



CHILDHOOD EXPERIENCES IN SAN DIEGO COUNTY

2021-2024



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

Prepared May 2026





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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 2021-2024 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 2023 and 2024 were pooled and downloaded from AskCHIS to obtain stable population estimates for the San Diego County population by Adverse Childhood Experiences (ACEs) score. Data from survey years 2021 and 2022 were pooled and downloaded from AskCHIS to obtain stable population estimates for the San Diego County population by Positive Childhood Experiences (PCEs) score.

Adverse Childhood Experiences (ACEs) Scores

Total ACE scores were calculated using an 8-point scale by summing the number of types of ACEs each respondent was exposed to before the age of 18. Two questions about parental alcohol and drug misuse were combined into one item, and three questions on childhood sexual abuse were combined into one item. 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:

- “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?”

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.² 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).^{3,4}

These ACEs include emotional, physical, and sexual abuse and living with a parent, caregiver, or other adult who has experience substance misuse, mental illness, suicidal thoughts and behaviors, or intimate partner violence or domestic violence. Some surveys, such as the Behavioral Health Risk Factor Surveillance System (BRFSS)⁴, include emotional and physical neglect. However, neglect items are not currently included in CHIS.

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.⁵ The long-term biological changes caused by toxic stress can also be passed onto the next generation.⁵

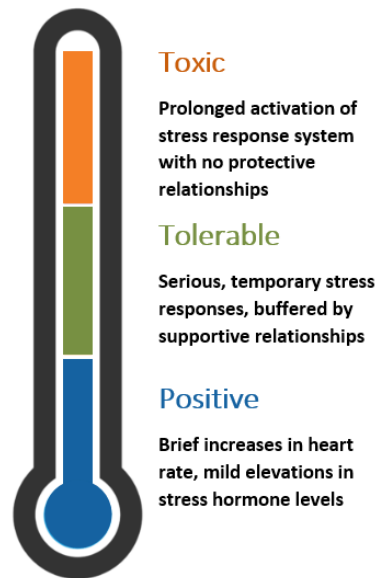


Figure 1: Toxic Stress, Image adapted from University of Chicago.⁶

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.^{2,5} 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.⁵ 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 four or more ACEs, and 61% of adults have experienced at least one ACE.⁷ 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.⁸

ACEs have been found to have a graded dose-response relationship with over 40 health and well-being outcomes as of 2019.^{5,9}

As the number of ACEs increases, so does the risk for negative health and well-being outcomes.⁹



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.¹⁰ 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.¹⁰

