

Special Emphasis Report:

Adverse Childhood Experiences (ACEs)

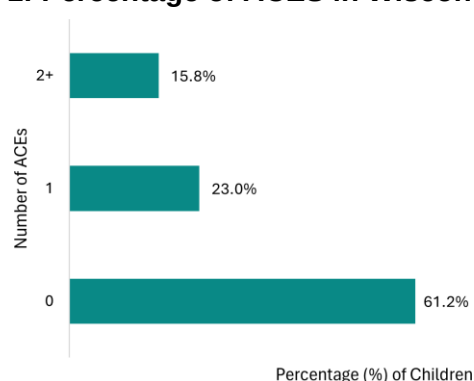
Understanding ACEs

Adverse childhood experiences, or ACEs, are potentially traumatic events or circumstances in childhood (0–17 years), including aspects of a child’s environment that can undermine their sense of safety, stability, and bonding. ACEs can negatively impact physical, mental, emotional, and behavioral development and can also have lasting effects on health, well-being, and prosperity well into adulthood.

Impact and magnitude of ACEs*

The effects of ACEs can be passed down from one generation to the next, especially when positive childhood experiences (PCEs) are not in place in a child's life. PCEs can include being in a safe, stable, and nurturing environment and having community and family support. In Wisconsin, 38.8% of children have experienced one or more ACEs, and 15.8% have experienced two or more ACEs, as reported by a parent or caregiver (2023) [Figure 1]. This is compared to the 38.3% of children who have experienced at least one ACE nationally.

Figure 1: Percentage of ACEs in Wisconsin, 2023



Types of ACEs*

The most prevalent type of ACE experienced in Wisconsin is divorce, impacting 19% of children [Figure 2].

Figure 2: Top five types of ACEs experienced by children, 2023

Type of ACE**	Percentage
1.Divorce	19.0%
2.Financial troubles	14.4%
3.Mental illness	9.3%
4.Substance use	8.3%
5.Neighborhood violence	5.3%

** All of the included ACEs, except discrimination, are experienced by someone in the child’s household. Discrimination is in regard to the child’s experiences.

* This report uses data from the National Survey of Children’s Health (NSCH), which does not include all potential ACEs, including the well-known ACEs of child abuse and neglect. The ACEs in this survey focus more on experiences that can impact a child’s sense of safety, stability, and bonding in their environment. See [NSCH website](#) for more details.

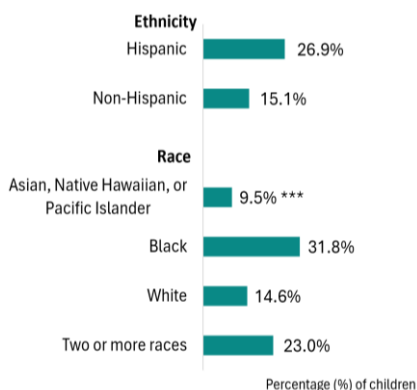
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ACEs by demographic group*

ACEs vary by individual and population level characteristics. Over 25% of Black, Hispanic, and American Indian or Alaska Native children have experienced two or more ACEs in Wisconsin [Figure 3].

Figure 3: Percentage of 2+ ACEs by race and ethnicity, 2021–2023

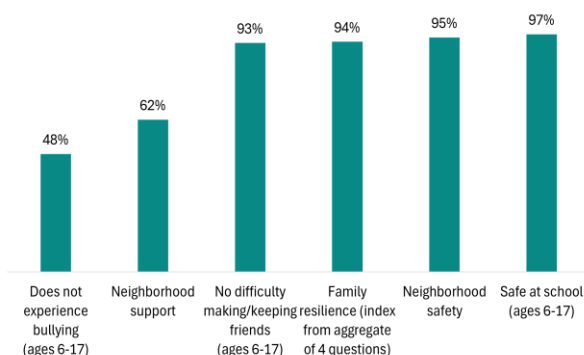


The estimate for those who identified only as American Indian/Alaska Native (AI/AN) was not included above due to counts less than 20. 31.7%*** of AI/AN children (including those who also identified as Hispanic or another race) have experienced two or more ACEs. 22.5% of children identified as multi-racial selected AI/AN as one of those races. ***Estimate may be unreliable based on confidence intervals. See NSCH website for detail

Positive childhood experiences*

There are opportunities to improve the lives of all children and adults. It starts with healthy childhoods, which can provide lasting benefits throughout life. In Wisconsin, 95.3% of children live in a safe neighborhood and 61.9% have neighborhood support [Figure 4].

