



# SNAPSHOT

**Snapshot** is a publication that demonstrate the uses of Behavioral Risk Factor Surveillance System (BRFSS) data to illustrate various health behaviors among adult Californians. BRFSS is the largest, ongoing, telephone health survey in the world. Established in 1984, the California BRFSS is an annual effort by the California Department of Public Health (CDPH), Chronic Disease Surveillance and Research Branch, in collaboration with the United States Centers for Disease Control and Prevention (CDC), to assess the prevalence of and trends in the health-related behaviors and to monitor preventable risk factors for chronic disease and other leading causes of death among the California adult population.

## Adverse Childhood Experiences Among California Adults, 2015-2019

Exposure to Adverse Childhood Experiences (ACEs) is associated with unfavorable long term health behaviors and outcomes<sup>1</sup>. ACEs measures include prolonged trauma in the form of emotional, physical, or sexual child abuse; household distresses such as intimate partner violence, living with household members who abuse substances, are suicidal, suffer mental illness, or living with parents who are divorced or separated. Those who experience ACEs are at an increased risk for chronic illnesses such as heart conditions, obesity, kidney disease, and diabetes in adulthood<sup>2</sup>. Promoting ACEs related prevention and intervention efforts can potentially reduce the associated health risks<sup>3,4,5</sup>.

### BRFSS Adverse Childhood Experience (ACE) Questions \*

Looking back at your childhood, before the age of 18 years:

- ① How often did a parent or adult in your home ever swear at you, insult you, or put you down?
- ② How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
- ③ How often did anyone at least five years older than you or an adult, ever touch you sexually, ever try to make you touch them sexually or force you to have sex?
- ④ Did you live with anyone who was a problem drinker or alcoholic?
- ⑤ Did you live with anyone who used street drugs or who abused prescription medications?
- ⑥ Were your parents ever separated or divorced?
- ⑦ Did you live with anyone who was depressed, mentally ill, or suicidal?
- ⑧ Did you live with anyone who served time or was sentence to serve time in a prison jail, or other corrections facility?

*\*The California ACE BRFSS questions are asked every two years and utilize eight of the original ten ACE criteria (excluding emotional and physical neglect)*

### ACEs prevalence among California Adults

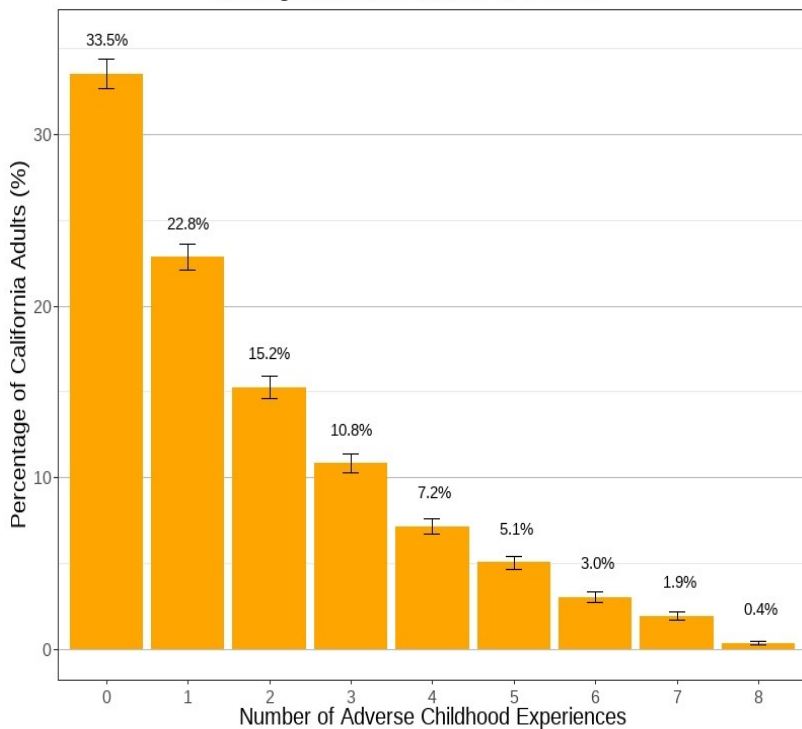
From 2015 to 2019, ACEs were found to be common across the California population. An estimated 67.0 percent of California adults had experienced at least one ACE [Figure 1]. Moreover, 17.6 percent of California adults reported they had experienced four or more ACEs [Figure 2].

