

Childhood Adversity and Resilience in California

Prevalence of Adverse Experiences Among Children Ages 0-17 (Parent Reported): 2017-2021

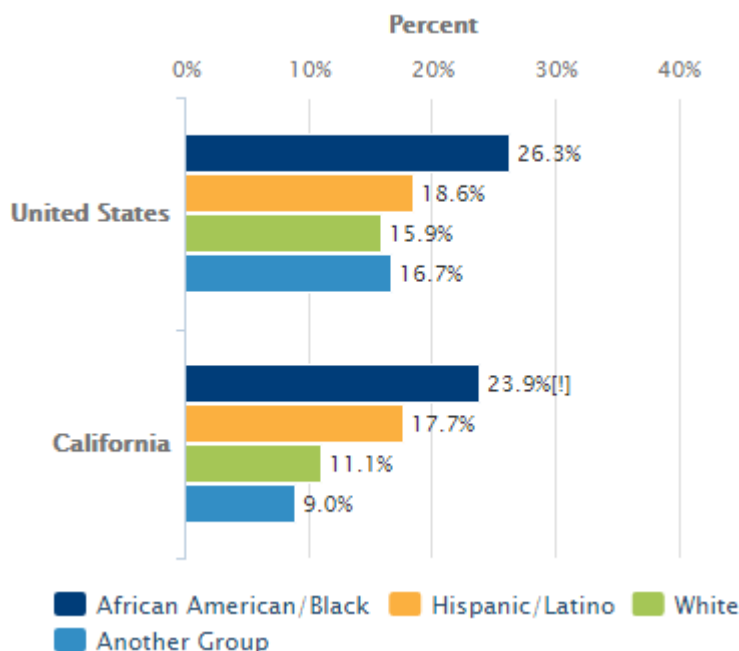
United States	Percent
0 ACEs	59.8%
1 ACE	22.2%
2 ACEs	8.6%
3 ACEs	4.2%
4 or More ACEs	5.2%

California	Percent
0 ACEs	65.7%
1 ACE	19.7%
2 ACEs	7.0%
3 ACEs	3.7%
4 or More ACEs	4.0%

Definition: Estimated percentage of children ages 0-17 with and without adverse childhood experiences (ACEs), by number (e.g., in 2017-2021, 4% of California children had experienced four or more ACEs).

Data Source: U.S. Dept. of Health and Human Services, [National Survey of Children's Health](#) (Apr. 2023).

Percentage of Children with Two or More Adverse Experiences (Parent Reported), by Race/Ethnicity: 2017-2021



Definition: Estimated percentage of children ages 0-17 with two or more adverse childhood experiences (ACEs), by race/ethnicity (e.g., in 2017-2021, 17.7% of Hispanic/Latino children in California had experienced two or more ACEs).

Data Source: U.S. Dept. of Health and Human Services, [National Survey of Children's Health](#) (Apr. 2023).

What It Is

Childhood adversity and resilience measures on kidsdata.org originate from three separate data sources and provide a rich and conceptually-related perspective on childhood adversity. Taken together, they present a broad framework to look at child adversity across the lifespan and provide useful data to inform and facilitate interventions. However, due to differences in methodology, data from the three sources should not be compared. The data sources are:

