A grayscale photograph of a child swinging on a swing set, silhouetted against a bright, cloudy sky. The image is partially obscured by a large green overlay on the right side of the page.

Childhood Experiences in San Diego County, 2019-2022

County of San Diego, Health and Human Services Agency,
Public Health Services, Community Health Statistics Unit

Prepared June 2024



Accredited on May 17, 2016
Reaccredited on August 21, 2023



LIVE WELL
SAN DIEGO

Childhood Experiences in San Diego County, 2019-2022

June 2024

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This publication of Childhood Experiences in San Diego County utilizes estimated data that is current up through 2024 or the most current year available at the time this publication was in development. This document was developed under the Community Health Statistics Unit of the County of San Diego and is in support of Live Well San Diego.

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The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

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Methodology

Data Sources

Data included in this brief come from the 2021-2022 California Health Interview Survey (CHIS) and the 2019-2021 California Behavioral Risk Factor Surveillance System (BRFSS).

California Health Interview Survey (CHIS)

CHIS is a web and telephone state health survey that asks questions about a wide range of health topics, including health insurance, access to healthcare, respondent characteristics, health status, health conditions, health behaviors, mental health, and oral health.¹ Data from survey years 2021 through 2022 were pooled and downloaded from AskCHIS to obtain stable population estimates for the San Diego County population.

ADVERSE CHILDHOOD EXPERIENCES (ACEs) SCORES

Total ACE scores were calculated by summing the number of types of ACEs each respondent was exposed to before the age of 18. Exposure was included in the ACE score if the individual responded “yes” or “at least once” to the following questions:

- “Did you live with anyone who was depressed, mentally ill, or suicidal?”
- “Did you live with anyone who was a problem drinker or an alcoholic?”
- “Did you live with anyone who used illegal street drugs or who abused prescription medications?”
- “Did you live with anyone who served time or who was sentenced to serve time in a prison, jail, or other correctional facility?”
- “Were your parents separated or divorced?”
- “How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?”
- “How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?”
- “How often did a parent or adult in your home ever swear at you, insult you, or put you down?”
- “How often did anyone at least 5 years older than you or who was an adult, ever touch you sexually?”
- “How often did anyone at least 5 years older than you or an adult ever try to make you touch them sexually?”
- “How often did anyone at least 5 years older than you or an adult ever force you to have sex?”

POSITIVE CHILDHOOD EXPERIENCES (PCEs) SCORES

Total PCE scores were calculated by summing the total PCEs each respondent was exposed to before the age of 18. Exposure was included in the PCE score if the individual responded "all of the time" or "most of the time" to the following questions:

Now, looking back before you were 18 years of age: how often did you...

- "How often did you feel able to talk to family about feelings?"
- "How often did you feel family stood by you during difficult times?"
- "How often did you feel safe and protected by an adult in your home?"
- "How often did you have at least 2 non-parent adults who took genuine interest?"
- "How often did you feel supported by friends?"
- "How often did you feel a sense of belonging at high school?"
- "How often did you enjoy participating in community traditions?"

California Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a telephone health survey covering topics including health-related risk behaviors, chronic health conditions, and use of preventive services. It is administered by 50 states in partnership with the Centers for Disease Control (CDC).²

The ACE module included in BRFSS was adapted from the CDC-Kaiser Permanente ACE Study. The survey is administered to adults looking retrospectively at their childhood experiences. Since 2009, all 50 states and the District of Columbia have included ACE questions for at least one year on their survey.³ All estimates included in the analyses in this brief are weighted to represent the population in San Diego County.

ADVERSE CHILDHOOD EXPERIENCES (ACEs) SCORES

Total ACE scores were calculated by summing the number of types of ACEs each respondent was exposed to before the age of 18. Exposure was included in the ACE score if the individual responded "yes" or "at least once" to the following questions:

- "Did you live with anyone who was depressed, mentally ill, or suicidal?"
- "Did you live with anyone who was a problem drinker or an alcoholic?"
- "Did you live with anyone who used illegal street drugs or who abused prescription medications?"

- “Did you live with anyone who served time or who was sentenced to serve time in a prison, jail, or other correctional facility?”
- “Were your parents separated or divorced?”
- “How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?”
- “How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?”
- “How often did a parent or adult in your home ever swear at you, insult you, or put you down?”
- “Did you feel that no one in your family loved you or thought you were special?” (*Asked only in data year 2021*)
- “Did you feel that you didn't have enough to eat, dirty clothes, or no one to protect or care for you?” (*Asked only in data year 2021*)

The following questions were combined to be one sexual abuse category:

- “How often did anyone at least 5 years older than you or an adult ever touch you sexually?”
- “How often did anyone at least 5 years older than you or an adult ever Try to make you touch them sexually?” (*Asked only in data year 2020*)
- “How often did anyone at least 5 years older than you or an adult ever Force you to have sex?” (*Asked only in data year 2020*)

Introduction

What are Adverse Childhood Experiences (ACEs)?

Adverse childhood experiences (ACEs) are potentially traumatic experiences that occur before the age of 18. ACEs range from physical and sexual abuse to household challenges experienced by parents, caregivers, or other adults living with the child.⁴ Although there are a range of potentially traumatic experiences in childhood, the following types of ACEs are currently measured by the California Health Interview Survey (CHIS) and Behavioral Risk Surveillance System (BRFSS).^{3,5}

These ACEs include:



[^]Neglect items added to BRFSS in 2021. Neglect items not included in CHIS.

^{*}The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

Figure 1: Types of ACEs^{4,5}

ACEs and Toxic Stress

Experiencing a high number of ACEs, without supportive adults or safe and stable environments, may lead to a prolonged activation of the biological stress response, known as toxic stress. The more adversity to which a child is exposed, the more likely it is that they will develop a toxic stress response. Toxic stress can have a lasting effect on brain structure and function and disrupt healthy development.⁶ The long-term biological changes caused by toxic stress can also be passed onto the next generation.⁶

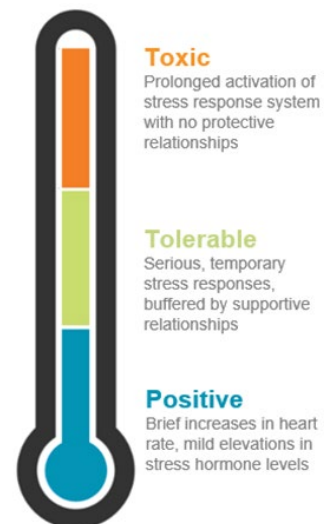


Figure 2: Toxic Stress, Image adapted from University of Chicago.⁷

ACEs and Health Outcomes

Current research indicates that experiencing a higher number of ACEs is associated with chronic health conditions, mental illness, and health risk behaviors.^{4,6} Additionally, ACEs can be passed from generation to generation and increase the risk of health problems in children born to parents with high ACE scores.⁶ Children born to parents with high ACE scores are more likely to have neuropsychiatric, behavioral, and physical health problems.

In the United States, 1 in 6 adults have experienced 4 or more ACEs, and 61% of adults have experienced at least one ACE.⁸ Some demographic groups are more likely to experience an increased number of ACEs, including racial and ethnic minorities, females, LGBTQ+ individuals, and those with lower socioeconomic status and education levels.⁹

ACEs have been found to have a graded dose-response relationship with 40+ health and well-being outcomes as of 2019, including 9 of the top 10 leading causes of death in San Diego County (Table 1).^{6,10,11}

Association of ACEs with the Leading Causes of Death in San Diego County		
Rank	Leading Causes of Death in San Diego County, 2017	Odds Ratio† for 4 or More ACEs (relative to no ACEs)
1	Cancer	2.3
2	Heart Disease	2.1
3	Alzheimer's Disease	11.2
4	Stroke	2.0
5	Accidents (Unintentional Injuries)	2.6
6	Chronic Lower Respiratory Diseases	3.1
7	Diabetes	1.4
8	Kidney Disease	1.7
9	Suicide*	37.5
10	Influenza and pneumonia	unknown

† Pooled Odds Ratios from a random-effects meta-analysis across the world. *Calculated OR measures association with suicide attempts.

Table 1: Association of ACEs with the Leading Causes of Death in San Diego County, 2017.^{6,11}



As the number of ACEs increases, so does the risk for negative health and well-being outcomes.¹⁰

Fortunately, ACEs are preventable. Creating and maintaining safe, stable, and nurturing relationships and environments for children and families can prevent ACEs and decrease the risk of adverse health and well-being outcomes associated with ACEs.⁶ Preventing ACEs could decrease the overall burden of disease across the United States, including a decrease in roughly 2.5 million cases of overweight/obesity, up to 1.9 million cases of heart disease, and 21 million cases of depression.⁸

What are Positive Childhood Experiences (PCEs)?

Positive Childhood Experiences (PCEs) are defined as having supportive and nurturing environments in childhood, such as strong peer relationships, supportive school environments, or safe neighborhoods.¹² Research has indicated that PCEs are strongly associated with improved mental and physical health in adulthood. Further, PCEs may have protective effects against adverse health and well-being outcomes in adulthood among adults who were exposed to ACEs.¹²

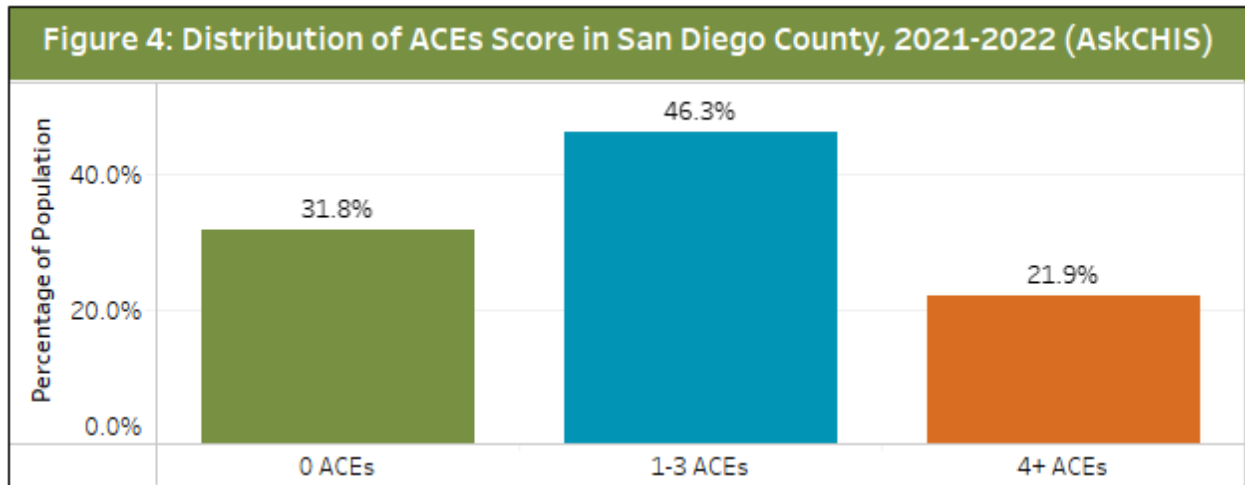


Figure 3: Positive Childhood Experiences. Image adapted from Academy on Violence and Abuse.¹³