Figure 1. Close to Seven out of Ten California Adults have Adverse Childhood Experiences, BRFSS 2015-2019



\*Prepared by the California Department of Public Health, Chronic Disease Surveillance and Research Branch

Figure 2. Proportion of Adverse Childhood Experience Scores among California Adults, 2015-2019



\*Prepared by the California Department of Public Health, Chronic Disease Surveillance and Research Branch

### ACEs Demographics among California Adults

Respondents were examined demographically by sex, age group, race/ethnicity, annual household income, educational status, health insurance and compared by total ACEs reported. Of the respondents to ACEs survey questions, women were overall more likely to have experienced four or more ACEs prior to the age of 18 years than men and respondents who reported more ACEs were also associated with relatively younger age groups.

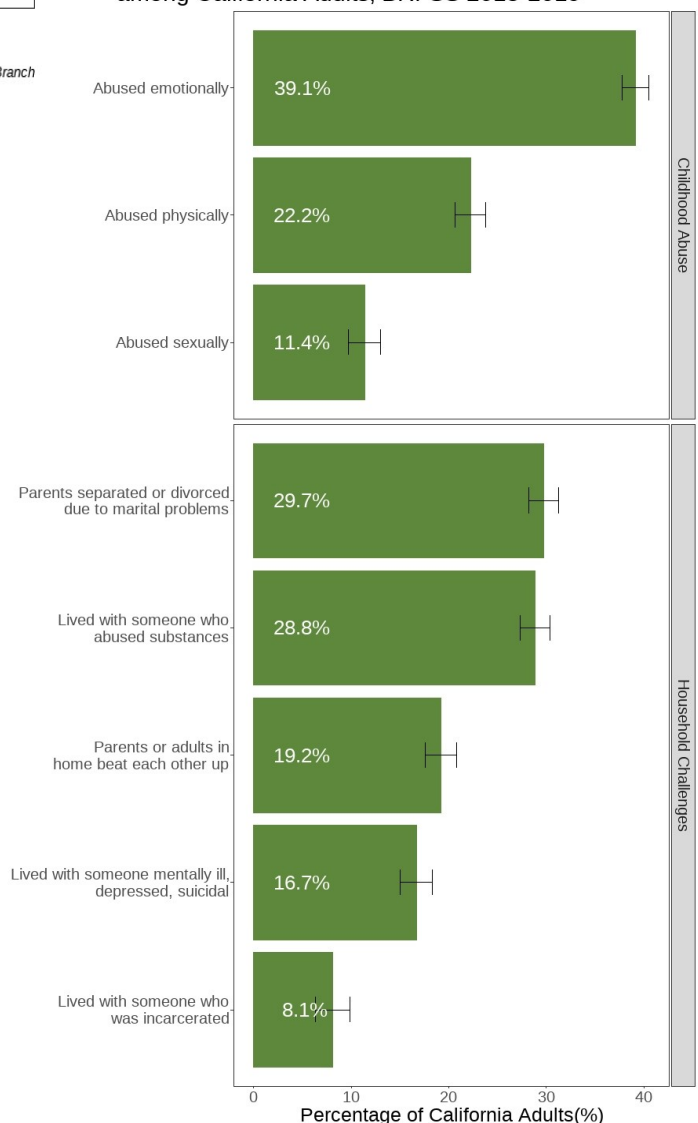
Prevalence of higher ACEs experienced were found to vary among different racial and ethnic groups. Hispanics were found to be more likely to have experienced four or more ACEs than fewer or no ACEs, while Asians or Pacific Islanders were less likely to have experienced four or more ACEs.

Individuals that reported four or more ACEs appeared more often in lower household income brackets when compared to the respondent group with fewer ACEs. Furthermore, this group was also typically less likely than those with fewer or no ACEs to have completed higher levels of education [Table 1].

### Prevalence of ACEs among Californian Adults

Among the categories of childhood abuse, emotional abuse had the highest prevalence (39.1 percent), followed by physical abuse (22.2 percent), and sexual abuse (11.4 percent). Most prevalent among household challenges, respondents experienced parent separation or divorce (29.7 percent), individuals living with someone who had abused substances (alcohol, street drugs, medications) (28.8 percent), individuals who lived in homes with domestic violence (19.2 percent), and individuals who had lived with someone mentally ill, depressed, or suicidal (16.7 percent). Living with someone who was incarcerated was the least common of the ACEs (8.1 percent) [Figure 3].