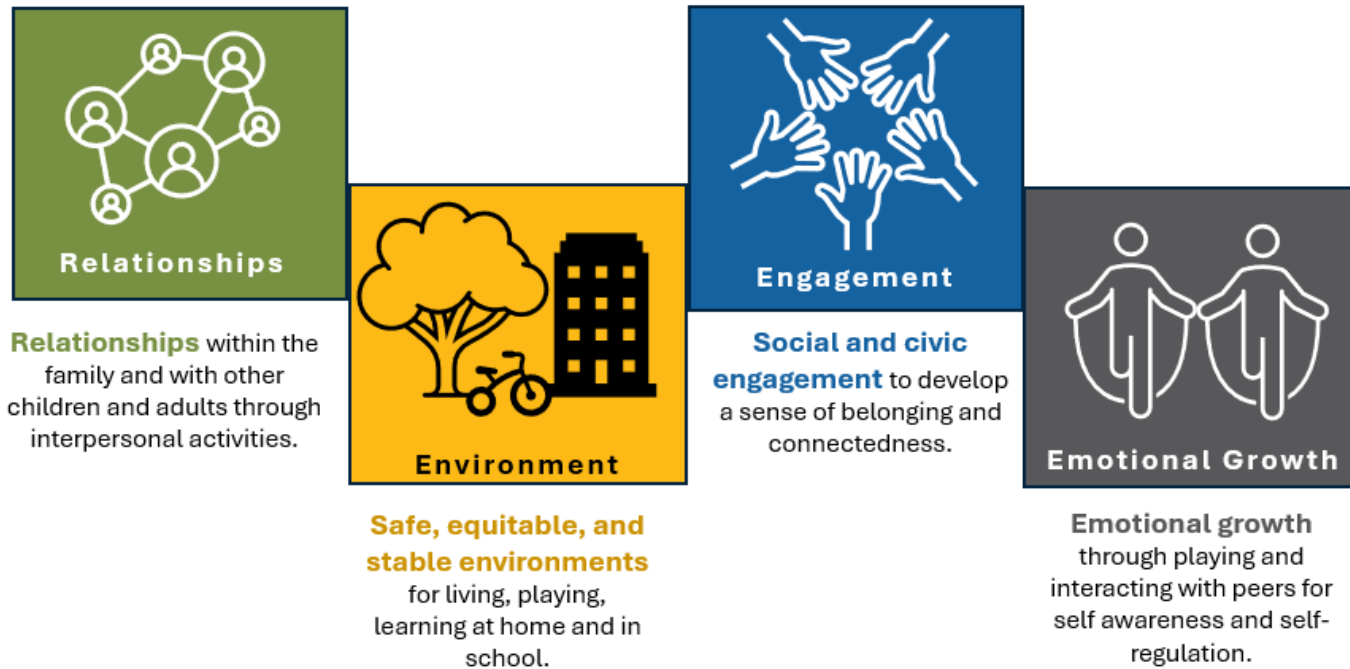


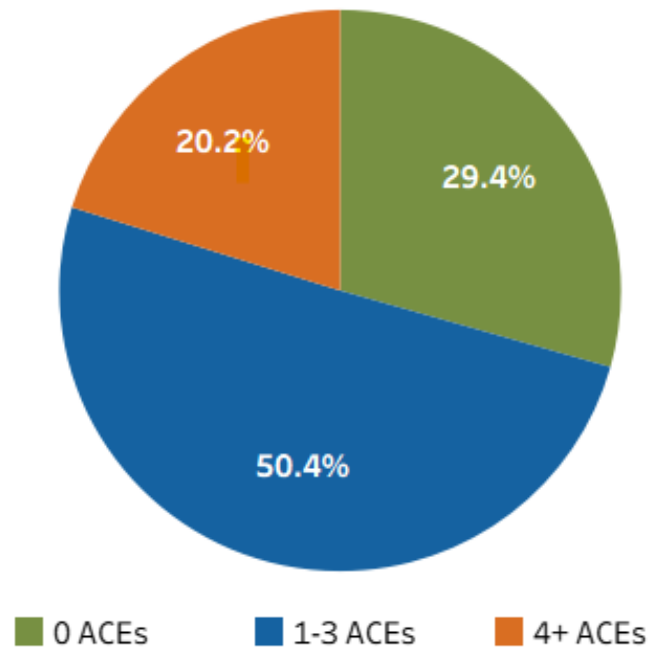
Figure 2: Positive Childhood Experiences. Image adapted from Academy on Violence and Abuse.¹¹

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

Figure 3: Distribution of ACEs Score in San Diego County, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

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

From 2023-2024, about 20% of adults in San Diego County reported that they had experienced 4 or more ACEs, and half of adults reported experiencing 1-3 ACEs before the age of 18.

Of the nine ACE types available in the CHIS San Diego County dataset, the most common ACE reported among adults in San Diego County was emotional abuse, followed by parental separation or divorce.

About 42% of adults surveyed between 2023-2024 reported they had experienced emotional abuse before the age of 18. Over 1 in 4 (27.2%) adults in San Diego County had divorced or separated parents before the age of 18.