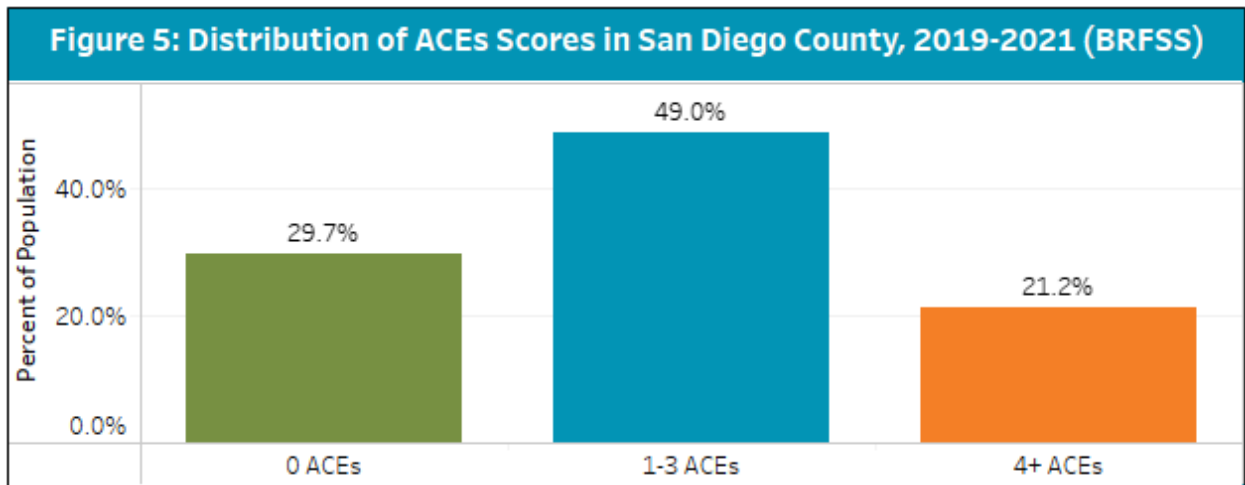
To view the interactive Childhood Experiences Tableau Dashboard, visit: the [Childhood Experiences Dashboard](#)

Survey Results by ACEs Score

Prevalence of ACEs in San Diego County



Source: California Health Interview Survey, 2021-2022.¹⁴

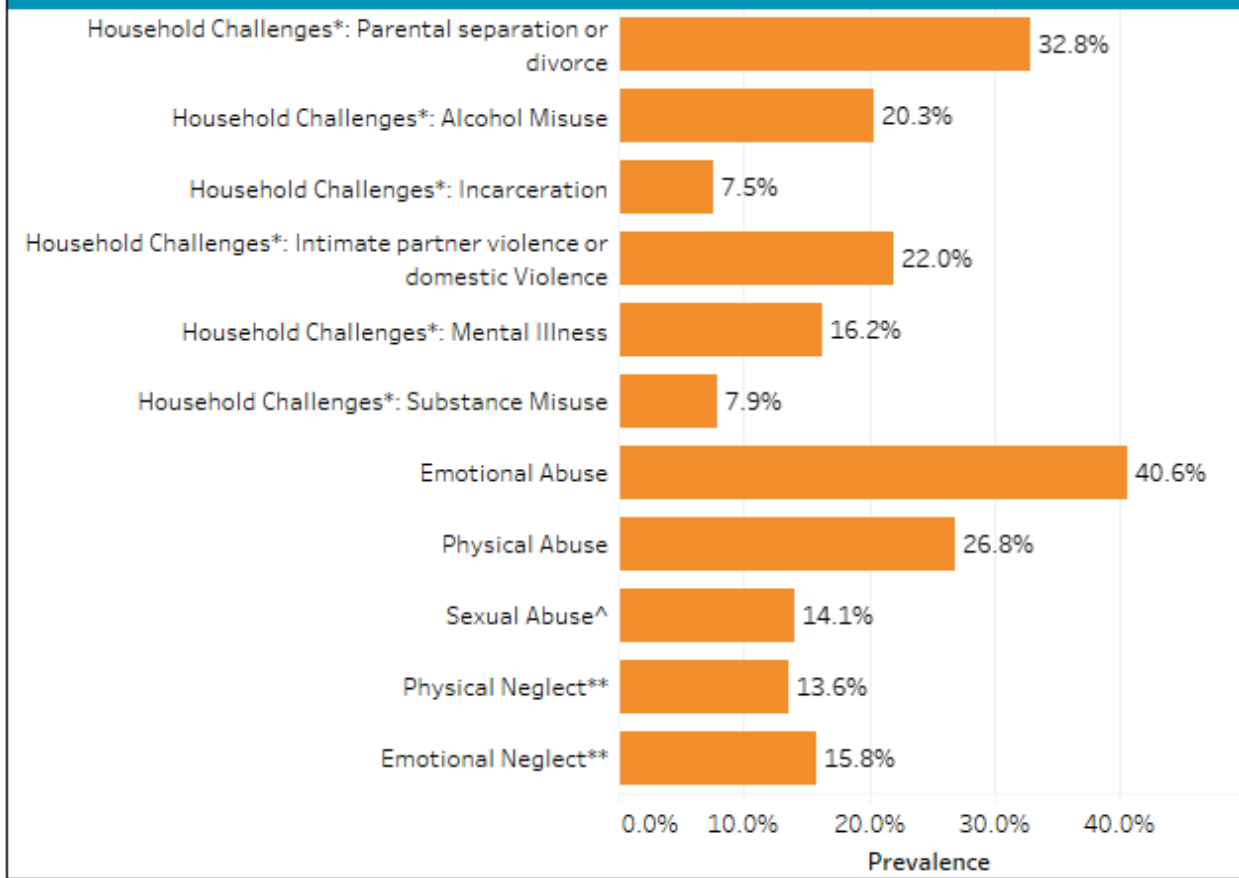


Source: California Behavioral Risk Factor Surveillance System, 2019-2021.¹⁵

Over 1 in 5 adults in San Diego County reported experiencing 4 or more ACEs before the age of 18.

From 2021-2022, about 22% of adults in San Diego County reported that they had experienced 4 or more ACEs, and nearly half of adults reported experiencing 1-3 ACEs before the age of 18. The BRFSS prevalence estimates are similar to the estimates from CHIS.

Figure 6: Prevalence of Types of ACEs in Adults, San Diego County, 2019-2021



**Lived with a parent, caregiver, or other adult who experienced one or more of these challenges. **Included only in 2021 BRFSS data year. ^Includes "How often did anyone at least 5 years older than you or an adult ever touch you sexually?" for data years 2019-2021, and "How often did anyone at least 5 years older than you or an adult try to make you touch them sexually" and "How often did anyone at least 5 years older than you or an adult, force you to have sex?" for data year 2020. Source: California Behavioral Risk Factor Surveillance System, 2019-2021.¹⁵*

Of the eleven ACE types measured by BRFSS, the most common ACE reported among adults in San Diego County was emotional abuse, followed by parental separation or divorce.

About 41% of adults surveyed between 2021-2022 reported they had experienced emotional abuse before the age of 18. Nearly 1 in 3 (32.8%) adults in San Diego County had divorced or separated parents before the age of 18.

Roughly 1 in 7 adults in San Diego County experienced sexual abuse in childhood.

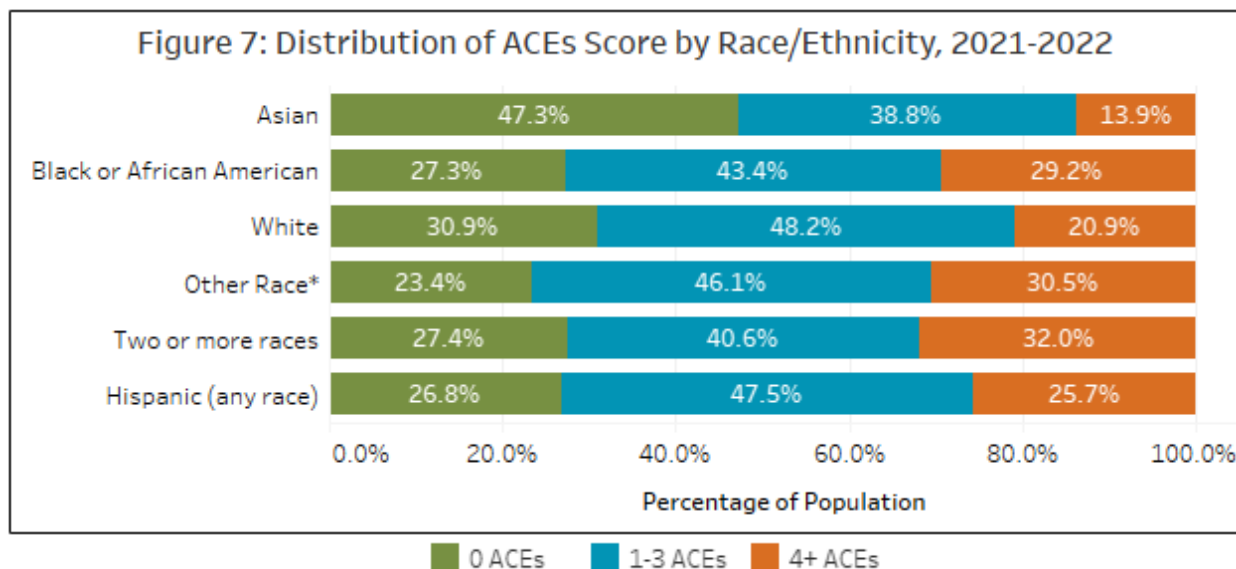
Of adults surveyed between 2019 and 2021, 14.1% reported they had been sexually abused at least once before the age of 18. For data years 2019 and 2021, sexual abuse included being touched sexually by anyone 5 years or older or an adult. For data year 2020, sexual abuse included being touched sexually by anyone 5 years or older or an adult, being forced to touch anyone at least 5 years older or an adult, and being forced to have sex by anyone 5 years or older or an adult. The prevalence of sexual abuse in San Diego County is similar to the

prevalence in California (10.8%),¹⁶ measured by BRFSS from 2011-2017, and the prevalence in the United States (12.6%), measured by BRFSS from 2011-2020.³

The least common ACE reported among San Diego County residents was living with someone who was incarcerated.

Of adults surveyed between 2019 and 2021, 7.5% reported living with someone who was incarcerated in childhood. This prevalence is similar to the prevalence in California (7.5%)¹⁶, measured by BRFSS from 2011-2017, and the prevalence in the United States (8.6%), measured by BRFSS from 2011-2020.³

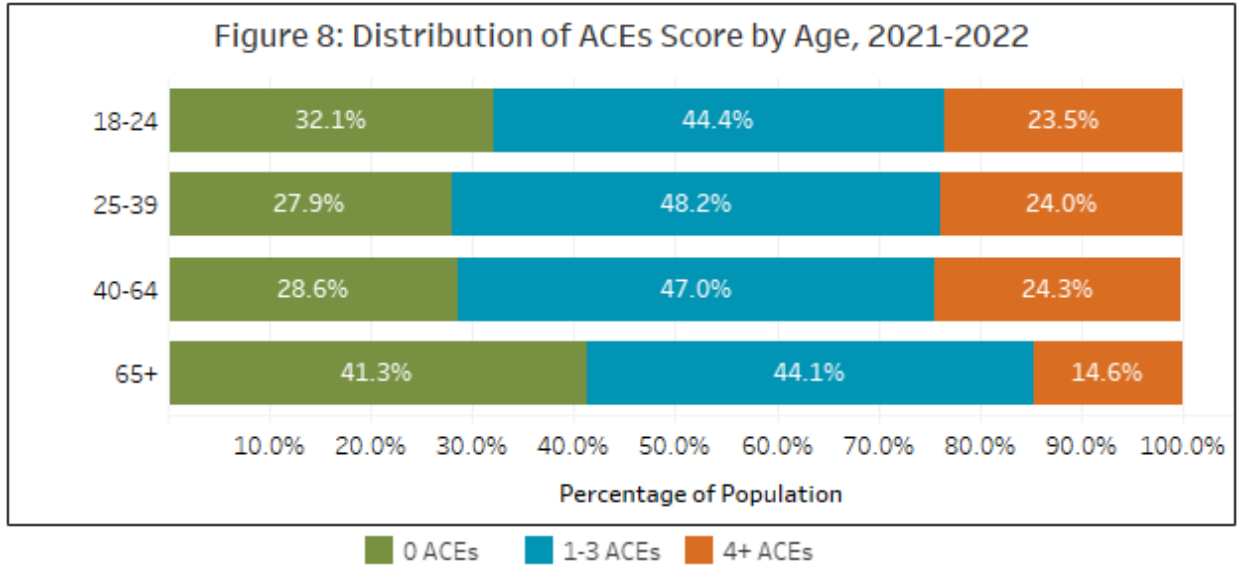
Demographic Disparities by ACE Score in San Diego County



*Other race includes American Indian/Alaska Native, Other single race, including Native Hawaiian and Other Pacific Islander (NHOPI). Source: California Health Interview Survey, 2021-2022.¹⁴

Prevalence of ACEs varies by race/ethnicity.