Figure 3. Prevalence of Adverse Childhood Experiences among California Adults, BRFSS 2015-2019



\*Prepared by the California Department of Public Health, Chronic Disease Surveillance and Research Branch  
Horizontal lines represent 95% Confidence Intervals

**Table 1. Demographic Characteristics of Respondents to Adverse Childhood Experiences (ACEs) in California, BRFSS 2015-2019\***

	<b>Respondents with 0 ACEs</b>		<b>Respondents with 1-3 ACEs</b>		<b>Respondents with ≥4 ACEs</b>	
	Percent (%)	95% CI	Percent (%)	95% CI	Percent (%)	95% CI
<b>California (N = 11,919)</b>						
<b>Gender</b>						
<i>Men</i>	31.7	(30.5-32.9)	53.6	(52.3-54.9)	14.7	(13.8-15.6)
<i>Women</i>	35.5	(34.3-36.7)	44.5	(43.2-45.7)	20.0	(19.0-21.0)
<b>Age Group</b>						
<i>18-24 years</i>	31.4	(28.6-34.1)	53.5	(50.6-56.5)	15.1	(13.0-17.3)
<i>25-34 years</i>	31.2	(29.0-33.5)	47.9	(45.5-50.3)	20.9	(18.9-22.8)
<i>35-44 years</i>	31.2	(29.0-33.3)	47.4	(45.1-49.8)	21.4	(19.5-23.3)
<i>45-54 years</i>	31.8	(29.7-33.9)	49.0	(46.8-51.3)	19.2	(17.4-20.9)
<i>55-64 years</i>	34.0	(32.0-36.0)	49.3	(47.3-51.4)	16.7	(15.2-18.2)
<i>≥65 years</i>	42.7	(41.0-44.4)	47.0	(45.3-48.8)	10.3	(9.3-11.4)
<b>Race/Ethnicity<sup>†</sup></b>						
<i>Asian/Pacific Islander</i>	50.3	(47.1-53.6)	41.9	(38.7-45.1)	7.8	(6.1-9.5)
<i>Black</i>	28.4	(24.5-32.3)	54.6	(50.3-58.9)	17.0	(13.7-20.3)
<i>Hispanic or Latino</i>	27.9	(24.1-31.7)	49.5	(45.2-53.8)	22.6	(19.0-26.2)
<i>White</i>	33.9	(32.7-35.1)	48.0	(46.7-49.3)	18.1	(17.1-19.1)
<i>Other<sup>‡</sup></i>	29.8	(28.3-31.3)	51.0	(49.4-52.6)	19.2	(17.9-20.5)
<b>Annual Household Income</b>						
<i>&lt; \$24,999</i>	29.4	(27.8-31.1)	49.1	(46.7-50.3)	21.4	(21.0-24.1)
<i>\$25,000 - \$50,999</i>	31.9	(30.0-33.9)	48.3	(46.2-50.4)	19.7	(18.1-21.4)
<i>\$50,000 - \$74,999</i>	33.8	(31.3-36.3)	45.2	(42.5-47.8)	21.1	(18.9-23.2)
<i>\$75,000 - \$99,999</i>	30.9	(28.3-33.5)	53.0	(50.1-55.8)	16.1	(14.0-18.2)
<i>\$100,000 - \$124,999</i>	37.4	(34.3-40.6)	47.2	(43.9-50.5)	15.4	(13.0-17.8)
<i>≥ \$125,000</i>	36.4	(34.3-38.6)	51.1	(48.8-53.3)	12.5	(11.1-14.0)
<b>Educational Level</b>						
<i>Less than High School</i>	39.6	(37.2-43.7)	50.1	(46.8-53.4)	10.4	(8.3-12.4)
<i>High School or GED</i>	31.6	(29.9-33.3)	48.9	(47.0-50.7)	19.5	(18.1-21.0)
<i>Some College or Technical School</i>	25.8	(24.3-27.4)	51.5	(49.8-53.3)	22.6	(21.2-24.1)
<i>College or Post Graduate</i>	39.0	(37.6-40.4)	47.1	(45.7-48.5)	13.9	(12.9-14.9)
<b>Health Insurance</b>						
<i>Insured</i>	34.2	(33.3-35.1)	48.3	(47.4-49.3)	17.5	(16.7-18.2)
<i>Not Insured</i>	27.7	(24.7-30.7)	52.8	(49.5-56.1)	19.5	(16.9-22.1)

