 93-98.
 Felitti, Vincent J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

YEAR:

2016

WI	US	Best	Worst
21.7%	20.3%	15% NY	30.6% AZ

PAST YEAR:

2011/2012

WI	US
22.5%	22.6%

National Analyses

Race/Ethnicity	% of Children with 2+ ACEs
Asian, non-Hispanic	6.4%
Black, non-Hispanic	33.8%
Hispanic	21.9%
White, non-Hispanic	19.2%
Other, non-Hispanic	28.3%

Lucenko, B., Sharkova, I. V., Mancuso, D., & Felver, B. (2012). Adverse childhood experiences associated with behavioral health problems in adolescents. *Findings from administrative data for youth age, 12-17*. Department of Social and Health Services, Washington State.
 National Survey of Children's Health. (2016). Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from www.childhealthdata.org.