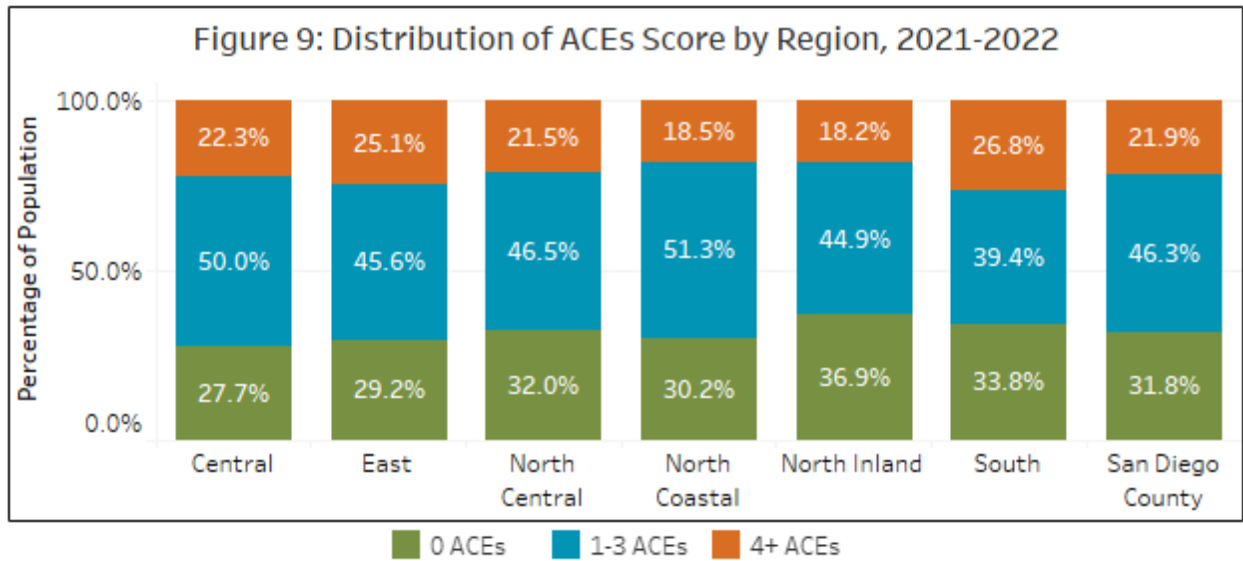
Research has indicated that individuals who are Black, Hispanic (any race), and multi-racial experience a higher number of ACEs.^{6,9,16} These patterns can also be seen in San Diego County. From 2021-2022, the multiple race group had the highest prevalence of 4+ ACEs (32%), followed by the other race group (30.5%), and Black or African American (29.2%).



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults aged 40-64 reported the highest prevalence of 4 or more ACEs.

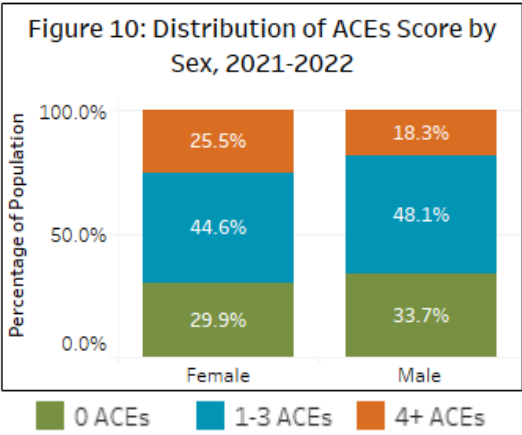
Among adults aged 40-64, nearly 1 in 4 (24.3%) reported experiencing 4 or more ACEs before the age of 18, followed by adults aged 25-39 (24.0%), and adults aged 18-24 (23.5%). Adults aged 65+ reported the lowest prevalence of ACEs overall (58.7%). Younger generations may be at increased risk of experiencing 4 or more ACEs.¹⁷



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults in South Region reported the highest prevalence of 4 or more ACEs.

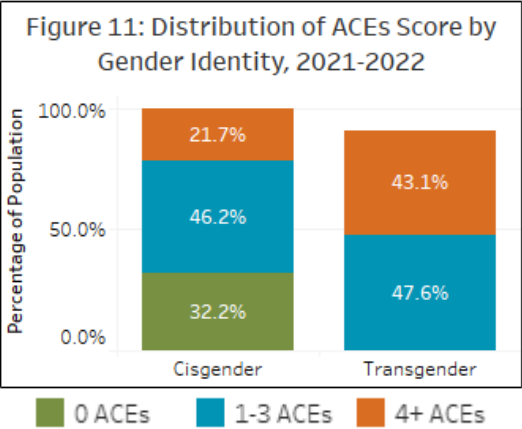
From 2021-2022, over 1 in 4 (26.8%) of adults in South Region reported experiencing 4 or more ACEs before the age of 18, higher than in San Diego County overall (21.9%). North Inland and North Coastal Regions reported the lowest prevalence of 4 or more ACEs, with percentages of 18.2% and 18.5%, respectively.



Source: California Health Interview Survey, 2021-2022.¹⁴

In San Diego County, females reported a higher prevalence of 4 or more ACEs than males.

Previous research has indicated that females are at greater risk of experiencing 4 or more ACEs compared to males⁶. In San Diego County, 25.5% of females experienced 4 or more ACEs before the age 18, compared to 18.3% of males. Overall, 70.1% of females experienced at least one ACE compared to 66.4% of males.



Source: California Health Interview Survey, 2021-2022.¹⁴

In San Diego County, over 2 in 5 transgender adults reported experiencing 4 or more ACEs.

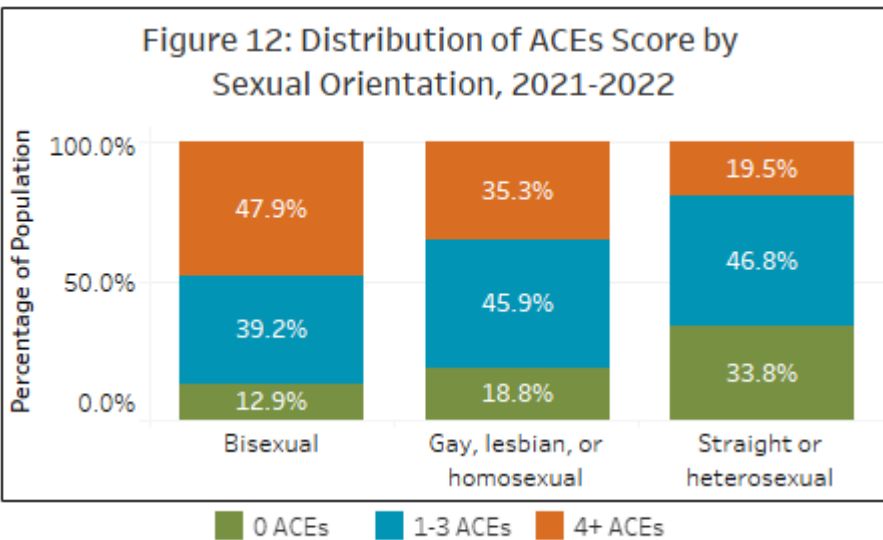
From 2021-2022, 43.1% of transgender adults reported experiencing 4 or more ACEs before the age of 18, nearly twice the percentage among cisgender adults. The transgender population may be at higher risk of experiencing ACEs.

In San Diego County, nearly half of bisexual adults reported experiencing 4 or more ACEs.

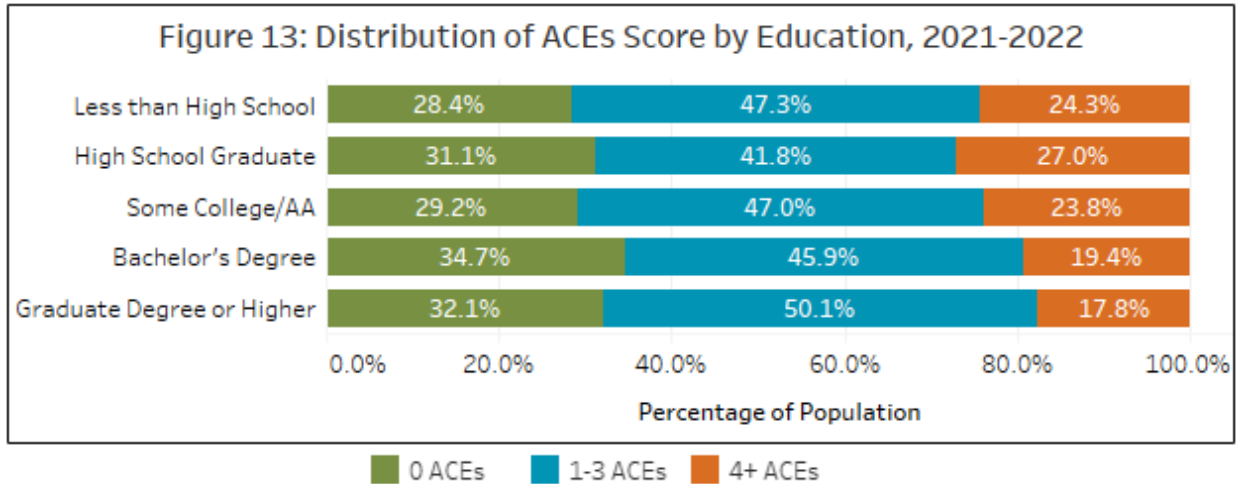
In San Diego County, 47.9% of the bisexual population reported experiencing 4 or more ACEs, 2.5 times the percentage among the straight population.

Among the gay and lesbian population, over 1 in 3 adults reported

experiencing 4 or more ACEs, 1.8 times the straight population. The Lesbian, Gay, Bisexual, and Queer (LGBQ) population appears to have an increased risk of experiencing ACEs.



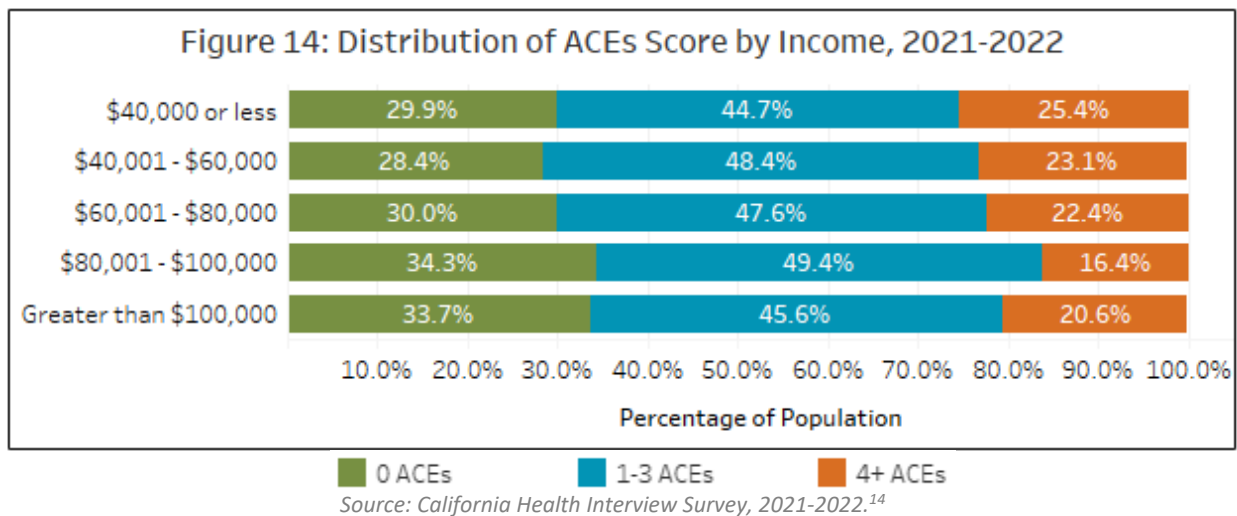
Source: California Health Interview Survey, 2021-2022.¹⁴



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults with less than a college degree were more likely to experience ACEs than adults with a college degree or higher.