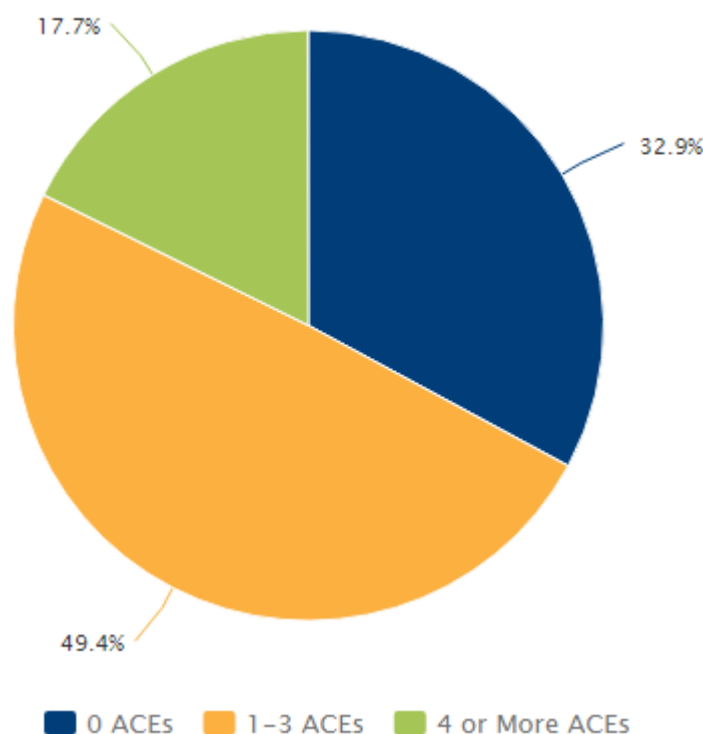
- [National Survey of Children's Health \(NSCH\)](#)
- [Maternal and Infant Health Assessment \(MIHA\)](#)
- [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

Why This Topic Is Important

Childhood adversity—such as poverty, maltreatment, experiences of racism, exposure to violence, and growing up with substance abuse or mental illness at home—can have negative, long-term impacts on health and well being. More than one-third of children statewide and nationally have had at least one adverse childhood experience (ACE). Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health. The toxic stress associated with traumatic and often prolonged early adverse experiences can disrupt healthy development and lead to behavioral, emotional, academic, and health problems during childhood and adolescence. It also can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, substance abuse, and depression. The more traumatic childhood events experienced, the more likely the impact will be substantial and lasting, especially if the child does not receive buffering supports.

Resilience—adapting well in the face of adversity, trauma, threats, or other significant sources of stress—involves a combination of internal and external factors. Internal factors go beyond biological predispositions and encompass adaptive responses—thoughts, actions, and habits that can be taught, learned, and developed by anyone—to interrupt the harmful effects of ACEs and toxic stress. Externally, having safe, stable, nurturing relationships and environments within and outside the family can reduce ACEs and strengthen resilience.

Prevalence of Adverse Childhood Experiences Among Adults in Households with Children (Retrospective): 2013-2019 California



Definition: Estimated percentage of adults with and without adverse childhood experiences (ACEs) before age 18, by presence of children ages 0-17 in the household and number of ACEs (e.g., in 2013-2019, among California adults ages 18 and older living in households with children, 17.7% had been exposed to four or more ACEs).

Data Source: California Dept. of Public Health, Injury and Violence Prevention Branch, [California Behavioral Risk Factor Surveillance System](#) custom tabulation (Jan. 2022).

How Children Are Faring

Childhood adversity is common, and many children experience multiple adverse circumstances or events that can pose a lifelong threat to their well being. The most timely assessment of childhood adversity comes from the National Survey of Children's Health (NSCH), in which parents report on the current status of their children ages 0-17. NSCH estimates from 2017-2021 show that, from birth until the time of survey, 40% of U.S. children had been exposed to one or more adverse childhood experiences (ACEs). In California, more than 1 in 3 children (34%) had at least one ACE, more than 1 in 7 (15%) had two or more ACEs, and 1 in 25 (4%) had four ACEs or more. Statewide and nationally, African American/black and Hispanic/Latino children are more likely to have two or more ACEs than their white peers.

At the local level, the share of children with two or more adverse experiences ranged from fewer than 1 in 8 (12%) to more than 1 in 4 (29%) across regions with data, according to estimates based on the 2016-2019 NSCH.

The California Behavioral Risk Factor Surveillance System (BRFSS) ACEs Module, in which adults reflect on their own adverse experiences before age 18 using a related but distinct set of ACEs, shows that in 2013-2019 an estimated 67% of California adults living in households with children had at least one ACE, and 18% had at least four ACEs. Among adults in households with children, those with lower educational attainment or lower household income were more likely to have four or more BRFSS ACEs, as were those with Medi-Cal or without any health care coverage when compared with privately-insured adults.

View references for this text and additional research on this topic:

<https://new.kidsdata.org/topic/95/childhood-adversity-and-resilience/summary>



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