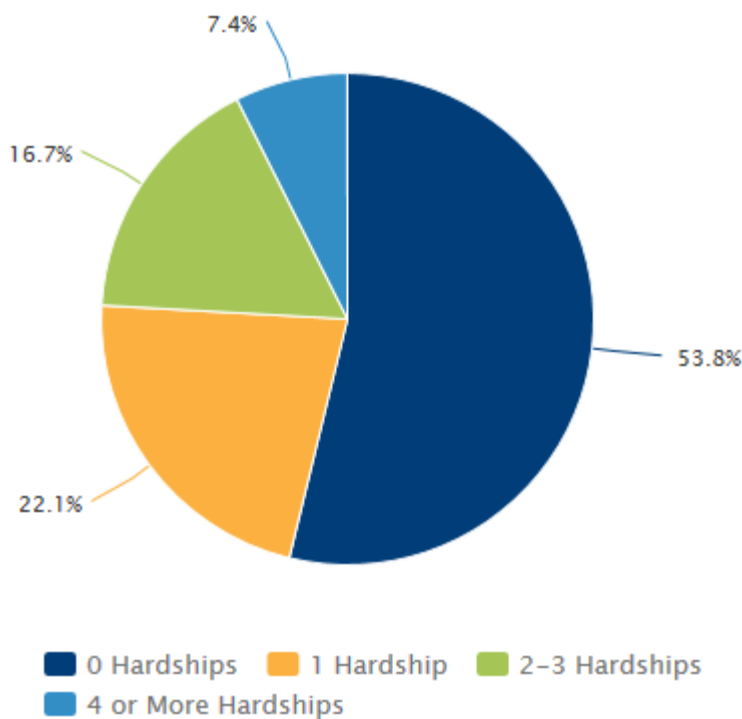


Childhood Adversity and Resilience in California

Prevalence of Childhood Hardships (Maternal Retrospective): 2011-2012 California



Definition: Estimated percentage of women with a live birth who before age 14 experienced childhood hardships (e.g., an estimated 7.4% of California women with a live birth in 2011-2012 experienced four or more childhood hardships).
Data Source: California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Program, & University of California, San Francisco, Center on Social Disparities in Health, *Maternal and Infant Health Assessment (MIHA) Survey* (Jun. 2016).

Prevalence of Adverse Childhood Experiences (Adult Retrospective): 2008-2013

California	Percent		
	Households with Children	Households without Children	All Households
0 ACEs	36.8%	40.8%	39.0%
1-3 ACEs	46.7%	43.9%	45.1%
4 or More ACEs	16.5%	15.3%	15.9%

Definition: Estimated percentage of adults 18 and older exposed to adverse childhood experiences before age 18, by household type (e.g., among California adults in households with children in 2008-2013, an estimated 16.5% were exposed to four or more adverse childhood experiences).
Data Source: Rodriguez, D., et al. (2016). *Prevalence of adverse childhood*

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 \(BRFSS\)](#)

Each of these separate data sources produces at least one overall index of childhood adversity. An overall index should be viewed as a more comprehensive measure than any one of its individual items alone because it captures the cumulative magnitude of experiencing hardships.