In San Diego County, nearly 70% of adults with a high school degree experienced 1 or more ACEs, and 27% experienced 4 or more ACEs. Adults with a post-graduate education experienced the lowest prevalence of 4 or more ACEs (17.8%), followed by adults with a bachelor's degree (19.4%). Previous research has indicated that experiencing a high level of adversity in childhood is associated with lower education levels.^{6,9}

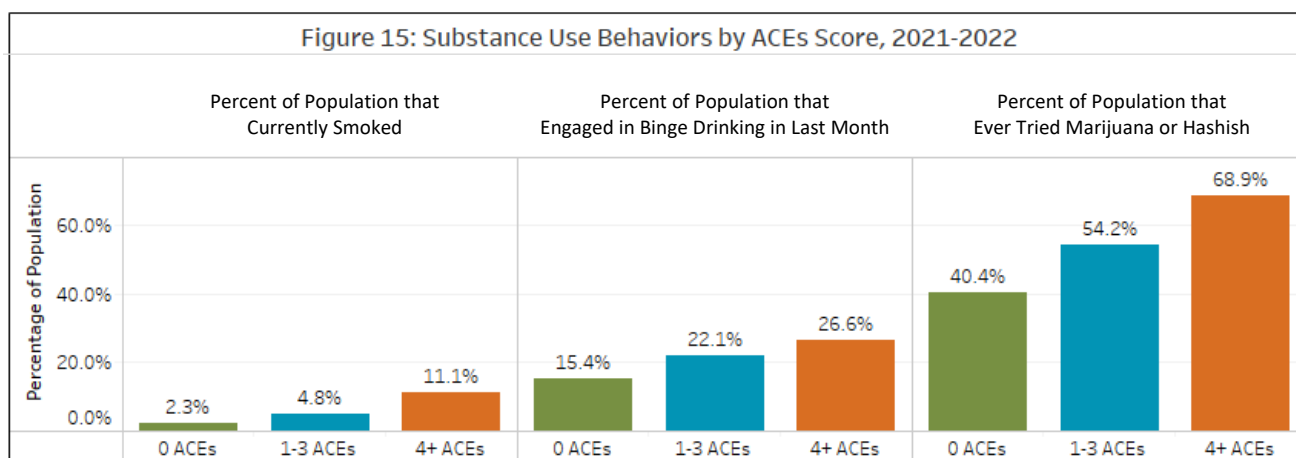


Source: California Health Interview Survey, 2021-2022.¹⁴

Adults with an annual income of \$80,000 or more experienced the lowest prevalence of 4 or more ACEs.

Just over 16% of adults with an annual income between \$80,001 and \$100,000 and 20.6% of adults with an annual income greater than \$100,000 living experienced 4 or more ACEs, compared to 25.4% of adults with an annual income of \$40,000 or less.

Behavioral Health Outcomes



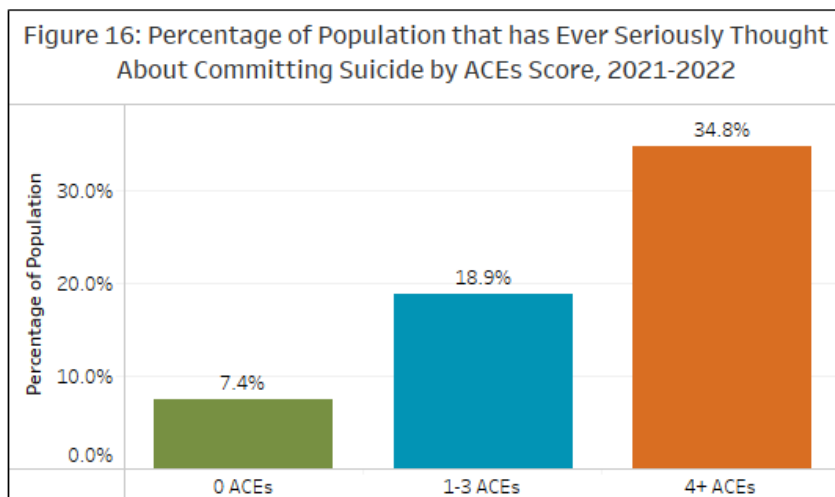
Source: California Health Interview Survey, 2021-2022.¹⁴

Adults who reported 4 or more ACEs reported the highest rates of substance use.

From 2021-2022, among adults who reported 4 or more ACEs, 11.1% reported current smoking, 26.6% reported engaging in binge drinking in the last month, and 68.9% reported ever trying marijuana or hashish.

Adults who reported 4 or more ACEs had the highest rate of suicide ideation.

Among adults who reported 4 or more ACEs, 34.8% had ever seriously thought about committing suicide, a percentage that is 4.7 times higher than that of adults who reported 0 ACEs (7.4%).

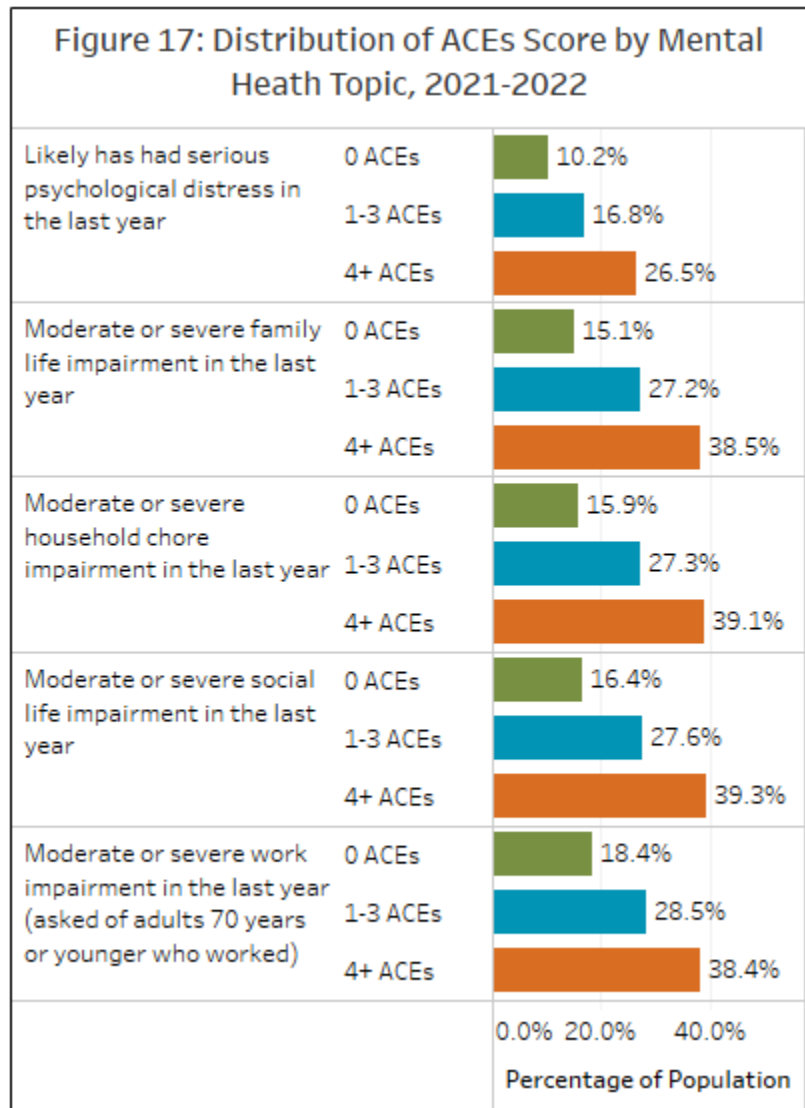


Source: California Health Interview Survey, 2021-2022.¹⁴

Adults who reported 4 or more ACEs reported the highest rates of mental health issues.

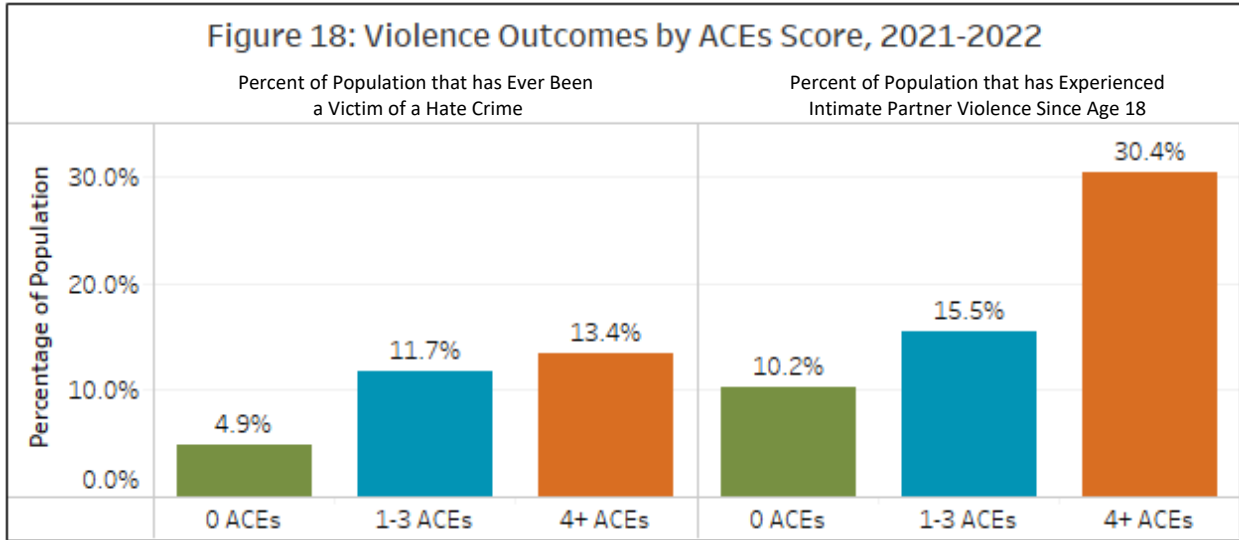
Among adults who reported 4 or more ACEs:

- Over 1 in 4 (26.5%) reported serious psychological distress in the last year, nearly 2.6 times the percentage among adults who reported 0 ACEs (10.2%).
- Nearly 2 in 5 (38.5%) reported moderate or severe family life impairment in the last year, 2.5 times the percentage among adults who reported 0 ACEs (15.1%).
- Nearly 2 in 5 (39.1%) reported moderate or severe household chore impairment in the last year, 2.5 times the percentage among adults who reported 0 ACEs (15.9%).
- Nearly 2 in 5 (39.3%) reported moderate or severe social life impairment in the last year, 2.4 times the percentage among adults who reported 0 ACEs (16.4%).
- Nearly 2 in 5 (38.4%) reported moderate or severe work impairment in the last year (among adults 70 years or younger who worked), 2.1 times the percentage among adults who reported 0 ACEs (18.4%).