**Abbreviations:** ACEs = Adverse Childhood Experiences, CI = Confidence Interval, GED = General Education Development Certification

\* Respondents who were not asked ACEs survey questions were excluded from analysis

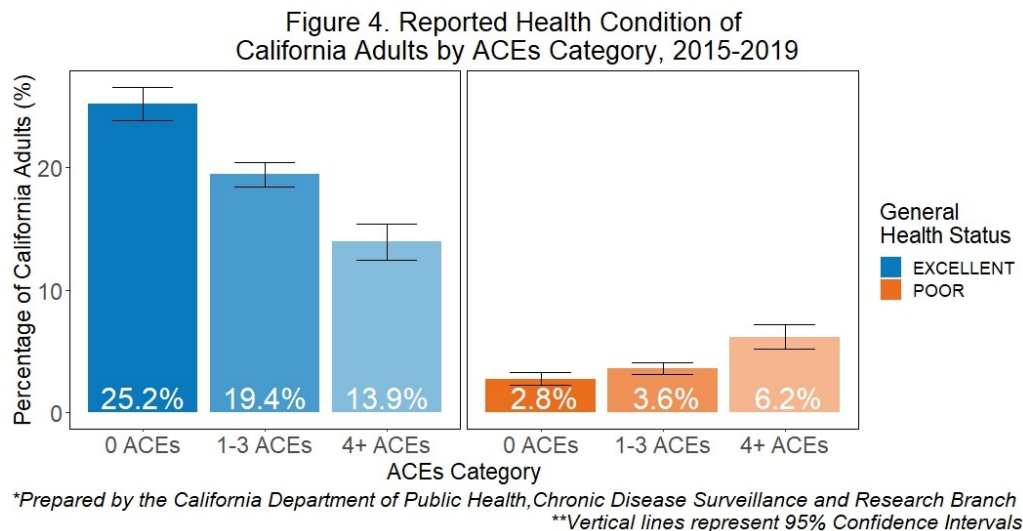
† 'Race/Ethnicity' was categorized as: (Asian, non-Hispanic), (Black, non-Hispanic), (Hispanic or Latino), (White, non-Hispanic), and (Other, non-Hispanic)

‡ 'Other' groups (American Indian/Alaska Native, non-Hispanic) and (Multiple Races, non-Hispanic) due to small sample sizes

*Prepared by the California Department of Public Health, Chronic Disease Surveillance and Research Branch*

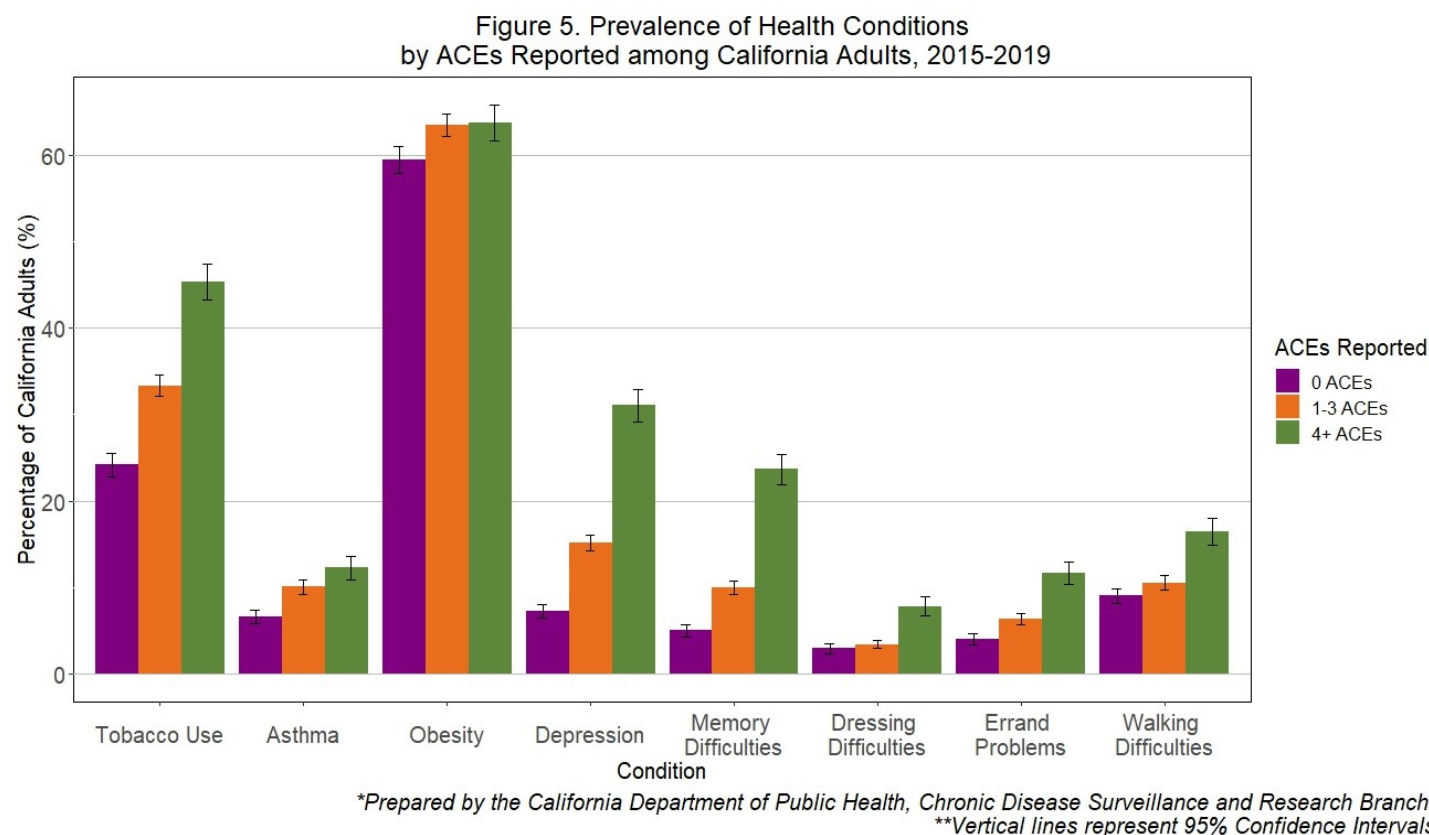
### Relationship between ACEs and Reporting of General Health Status