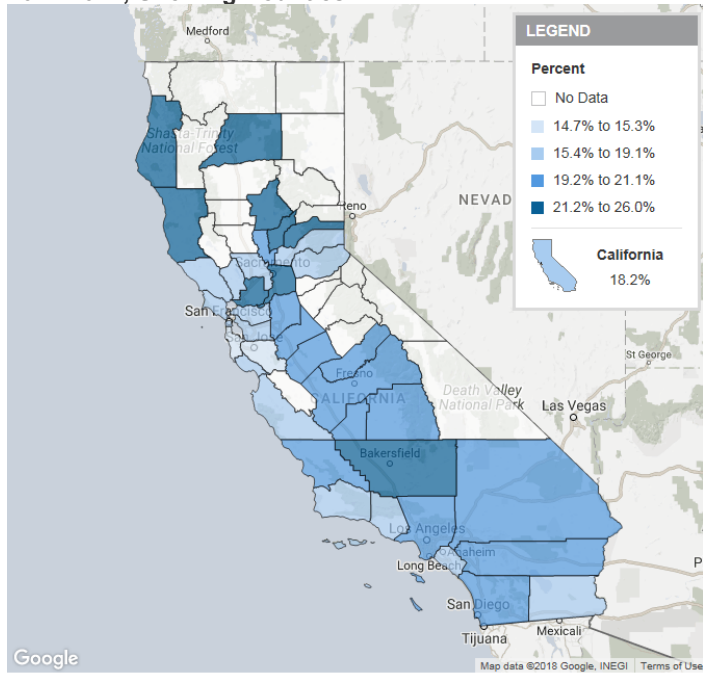
Why This Topic Is Important

Childhood adversity—such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty—can have negative, long-term impacts on health and well being (1, 2). Nearly half of U.S. children have experienced at least one adverse childhood event (3). Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health (4). The toxic stress associated with traumatic, and often cumulative, early adverse experiences can disrupt healthy development and lead to behavioral, emotional, school, and health problems during childhood and adolescence (2, 3, 5, 6). It also can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, alcohol and other substance abuse, and depression (1, 2, 3). The more traumatic and toxic events experienced by a child, the more likely the impact will be substantial and long-lasting (7).

Resilience, an adaptive response to hardship, can mitigate the effects of adverse childhood experiences (6, 8). It is a process of adapting well in the face of adversity, trauma, threats, or

experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group.

Children with Two or More Adverse Experiences (Parent Reported): 2011-2012; Showing Counties



Definition: Estimated percentage of children ages 0-17 who have experienced two or more adverse experiences as of their current age (e.g., in 2011-2012, an estimated 18.2% of California children had experienced two or more adverse experiences).
Data Source: Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, *Advancing data-in-action partnerships for children and children with special health care needs in California counties and cities using synthetic estimation from the 2011/12 National Survey of Children's Health and 2008-2012 American Community Survey* (Jun. 2016).

other significant sources of stress. Resilience involves a combination of internal and external factors. Internally, it involves behaviors, thoughts, and actions that anyone can learn and develop. Resilience is also strengthened by having safe, stable, nurturing relationships and environments within and outside the family (6, 8, 9).

How Children Are Faring

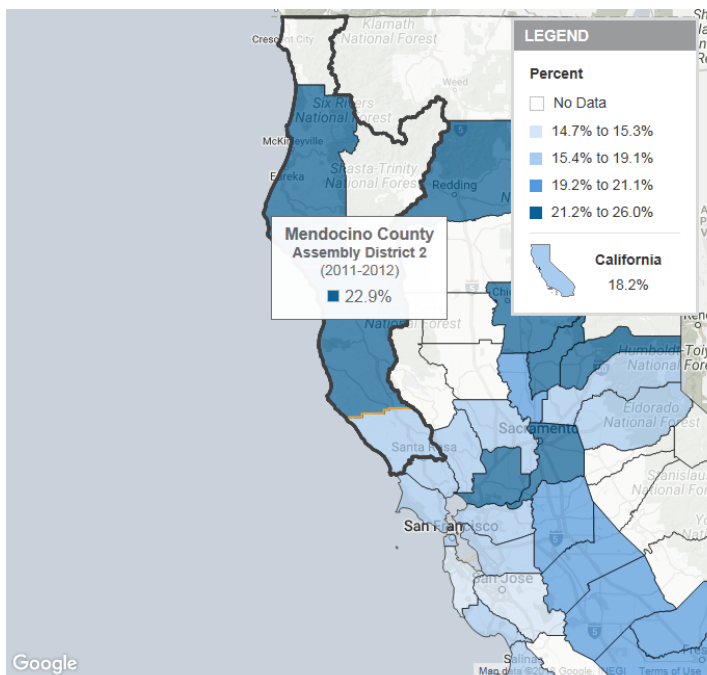
Childhood adversity is common among California children, and many children experience multiple traumatic and negative events. The most timely assessment of childhood resilience and adversity comes from the National Survey of Children's Health (NSCH), in which parents report on the current status of their children. NSCH data from 2011-2012 show that 67% of California children were usually or always resilient while 18% of children experienced two or more adverse childhood events. According to the 2011-2012 Maternal and Infant Health Assessment (MIHA), 24% of postpartum women in California experienced two or more childhood hardships before age 14. The California Behavioral Risk Factor Surveillance System Adverse Childhood Experiences (ACEs) Module, combining data from 2008 to 2013, shows that 17% of adults in households with children experienced at least four ACEs before age 18.

View references for this text and additional research on this topic:
<http://www.kidsdata.org/topic/95/childhood-adversity-and-resilience/summary>



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