Source: California Health Interview Survey, 2021-2022.¹⁴

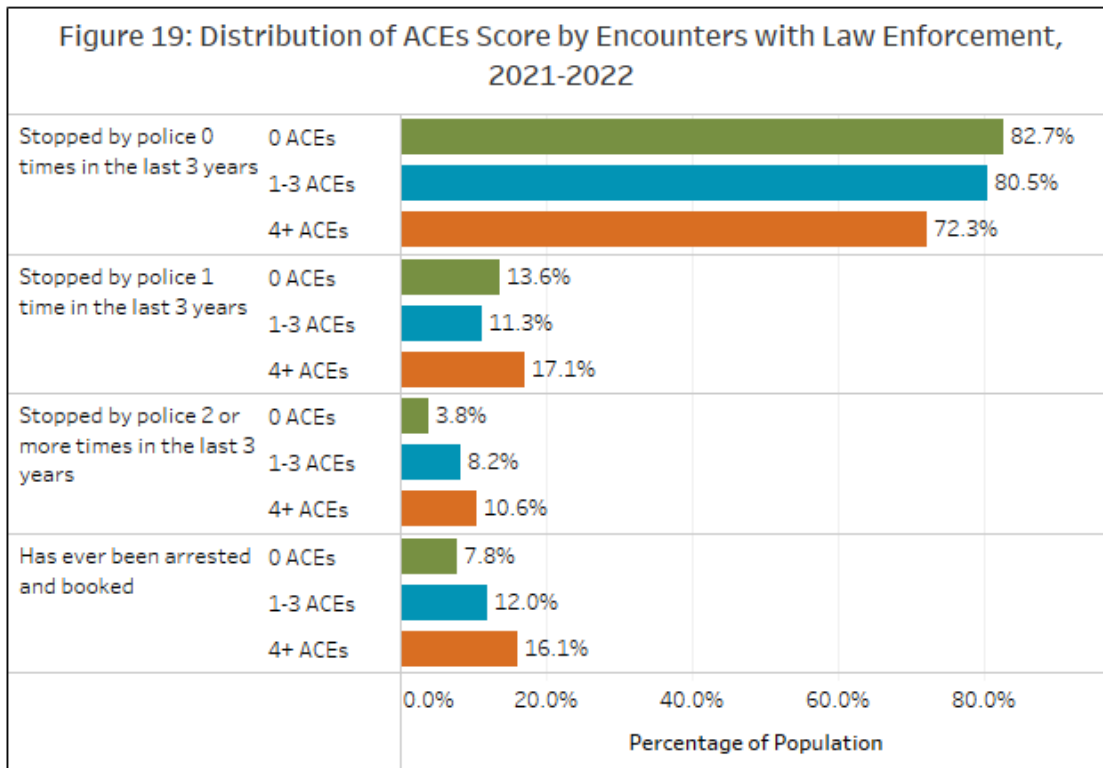
Violence and Encounters with Law Enforcement Outcomes



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults who reported 4 or more ACEs experienced the highest rates of hate crimes and intimate partner violence.

Among adults who reported 4 or more ACEs, 13.4% reported being a victim of a hate crime, 2.7 times higher than the percentage among adults who reported 0 ACEs (4.9%). Similarly, among adults who reported 4 or more ACEs, 30.4% reported experiencing intimate partner violence since age 18, nearly three times higher than the percentage reported by adults who experienced 0 ACEs (10.2%).

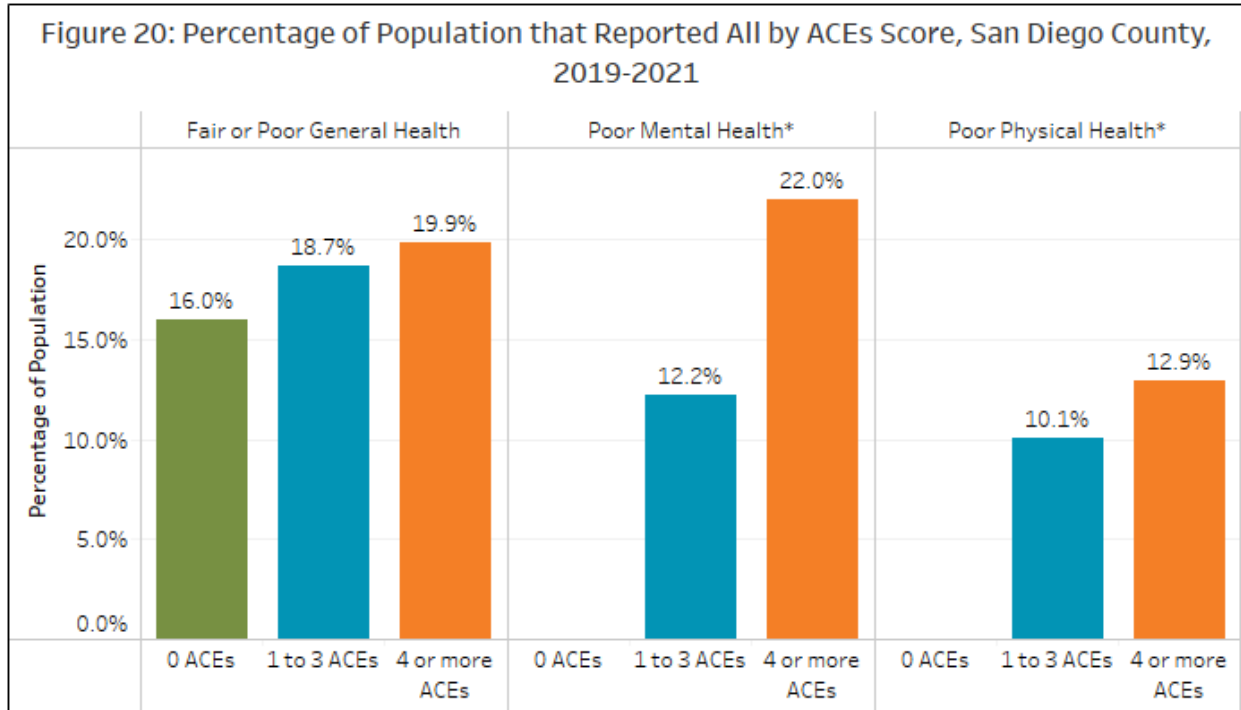


Source: California Health Interview Survey, 2021-2022.¹⁴

Adults who reported 4 or more ACEs had more encounters with law enforcement than those who reported 0 ACEs.

Among adults who reported 4 or more ACEs, 10.6% were stopped by police 2 or more times in the last 3 years, compared to 3.8% of adults who reported 0 ACEs. Additionally, adults who reported 4 or more ACEs, 16.1% had ever been arrested and booked, two times higher than the percentage among adults who reported 0 ACEs (7.8%).

Self-Reported Health Status

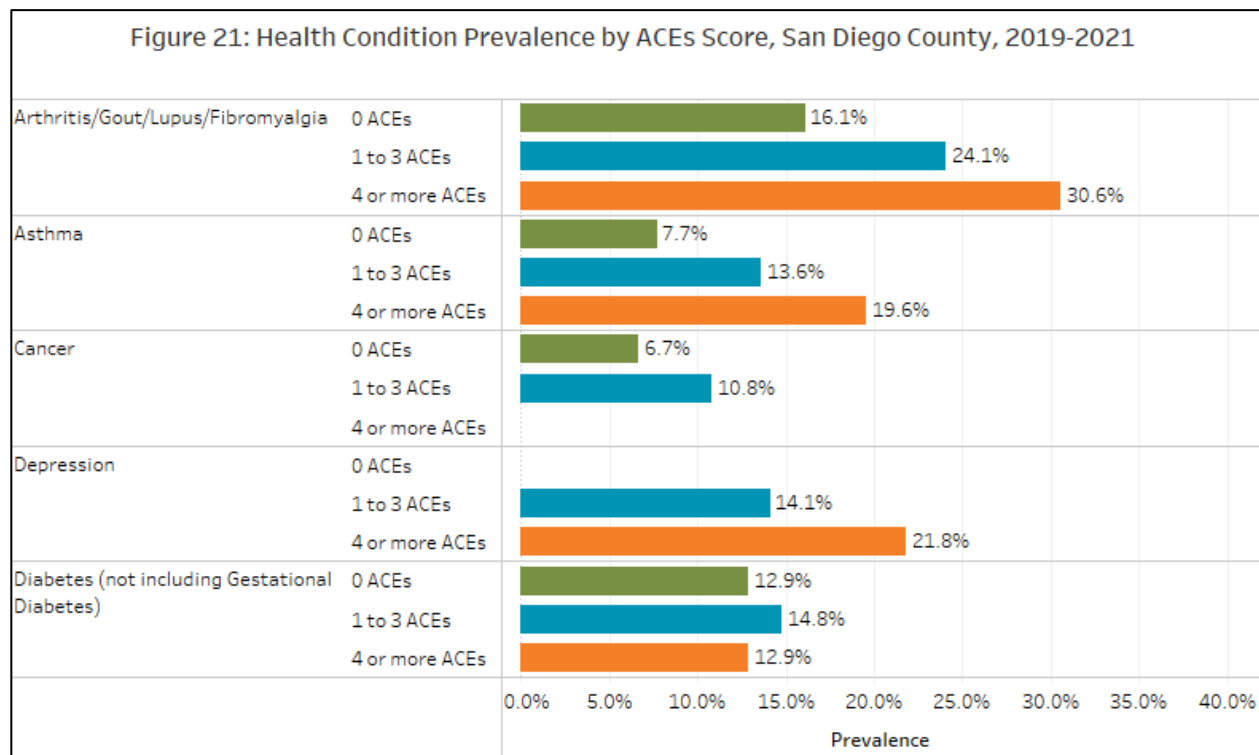


* Poor health: self-reported health was not good for 14 or more days in the past 30 days
 Source: California Behavioral Risk Factor Surveillance System, 2019-2021.¹⁵

As the number of ACEs increased, so did the prevalence of self-reported fair or poor health.

The prevalence of fair or poor general health was 1.2 times higher in adults who experienced 4 or more ACEs compared to those who experienced 0. The prevalence of poor mental health was 1.8 times higher in adults who experienced 4 or more ACEs compared to those who experienced 1-3 ACEs, and the prevalence of poor physical health was 1.3 times higher in those who experienced 4 or more ACEs compared to those with 1-3 ACEs.

Health Condition Prevalence



Statistically unstable estimates not shown.

Source: California Behavioral Risk Factor Surveillance System, 2019-2021.¹⁵

Adults with 4 or more ACEs reported a higher prevalence of health conditions compared to adults with 0 ACEs.

Compared to adults with 0 ACEs, adults with 4 or more ACEs reported a 1.9 times higher prevalence of arthritis/gout/lupus/fibromyalgia and a 2.5 times higher prevalence of asthma.

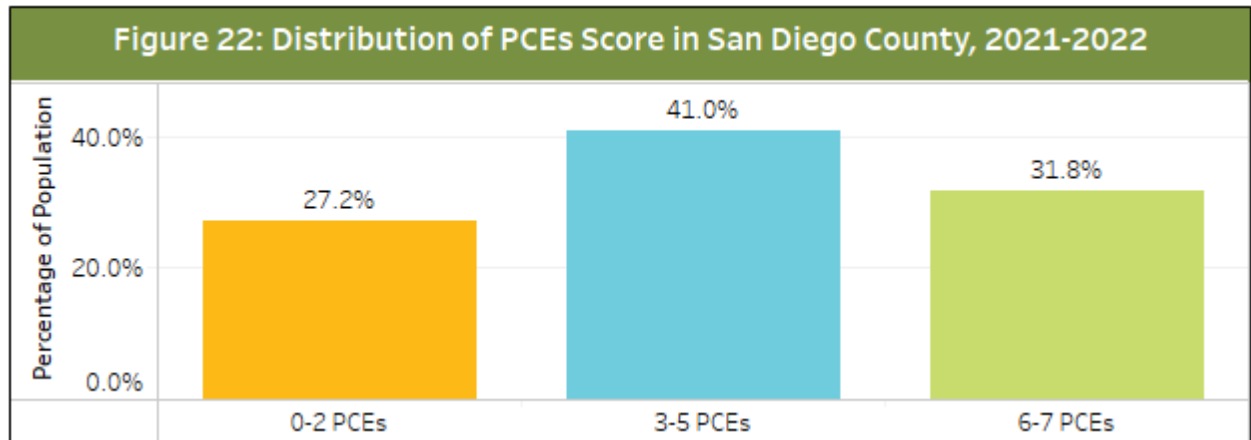
Compared to adults with 1-3 ACEs, adults with 4 or more ACEs reported a 1.5 times higher prevalence of depression.