California adults who reported four or more types of ACEs were less likely to report being in “Excellent Health” and more likely to report “Poor Health” compared to adults who reported three or less types of adverse childhood experiences [Figure 4].



### Relationship between Exposure to ACEs and Reporting Chronic Health Problems

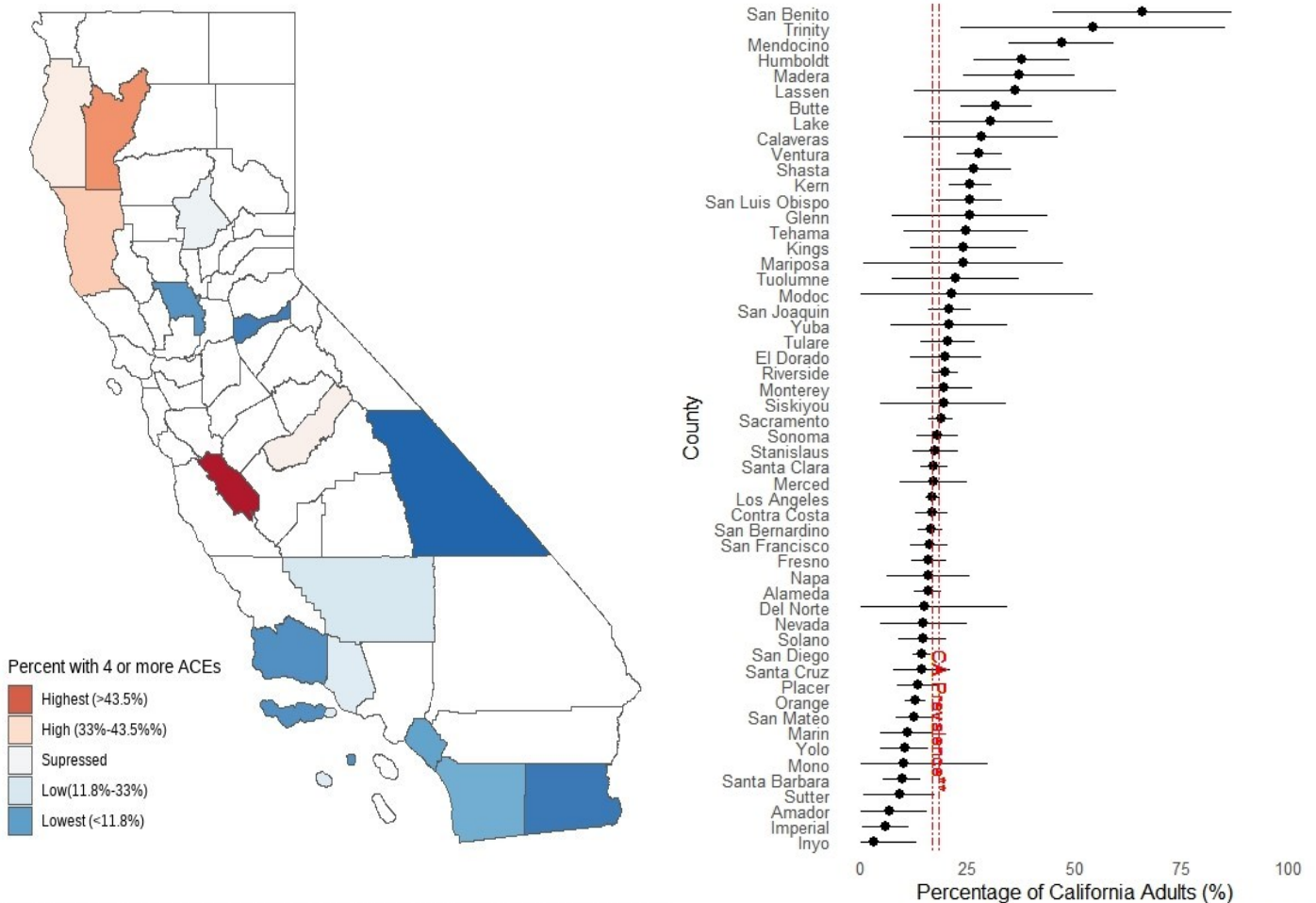
The prevalence of chronic health problems was examined among respondents who reported to the ACEs questions. In addition to links between unhealthy behaviors such as tobacco use and chronic illnesses such as asthma and obesity, higher exposure to ACEs has also been associated with problematic performance of daily tasks such as impaired memory, dressing, problems running errands, and trouble walking [Figure 5].



