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47.8 Percent of Children in Missouri Have Had Adverse Childhood Experiences

27.2 percent have had two or more experiences like the death or incarceration of a parent, witnessing or being a victim of violence, or living with someone who is suicidal or has a drug or alcohol problem

Princeton, NJ, October 19, 2017—In Missouri, 47.8 percent of children under age 18 have had at least one Adverse Childhood Experience (ACE), according to the newest national data. Findings come from data in the 2016 National Survey of Children's Health and an analysis conducted by the Child & Adolescent Health Measurement Initiative (CAHMI) at the Johns Hopkins Bloomberg School of Public Health, and are being released by the Robert Wood Johnson Foundation (RWJF) in collaboration with CAHMI.

ACEs can have serious, long-term impacts on a child's health and well-being by contributing to high levels of toxic stress that derail healthy physical, social, and emotional, and cognitive development. Research shows that ACEs increase the long-term risk for smoking, alcoholism, depression, heart and liver diseases, and dozens of other illnesses and unhealthy behaviors. The new data show that 33 percent of U.S. children with two or more ACEs have a chronic health condition involving a special health care need, compared to 13.6 percent of children without ACEs.

Nationally, more than 46 percent of U.S. youth—34 million children under age 18—have had at least one ACE, and more than 20 percent have had at least two. National and state data, along with an issue brief and maps, can be found at www.cahmi.org.

"Every child deserves a healthy start. A loving home, a good school, a safe neighborhood—these things are the foundation for a long and happy life, yet too many children don't have them," said Richard Besser, president and CEO of the Robert Wood Johnson Foundation. "Too often children experience trauma that can be devastating. But trauma doesn't have to define a child's life trajectory. They can be incredibly resilient. With policies that help families raise healthy children, and the consistent presence of caring adults in their lives, we can reduce the impact of trauma on children's health and help them thrive in the face of adversity."

In addition to the percentage of children with ACEs, the new survey data measured several other related factors in every state:

Selection of Key Missouri Data			
Measure	**Rate**	**Significantly higher or lower than national average?**	**State Range**
Percentage of children 0-17	47.8	n/a	38.1% (MN) – 55.9% (AR)

with 1 or more ACEs			
Percentage of children 0-5 with 1 or more ACEs	34.1	n/a	23.1% (AK) – 49.1% (OK)
Percentage of children 0-17 with 2 or more ACEs	27.2	higher	15.0% (NY) – 30.6% (AZ)
Among children with one or more ACEs (NOTE: higher rate indicates worse outcomes)			
Child has Chronic Health Condition	31.6	n/a	17.2% (HI) – 33.9% (IN)
Child has Emotional, Developmental, or Behavioral Conditions	14.3	n/a	8.6% (NY) – 20.2% (MA)
Among children with one or more ACEs (NOTE: higher rate indicates better outcomes)			
Child Definitely Engaged in School	55.7	n/a	45.9% (OR) – 68.5% (IL)
Child age 6-17 Exhibits Resilience	38.0	n/a	24.1% (WY) – 53.6% (MD)
Child's Mother has Very Good or Excellent Physical and Mental Health	41.3	lower	38.6% (NM & WV) – 61.0% (NJ)
Parents Say They Live in a Supportive Neighborhood	49.7	n/a	29.5% (NV) – 63.8% (ND)

The accompanying national data analysis shows that:

ACEs impact children and families across racial, ethnic, and socioeconomic groups.

- White children are less likely to have ACEs than Hispanic or Black children, but they make up the plurality of all children who have had ACEs. Roughly 40 percent of white children have one or more ACEs, compared to 51 percent of Hispanic children and nearly 64 percent of black children. But in part because of demographics, 46 percent of children who have had one or more ACEs are White, whereas 27 percent are Hispanic and 17 percent are Black.
- ACEs are more prevalent among children in low-income families—62 percent of children with family incomes under 200 percent of the federal poverty level have had at least one ACE.

However, they occur among children at all income levels—26 percent of children in families with incomes higher than 400 percent of the federal poverty level have had one or more ACEs as well.

ACEs impact a child's social emotional development and chances of school success.

- Children ages 3-5 who have had two or more ACEs are over four times more likely to have trouble calming themselves down, be easily distracted, and have a hard time making and keeping friends.
- More than three out of four children ages 3-5 who have been expelled from preschool also had ACEs.

Supportive relationships and teaching resilience skills can mitigate the effects of ACEs.

- Children ages 6-17 who have had two or more ACEs but learned to stay calm and in control when faced with challenges are over three times more likely to be engaged in school compared to peers who have not learned these skills.

"ACEs and other traumatic events don't just affect an individual child—families, neighborhoods and communities all bear the brunt of these difficult circumstances, which add up over time," said Christina Bethell, PhD, director of CAHMI. "If a child's stress and unhealed trauma leads to acting out in class, that disruption is felt by the other children in the room as well as the teacher. These impacts require the healing of trauma at a family, community, and societal level. Practitioners and policymakers should respond to these new data by advancing strategies that can both prevent ACEs in the first place and support families and communities as they learn and heal."

The Robert Wood Johnson Foundation supports a range of policies to help prevent ACEs from occurring, and help families respond to them, including:

- Policies like paid family leave and home visiting to ensure that parents and caregivers have the time, knowledge, and resources they need to support their children.
- Policies that can improve access to and the quality of child care and early education
- Policies that can help create healthier communities such as those focused on safe affordable housing, access to healthy foods and community violence prevention.

Last month, CAHMI and AcademyHealth published a special supplement to the journal *Academic Pediatrics* which collected a wide array of research on ACEs and put forth the first-ever national agenda to address ACEs and promote resilience, healing, and child and family well-being. The agenda emphasized that supportive community policies can help reduce the trauma caused by ACEs.

The National Survey of Children's Health (NSCH) is funded and directed by the Maternal and Child Health Bureau (MCHB), which develops survey content in collaboration with a national technical expert panel and the U.S. Census Bureau. The NSCH first included questions about ACEs in 2011-12, but the methods and sample size changed between then and 2016, meaning it is not advisable to directly compare results across years. The NSCH is planned as an annual survey going forward, so data trends can be evaluated. The ACEs assessed in the survey are:

- Somewhat often/very often hard to get by on income
- Parent/guardian divorced or separated

- Parent/guardian died
- Parent/guardian served time in jail
- Saw or heard violence in the home
- Victim of violence or witness violence in neighborhood
- Lived with anyone mentally ill, suicidal, or depressed
- Lived with anyone with alcohol or drug problem
- Often treated or judged unfairly due to race/ethnicity

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About the Child and Adolescent Health Measurement Initiative

*The Child and Adolescent Health Measurement Initiative (CAHMI) promotes early and lifelong health of children, youth and families by developing and advancing actionable use of family-centered data, measures, research and engagement tools (*www.cahmi.org*). The CAHMI was founded in 1997 and is based out of the Bloomberg School of Public Health at Johns Hopkins University in Baltimore, Maryland. CAHMI partnered with RWJF, AcademyHealth and the Children's Hospital Association to study rates and impacts of ACEs using the 2016 NSCH. CAHMI works with the federal Maternal and Child Health Bureau in the design of the NSCH and analyzes and publishes state by state findings on its interactive data query accessible on the Data Resource Center for Child and Adolescent Health website,* www.childhealthdata.org*. Follow CAHMI on Twitter at @CAHMI2Thrive or on Facebook* www.facebook.com/childhealthdata*.*