The prevalence of cancer was 1.6 times higher among adults with 1-3 ACEs compared to those with 0 ACEs.

The prevalence of diabetes among adults with 4 or more ACEs was the same as the prevalence among adults with 0 ACEs. However, the prevalence of diabetes among adults with 1-3 ACEs was slightly higher than the prevalence of diabetes among adults with 0 ACEs or 4 or more ACEs.

Survey Results by PCEs Score

Prevalence of PCEs in San Diego County

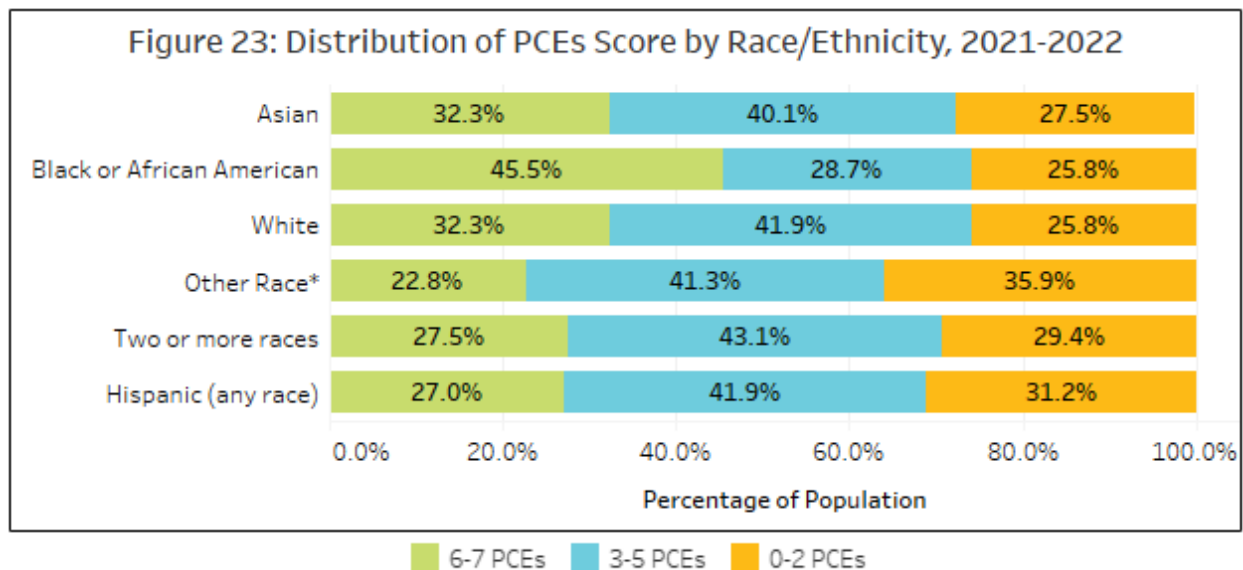


Source: California Health Interview Survey, 2021-2022.¹⁴

Over 1 in 4 adults in San Diego County reported experiencing 0-2 PCEs before the age of 18.

From 2021-2022, 27.2% of adults in San Diego County reported that they had experienced 0-2 PCEs, and nearly 1 in 3 (31.8%) adults reported experiencing 6-7 PCEs before the age of 18.

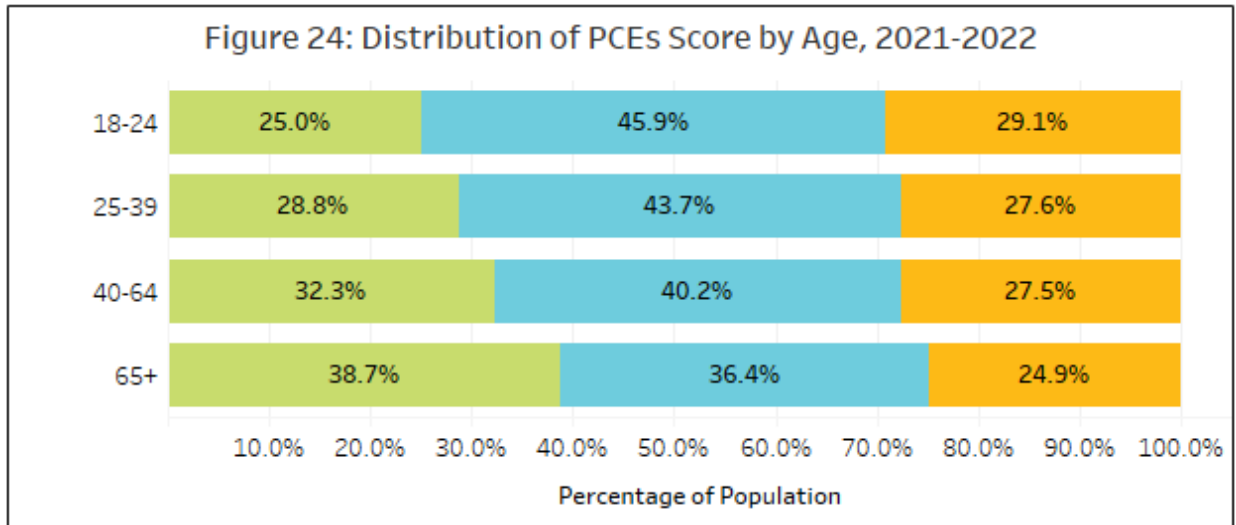
Demographic Disparities by PCE Score in San Diego County



*Other race includes American Indian/Alaska Native, Other single race, including Native Hawaiian and Other Pacific Islander (NHOPI). Source: California Health Interview Survey, 2021-2022.¹⁴

Prevalence of PCEs varies by race/ethnicity.

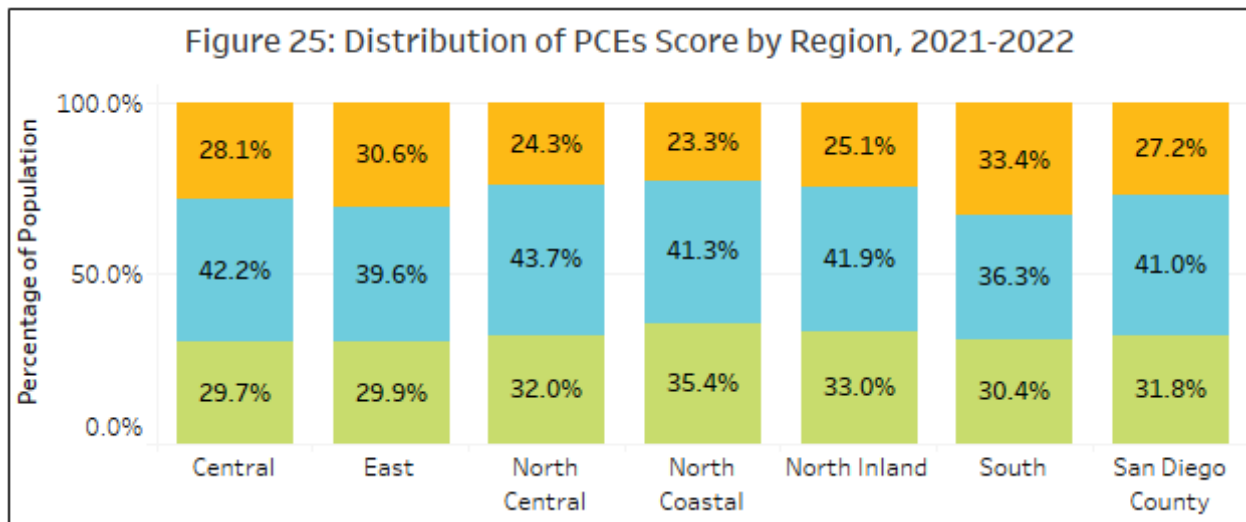
From 2021-2022, Black or African American adults had the highest prevalence of 6-7 PCEs (45.5%), followed by Asian and White adults (32.3%). Black or African American adults also had the lowest prevalence of 0-2 PCEs (25.8%), along with White adults (25.8%). The other race group had the highest prevalence of 0-2 PCEs (35.9%).



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults aged 18-24 reported the lowest prevalence of 6-7 PCEs.

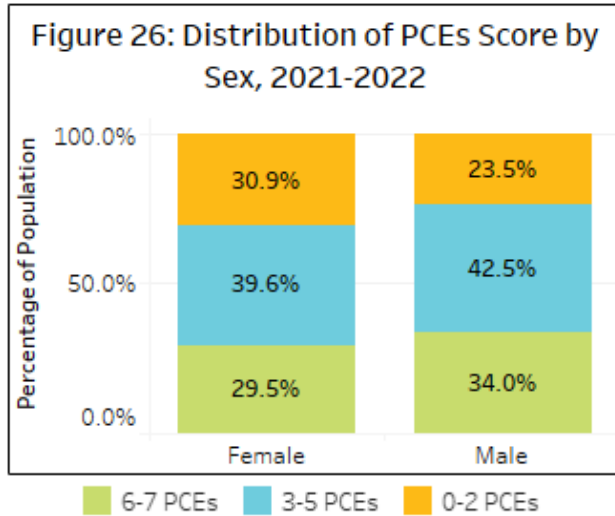
Among adults aged 18-24, 1 in 4 (25.0%) reported experiencing 6-7 PCEs, and 29.1% reported experiencing 0-2 PCEs. Among adults aged 65+, 38.7% reported experiencing 6-7 PCEs before the age of 18. Younger generations may be at risk of experiencing fewer PCEs.



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults in Central Region reported the lowest prevalence of 6-7 PCEs.

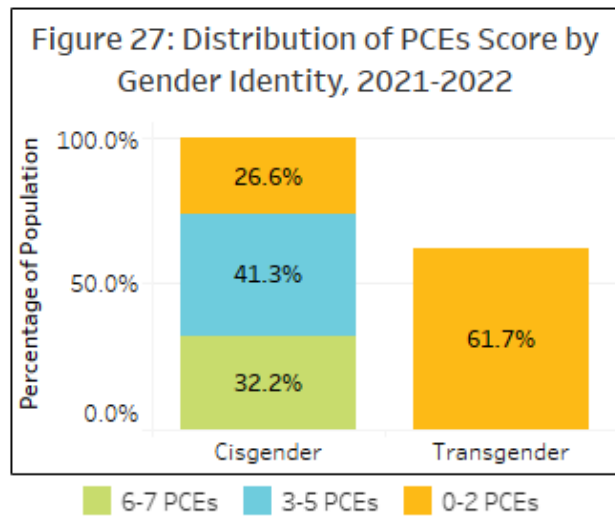
From 2021-2022, 29.7% of adults in Central Region reported experiencing 6-7 PCEs before the age of 18, lower than in San Diego County overall (31.8%). However, South Region reported the highest prevalence of 0-2 PCEs (33.4%), followed by East Region (30.6%). Adults in North Coastal Region reported the highest prevalence of 6-7 PCEs (35.4%), and the lowest prevalence of 0-2 PCEs (23.3%).



Source: California Health Interview Survey, 2021-2022.¹⁴

In San Diego County, females reported a lower prevalence of 6-7 PCEs than males.

