

Adverse Childhood Experiences in Michigan, 2011-2012



What is an adverse childhood experience?



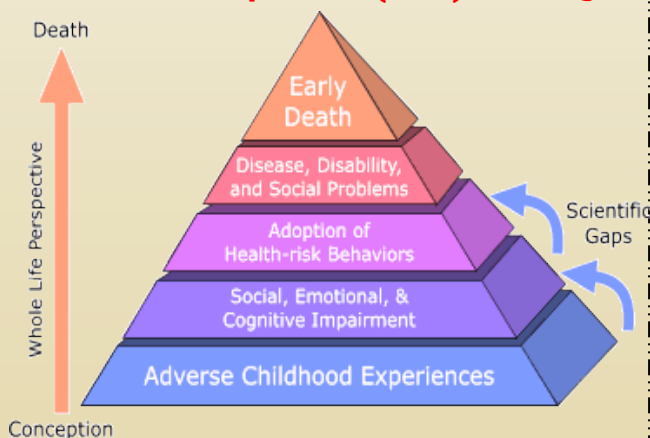
Adverse childhood experiences (ACEs) are childhood events that negatively impact the child's future.

ACEs include:

- ◆ Verbal, psychological, physical, or sexual abuse (witness or victim);
- ◆ Living with household members who are substance abusers, mentally ill, suicidal or ever incarcerated;
- ◆ Living in a household with poor economic resources or with parents who got divorced or separated after the child was born; and
- ◆ Child exposed to racial or ethnic discrimination.

ACEs have been linked to a range of poor health outcomes in adulthood, including substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality. ACEs reflect current childhood experiences that impact health and have the potential to predict future individual and intergenerational health and social outcomes.¹

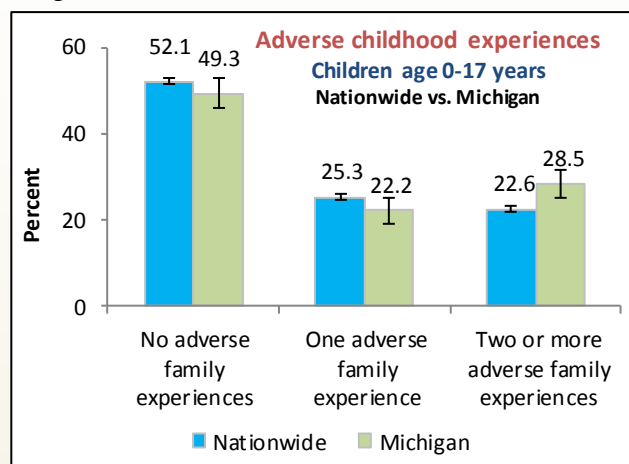
Adverse childhood experiences (ACEs) in Michigan



The ACEs Pyramid Source: CDC

During 2011-2012, 47.9% or an estimated 1 million children experienced one or more adverse family experiences in Michigan. This rate was significantly higher than the National rate (Figure 1). All data are from the National Survey for Children's Health, and based on telephone interview of parents.²

Figure 1:



Two or more adverse childhood experiences are more common in children who are:

- ◆ Male 31.2% {C.I.: 26.6—35.8}
- ◆ Between the ages of 12-17 years - 38.9% {C.I.: 33.4—44.3}
- ◆ Non-Hispanic (NH) Black - 40.3% {C.I.: 30.5—50.2}
- ◆ Living in a household whose income is 0-99% of the Federal Poverty Level - 42.2% at {C.I.: 34.3—48.8}
- ◆ Children with special health care needs (CSHCN) - 48.7% {C.I.: 41.4—56.1}
- ◆ Living with 2 parents, at least 1 step parent - 60.6% {C.I.: 49.5—71.7}. Children living in a two parent (biologic or adopted) household had a lower prevalence of adverse childhood experiences.

Note: Figure 2-7² on page 2 →

What can be done to prevent the high prevalence of ACEs in Michigan?

- ◆ Expanded efforts at the state and local level to reduce and prevent child maltreatment and associated family dysfunction through evidence-based programs such as home visits to mothers at high risk and parenting programs that teach new skills and behaviors to parents.
- ◆ Further development and dissemination of trauma-focused services to treat ACEs might improve health outcome and upstream strategies.

Figure 2:

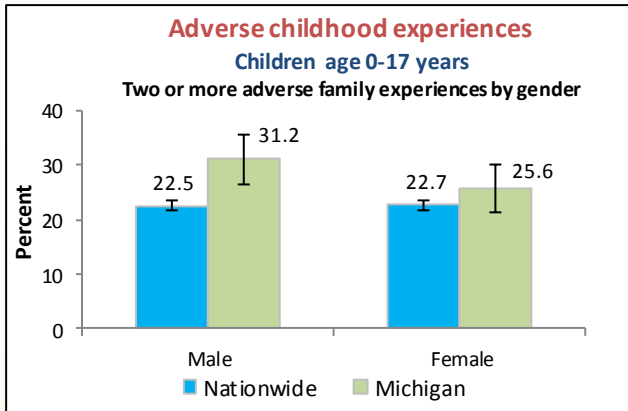


Figure 4:

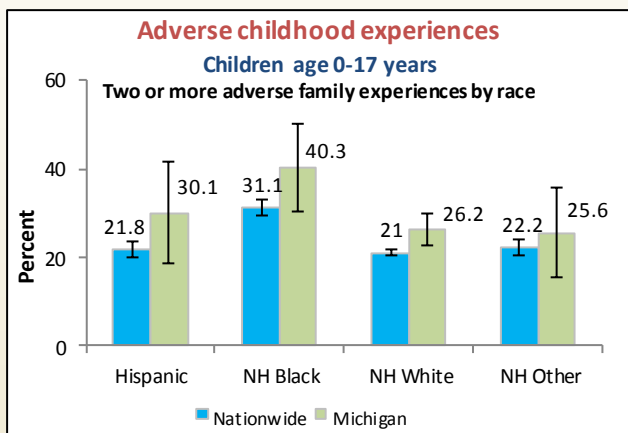
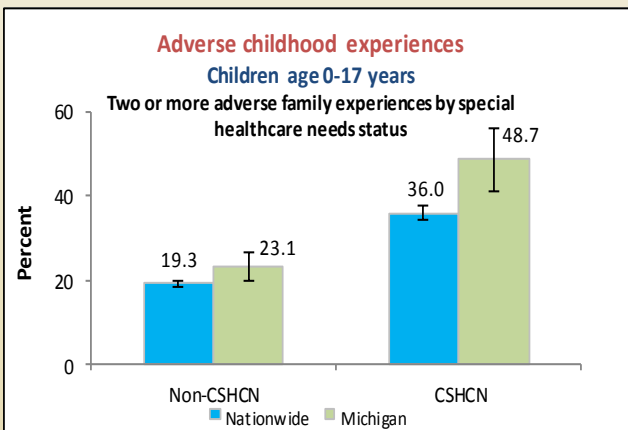


Figure 6:



References:

¹ Centers for Disease Control and Prevention (CDC) (2010). Adverse childhood experiences reported by adults—five states, 2009. MMWR. Morbidity and mortality weekly report, 59(49), 1609.

² Child and Adolescent Health Measurement Initiative (2012). "Fast Facts: 2011/12 National Survey of Children's Health." Data Resource Center, supported by Cooperative Agreement 1-U59-MC06980-01 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Available at www.childhealthdata.org. Retrieved on 7/14/14.

Figure 3:

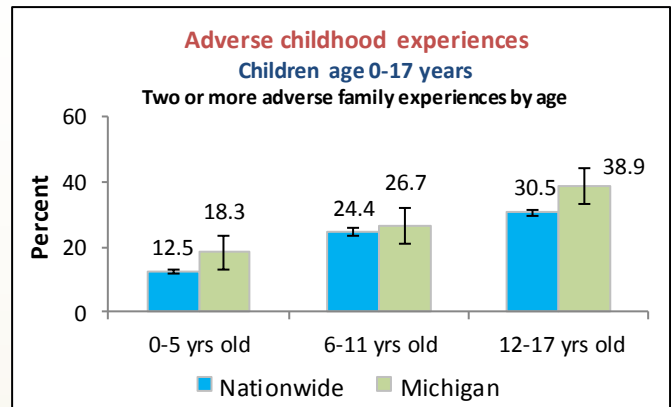


Figure 5:

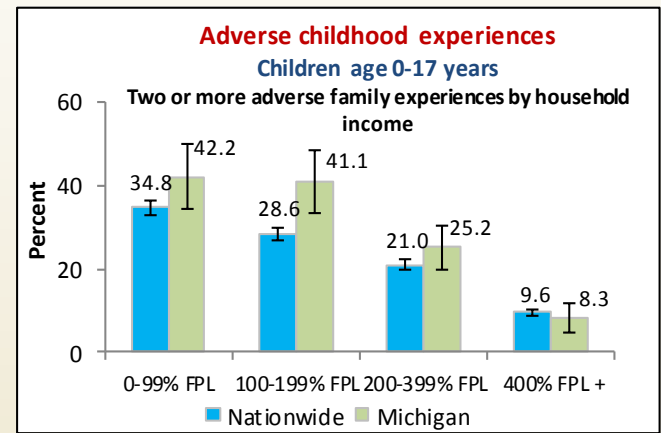
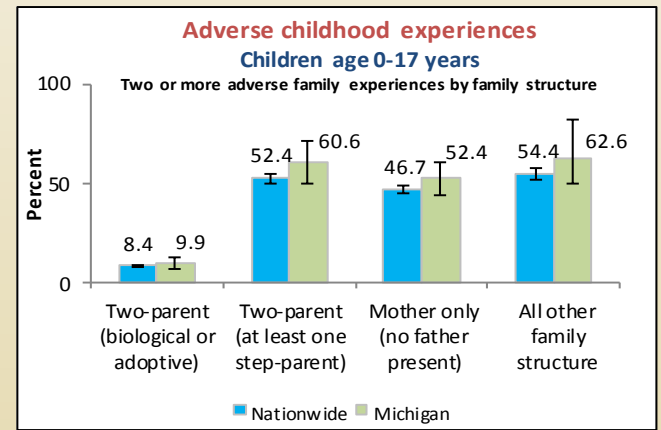


Figure 7:



Suggested citation:

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