### Prevalence of ACEs by County

An analysis of ACEs prevalence estimates by geographic location show unequal levels across counties. The California counties reporting the highest prevalence of adults with four or more ACEs were San Benito County (65.9 percent), followed by Trinity County (54.3 percent), and Mendocino County (47.0 percent). Compared to counties with the lowest prevalence of adults reporting four or more ACEs—Inyo County (3.1 percent), Imperial County (5.9 percent), and Amador County (6.8 percent)—this represents a greater than seven to twenty-one fold difference between counties with the highest and lowest prevalence [Figure 6].

**Figure 6. Prevalence of Californian Adults with four or more ACEs by County, BRFSS 2015-2019**



\*Prepared by the California Department of Public Health, Chronic Disease Surveillance and Research Branch  
Suppressed Counties have prevalence estimates within overall California prevalence range

\*Horizontal Lines represent 95% Confidence Intervals  
\*\*CA Prevalence: 17.6% (16.9-18.3% 95% Confidence Interval)

## Summary

Using the most recent BRFSS data in California to date, this report examines the burden of ACEs among the adult California population. The information underscores the patterns of association between ACEs, general health, specific chronic health problems encountered later in life, and the need to engage the challenge of ACEs through a broader understanding the demographic and geographic associations. CDC and CDPH have developed and made available resources to address ACEs through informed prevention and mitigation strategies that could reduce the occurrence of chronic illnesses and improve population health and safety<sup>3, 4, 5</sup>.

## References

- <sup>1</sup> CDC Violence Prevention: Risk and Protective Factors. (<https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html>)
- <sup>2</sup> Cronholm, P.F., Forke, C.M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse Childhood Experiences: Expanding the Concept of Adversity. *Am J Prev Med*, 49(3):354-361. doi:10.1016/j.amepre.2015.02.001
- <sup>3</sup> Injury and Violence Prevention (IVP) Branch. Essentials for Childhood (<https://www.cdph.ca.gov/Programs/CCDPHP/DCCIC/SACB/Pages/EssentialsforChildhood.aspx>)
- <sup>4</sup> Preventing Adverse Childhood Experiences. CDC (<https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/>)
- <sup>5</sup> ACEs Aware. About ACEs Aware. California Department of Health Care Services, 2020. (<https://www.acesaware.org/>)

### FOR ADDITIONAL INFORMATION

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