In San Diego County, 29.5% of females experienced 6-7 PCEs before the age 18, compared to 34.0% of males. Additionally, females reported a higher prevalence of 0-2 PCEs (30.9%), compared to males (23.5%).



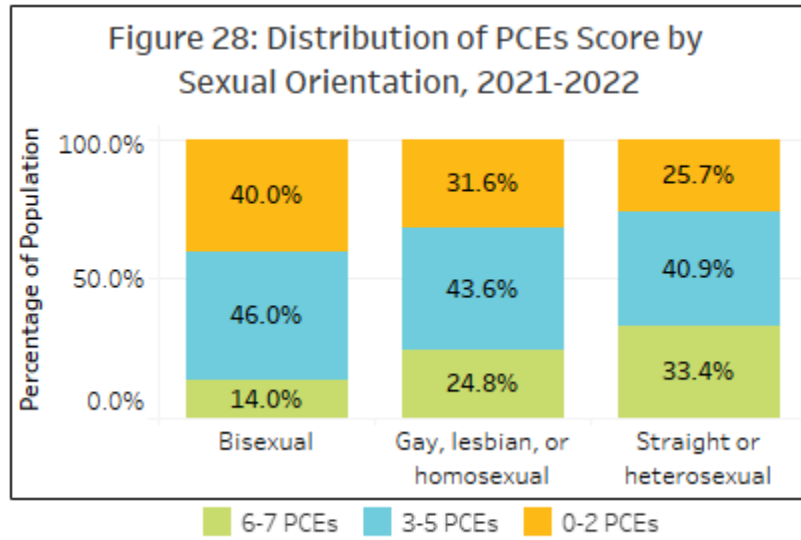
Source: California Health Interview Survey, 2021-2022.¹⁴

In San Diego County, nearly 62% of transgender adults reported experiencing 0-2 PCEs.

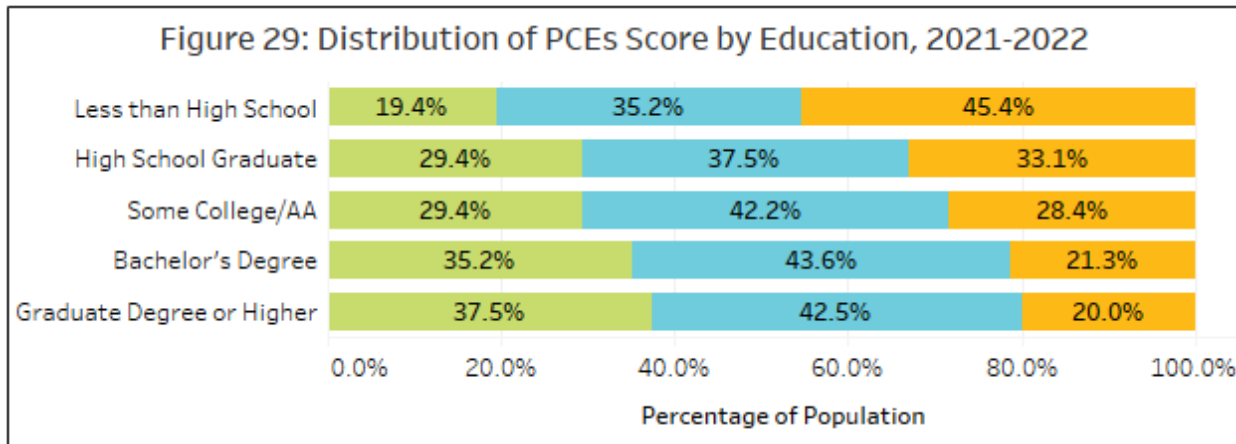
From 2021-2022, 61.7% of transgender adults reported experiencing 0-2 PCEs before the age of 18, 2.3 times the percentage among cisgender adults (26.6%). The transgender population may be at higher risk of experiencing fewer PCEs.

In San Diego County, 2 in 5 bisexual adults reported experiencing 4 or more ACEs.

In San Diego County, 40.0% of the bisexual population reported experiencing 0-2 PCEs, 1.6 times the percentage among the straight population (25.7%). Bisexual adults also reported the lowest prevalence of 6-7 PCEs (14.0%). Among the gay and lesbian population, nearly 1 in 3 adults reported experiencing 0-2 PCEs, 1.2 times the percentage among the straight population. The Lesbian, Gay, Bisexual, and Queer (LGBQ) population appears to have an increased risk of experiencing fewer PCEs.



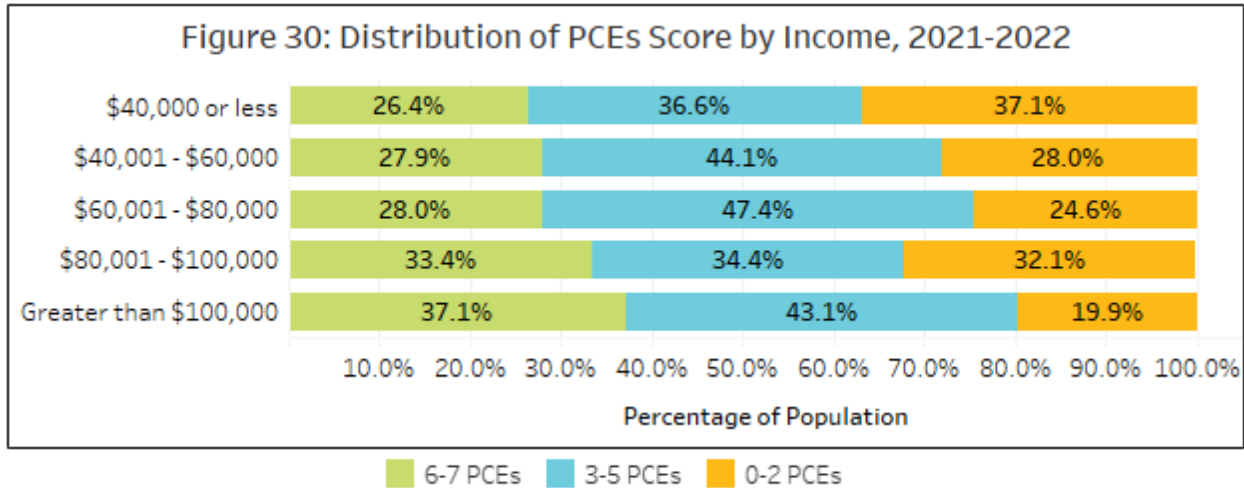
Source: California Health Interview Survey, 2021-2022.¹⁴



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults with less than a high school degree had the lowest prevalence of 6-7 PCEs and the highest prevalence of 0-2 PCEs.

In San Diego County, 19.4% of adults with less than a high school education experienced 6-7 PCEs, and nearly half (45.4%) experienced 0-2 PCEs. Adults with a post-graduate education experienced the highest prevalence of 6-7 PCEs (37.5%) and the lowest prevalence of 0-2 PCEs (20.0%).

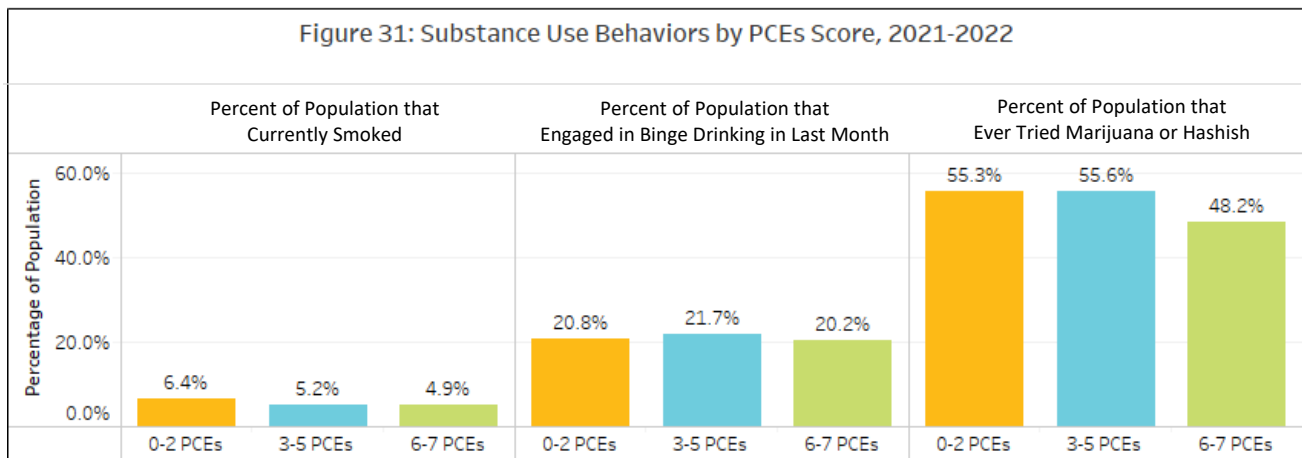


Source: California Health Interview Survey, 2021-2022.¹⁴

Adults with an annual income greater than \$100,000 experienced the highest prevalence of 6-7 PCEs and the lowest prevalence of 0-2 PCEs.

Approximately 37.1% of adults with an annual income greater than \$100,000 living in San Diego County experienced 6-7 PCEs, compared to 26.4% of adults with an annual income of \$40,000 or less, and 27.9% of adults with an annual income between \$40,001 and \$60,000.

Behavioral Health Outcomes



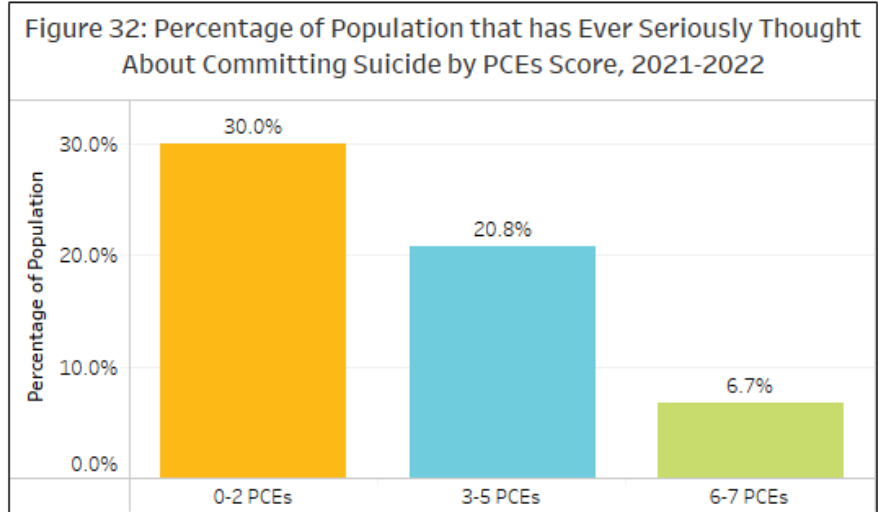
Source: California Health Interview Survey, 2021-2022.¹⁴

Substance use behaviors did not vary much by PCE prevalence.

From 2021-2022, among adults who reported 0-2 PCEs, 6.4% reported current smoking, 20.8% reported engaging in binge drinking in the last month, and 55.3% reported ever trying marijuana or hashish, slightly higher than the percentages among adults who reported 6-7 PCEs.

Adults who reported 0-2 PCEs had the highest rate of suicide ideation.

Among adults who reported 0-2 PCEs, 30.0% had ever seriously thought about committing suicide, a percentage that is 4.5 times higher than that of adults who reported 6-7 PCEs (6.7%).