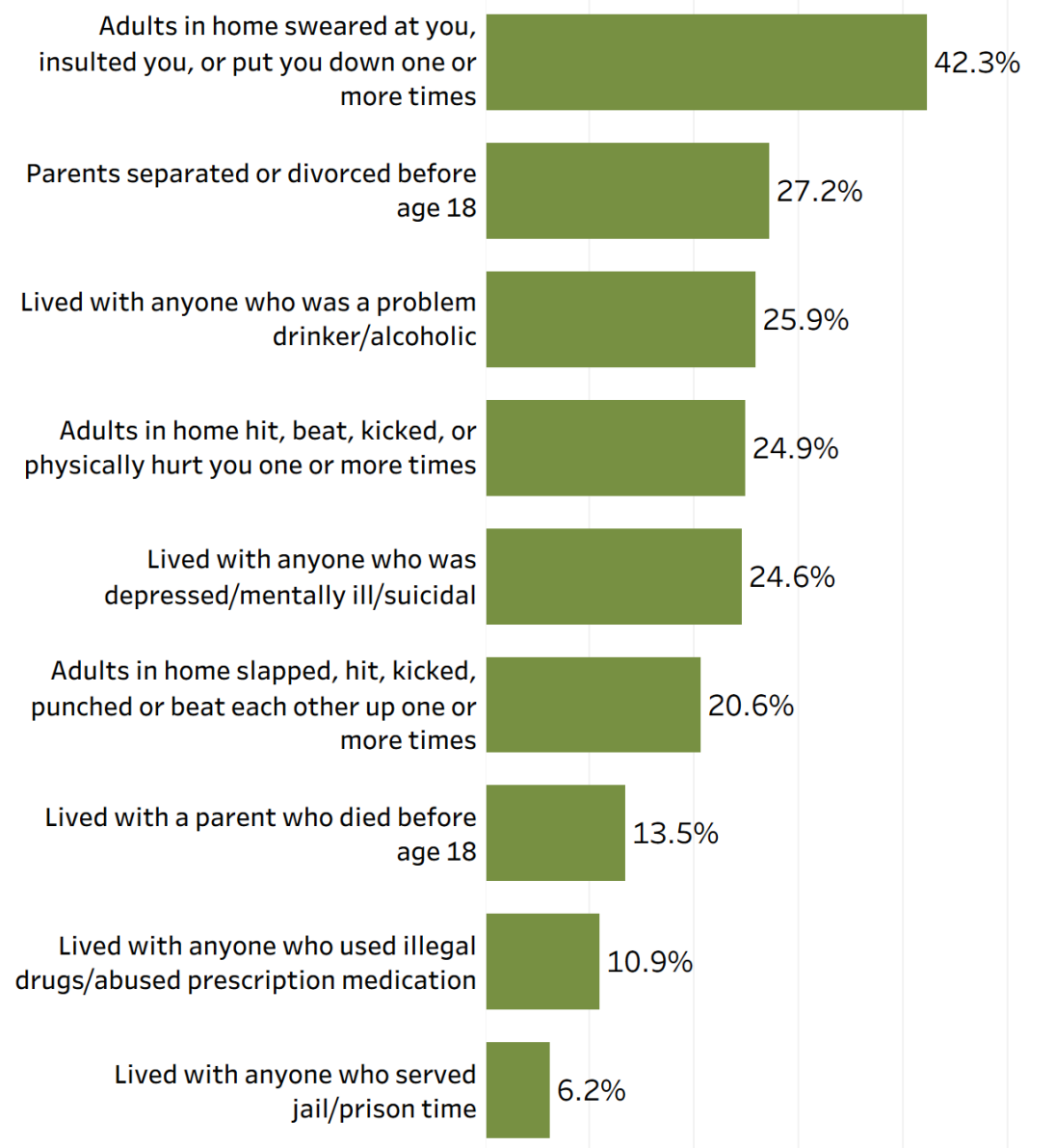
Roughly 1 in 4 adults in San Diego County experienced physical abuse and 1 in 5 witnessed domestic violence in childhood.

Of adults surveyed between 2023-2024, 24.9% reported they had been hit, beat, kicked, or physically hurt by an adult in the house at least once before the age of 18, while 20.6% reported that adults in the home slapped, hit, kicked, punched, or beat each other up one or more times in childhood.