Figure 4: Percentage of children with positive childhood experiences, 2023



CDC resources to support state and local Strategies

- [Adverse Childhood Experiences Prevention Strategy](#)
- [Preventing ACEs: Leveraging the Best Available Evidence](#)
- [VetoViolence – Violence Prevention in Practice](#)

ACEs prevention strategies

The primary prevention of ACEs—stopping ACEs before they start—would result in fewer risks for unintentional and intentional injuries, reduction of poor health conditions, and less pressure on health care systems.

Six strategies for preventing ACEs:

1. Strengthen economic supports for families (for example earned income tax credits, family-friendly work policies).
2. Promote social norms that protect against violence and adversity (for example public education campaigns and bystander approaches to support healthy relationship behaviors).
3. Ensure a strong start for children (for example early childhood home visitation, high quality and affordable child care, preschool enrichment programs).
4. Enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges.
5. Connect children to caring adults and activities (for example social emotional learning, safe dating and healthy relationships, and parenting or family relationship programs).
6. Intervene to lessen immediate and long-term harms (for example enhanced primary care to address ACEs exposures and advancement of trauma-informed care for people with a history of exposure to ACEs). While not a primary prevention strategy, timely access to assessment, intervention, support, and treatment for children who have experienced ACEs can help mitigate the consequences of ACEs.

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ACES activities in Wisconsin

Wisconsin Violence and Injury Prevention Partnership (WIVIPP):

Many organizations are working to prevent and address ACEs across Wisconsin. WIVIPP, a group organized through the Wisconsin Department of Health Services (DHS), is made up of public health, academic, and non-profit partners who aim to reduce injury and violence. The partnership helps members address ACEs and promote PCEs by providing opportunities to learn about:

- Information related to specific types of ACEs and PCEs.
- Data sources that can help identify populations at greater risk for ACEs.
- Programs, projects, and resources from other Wisconsin organizations focused on ACEs and PCEs.

Child abuse and neglect prevention:

Wisconsin's [Child Abuse and Neglect Prevention Board](#), created in 1983, uses programming, policy, and education to prevent child abuse and neglect. By focusing on the factors that protect children from maltreatment, the prevention board works with communities to strengthen families and prevent abuse and neglect before it occurs. The prevention board supports the [Five for Families website](#) with resources for parents. The Wisconsin Department of Children and Families has also been transforming the child welfare system since 2018 to be more family-focused and collaborative in supporting more children and families in-home.

In addition, Wisconsin is home to the [Together for Children](#) and [Fulfilling the Promise](#) conferences. Together for Children brings together members of law enforcement, educators, and medical and social service providers to learn about emerging issues and policy in child welfare. Fulfilling the Promise offers information and resources related to early childhood services to professionals who support families, including home visitors, parent educators, and early interventionists.

Promoting positive childhood experiences (PCEs):

When someone experiences ACEs, they are at greater risk of a suicide attempt. For this reason, addressing ACEs and promoting PCEs is a key aspect of the [Wisconsin Suicide Prevention Plan](#). DHS helps support the Strengthening Families Program 7–17 (SFP 7–17), which encourages family connection, improved family relationships, and parenting skills. SFP 7–17 helps prevent child abuse and neglect and decreases youth depression and substance use. School-based PCEs are supported in Wisconsin through Sources of Strength. This mental health and suicide prevention program aims to help students form positive connections with adults and feel they belong in school.

Wisconsin is also one of four states that has previously included questions about PCEs in its Behavioral Risk Factor Surveillance System. Results from Wisconsin were included in [a recent national study of PCEs](#) and could help inform ongoing efforts to promote PCEs.

Note: The two categories of ethnicity in this report are mutually exclusive and include all racial categories. The five racial categories are also mutually exclusive and include both Hispanic and non-Hispanic respondents. NSCH has noted over-reporting of Hispanic among Native Hawaiian and Pacific Islander respondents. See [NSCH methodology](#) for more details about how this may affect the estimates.