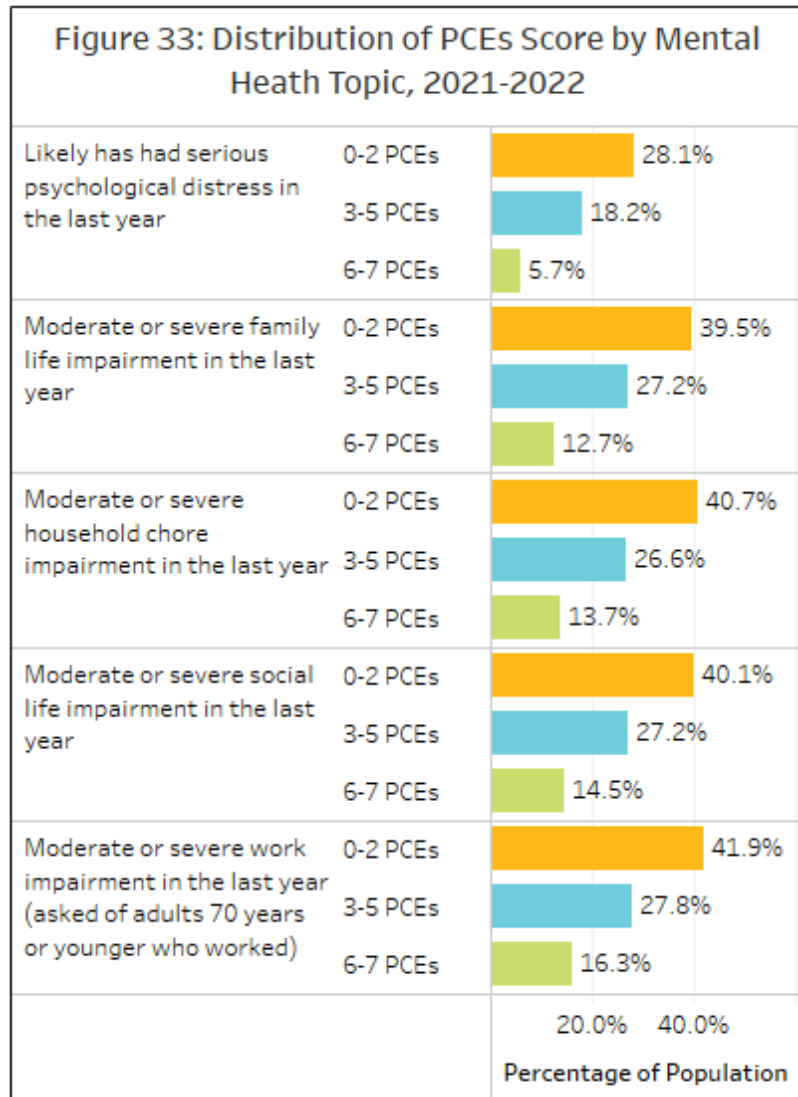


Source: California Health Interview Survey, 2021-2022.¹⁴

Adults who reported 0-2 PCEs reported the highest rates of mental health issues.

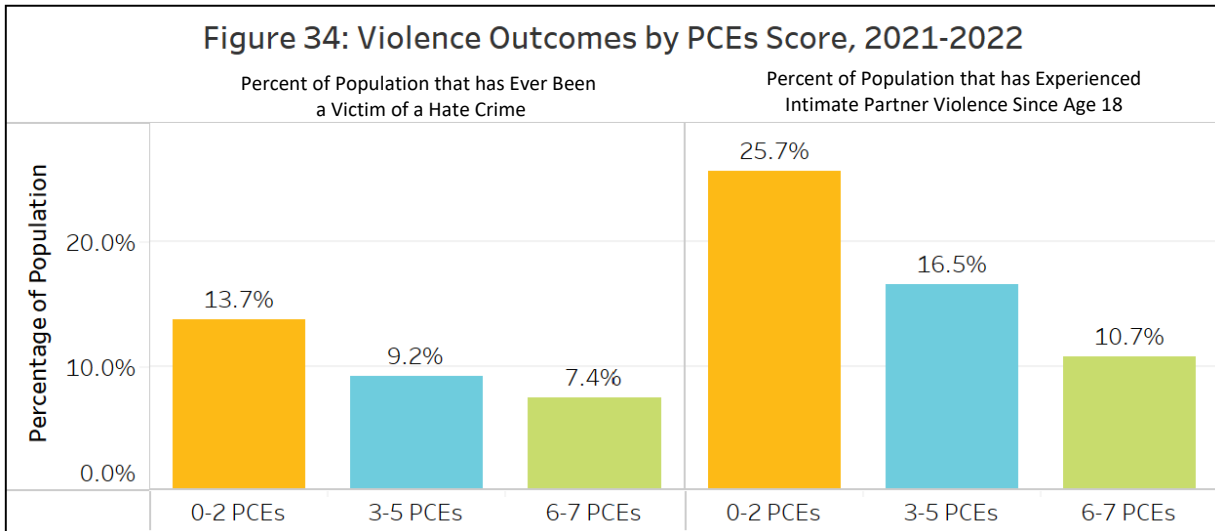
Among adults who reported 0-2 PCEs:

- Over 1 in 4 (28.1%) reported serious psychological distress in the last year, 4.9 times the percentage among adults who reported 6-7 PCEs (5.7%).
- Nearly 2 in 5 (39.5%) reported moderate or severe family life impairment in the last year, 3.1 times the percentage among adults who reported 6-7 PCEs (12.7%).
- 2 in 5 (40.7%) reported moderate or severe household chore impairment in the last year, nearly three times the percentage among adults who reported 6-7 PCEs (13.7%).
- 2 in 5 (40.1%) reported moderate or severe social life impairment in the last year, 2.8 times the percentage among adults who reported 6-7 PCEs (14.5%).
- Over 2 in 5 (41.9%) reported moderate or severe work impairment in the last year (among adults 70 years or younger who worked), 2.6 times the percentage among adults who reported 6-7 PCEs (16.3%).



Source: California Health Interview Survey, 2021-2022.¹⁴

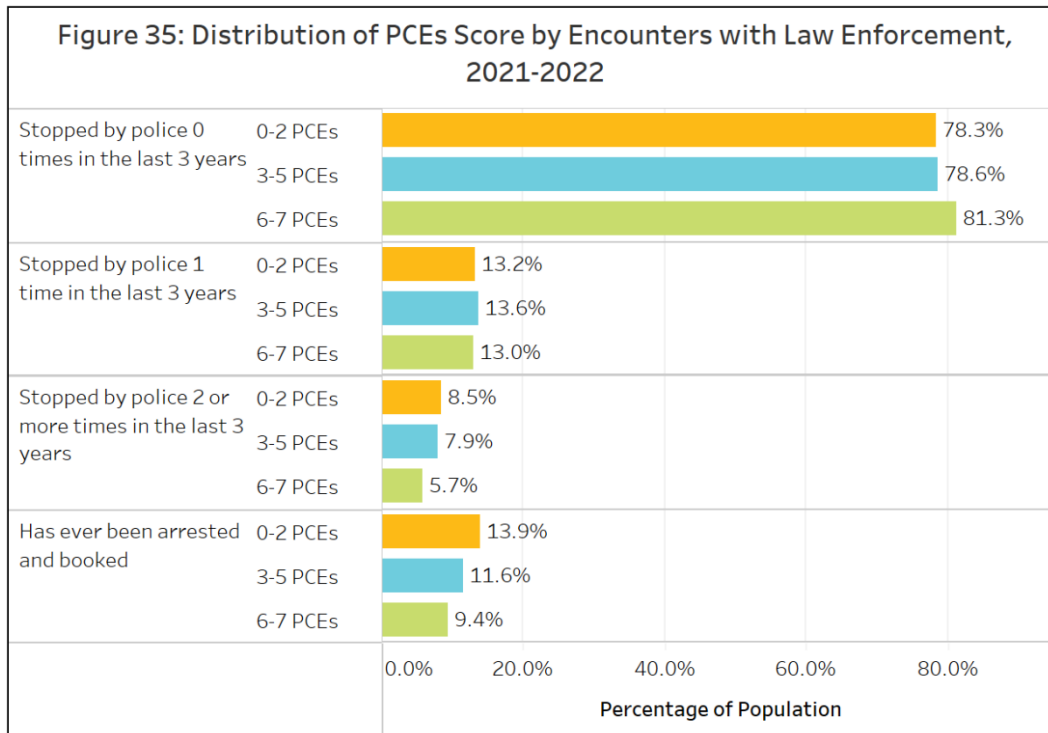
Violence and Encounters with Law Enforcement Outcomes



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults who reported 0-2 PCEs experienced the highest rates of hate crimes and intimate partner violence.

Among adults who reported 0-2 PCEs, 13.7% reported being a victim of a hate crime, 1.9 times higher than the percentage among adults who reported 6-7 PCEs (7.4%). Similarly, among adults who reported 0-2 PCEs, 25.7% reported experiencing intimate partner violence since age 18, 2.4 times higher than the percentage reported by adults who 6-7 PCEs (10.7%).



Source: California Health Interview Survey, 2021-2022.¹⁴

Adults who reported 0-2 PCEs had more encounters with law enforcement than those who reported 6-7 PCEs.

Among adults who reported 0-2 PCEs, 8.5% were stopped by police 2 or more times in the last 3 years, compared to 5.7% of adults who reported 6-7 PCEs. Additionally, adults who reported 0-2 PCEs, 13.9% had ever been arrested and booked, 1.5 times higher than the percentage among adults who 6-7 PCEs (9.4%).

ACEs Prevention

Preventing ACEs requires a public health approach at primary, secondary, and tertiary levels. Strategies at each level may be used together to prevent ACEs from occurring and/or decrease the risk of poor health and well-being outcomes associated with ACEs from developing or worsening.⁶

Primary Prevention Strategies⁶

Creating and maintaining safe, stable, and nurturing relationships and environments for children and families can prevent ACEs and decrease the risk of adverse health and well-being outcomes associated with ACEs. Strategies include:

- Strengthening economic supports
- Promoting family-friendly work policies
 - Paid family leave
- Models to enhance parenting efficacy, resilience, attachment, and family bonds
 - High-quality childcare
 - Early childhood home visitation
- Public education campaigns to raise awareness of ACEs
- Access to high-quality mental and physical healthcare
- Early and ongoing learning opportunities
- Cross-sector and sector-specific training in trauma-informed tools, approaches, and strategies for providers engaging with children and families
- Enabling opportunities for stress-buffering activities
- Encouraging and promoting positive childhood experiences^{12,13}

Secondary Prevention Strategies⁶

ACE screening can identify individuals who may be at increased risk of having a toxic stress response. Screening can lead to early detection of ACEs so that interventions may begin early when they are more likely to be effective and less expensive. Early detection can:

- Improve outcomes related to toxic stress
- Strengthen existing protective factors
- Initiate early buffering interventions

Tertiary Prevention⁶

Individuals who have already developed poor health and well-being outcomes associated with ACEs should focus on regulating the stress-response system to counter-act the consequences of long-term toxic stress. Current research indicates that practicing stress-mitigation strategies can alleviate the consequences of toxic stress. Stress mitigation strategies include:

- Enhancing supportive relationships
- Regular exercise
- Access to nature
- Sufficient and high-quality sleep
- Balanced nutrition
- Mindfulness practices
- Mental and behavioral healthcare



Figure 12: Stress-mitigation strategies. Image adapted from ACEs Aware, 2020.¹⁸

Tertiary prevention of toxic stress in one generation can equate to primary prevention in the next.

Conclusion

Adverse Childhood Experiences (ACEs) are common in San Diego County and across the United States. In San Diego County, racial/ethnic minorities and households with lower income and education levels are at higher risk for experiencing adversity in childhood, similar to national and state findings. Adults who experience 4 or more ACEs report higher prevalence of poor health and chronic disease. Research continues to strengthen the association of childhood adversity with poor health and well-being outcomes throughout the life course, as well as the effects of intergenerational trauma. Prevention efforts are needed to reduce the occurrence of ACEs and to decrease the risk of developing poor health and well-being outcomes associated with ACEs, including promotion and education on the importance of positive childhood experiences (PCEs).

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