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

Of adults surveyed between 2023 and 2024, 6.2% reported living with someone who was incarcerated in childhood. This prevalence is similar to the prevalence in California (7.5%)¹⁴, measured by BRFSS from 2011-2017, and the prevalence in the United States (8.6%), measured by BRFSS from 2011-2020.⁴

Figure 4: Prevalence of Types of ACEs in Adults, San Diego County, 2023-2024



Source: California Health Interview Survey, San Diego County Dataset, 2023-2024.¹³

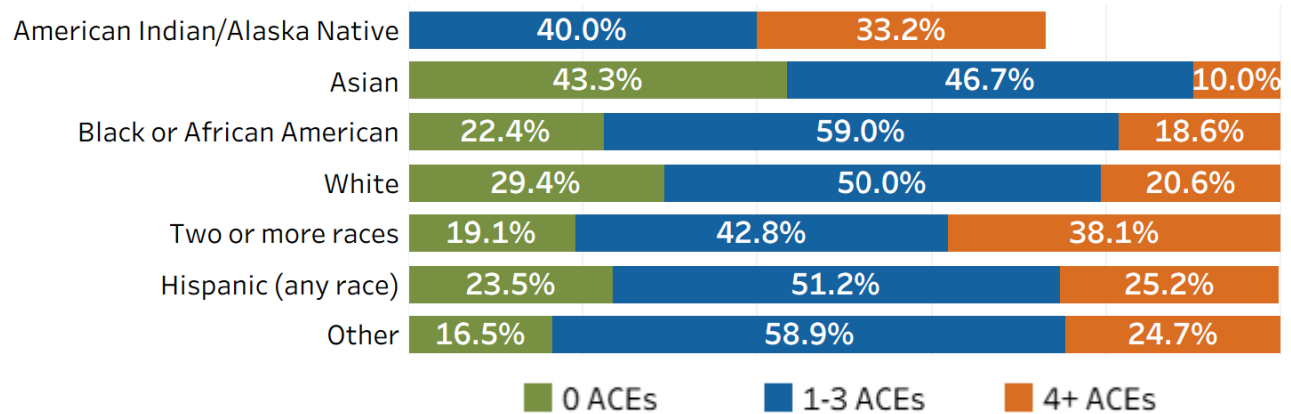
Demographic Disparities by ACE Score in San Diego County

Race/Ethnicity

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.^{5,8,14} These patterns can also be seen in San Diego County. From 2023-2024, the multi-racial group had the highest prevalence of 4+ ACEs (38.1%), followed by the American Indian/Alaska Native (AIAN) (33.2%). However, Black individuals had the second lowest prevalence of 4+ ACEs (18.6%), and the highest prevalence of 1-3 ACEs (59.0%).

Figure 5: Distribution of ACEs Score by Race/Ethnicity, 2023-2024



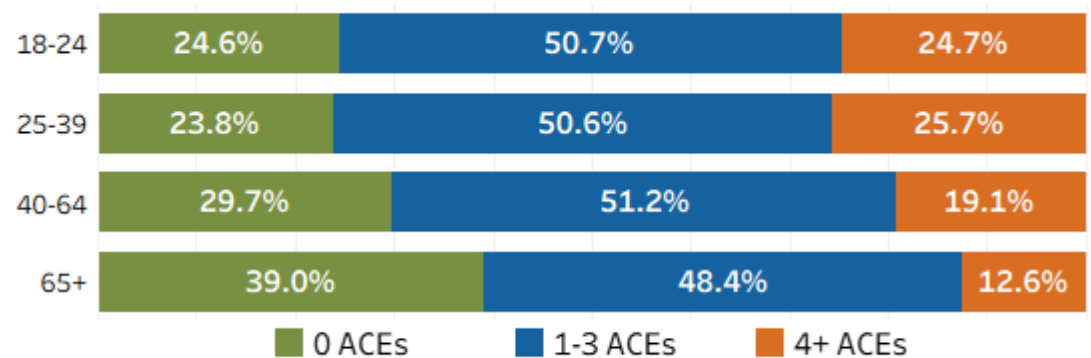
Other race includes other single race, including Native Hawaiian and Other Pacific Islander (NHOPI). Statistically unstable estimates not shown. Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

Age

Adults aged 25-39 reported the highest prevalence of 4 or more ACEs.

Among adults aged 25-39, over 1 in 4 (25.7%) reported experiencing 4 or more ACEs before the age of 18, followed by adults aged 18-24 (24.7%). Adults aged 65+ reported the lowest prevalence of ACEs overall (61.0%). Younger generations may be at increased risk of experiencing 4 or more ACEs.¹⁵

Figure 6: Distribution of ACEs Score by Age, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

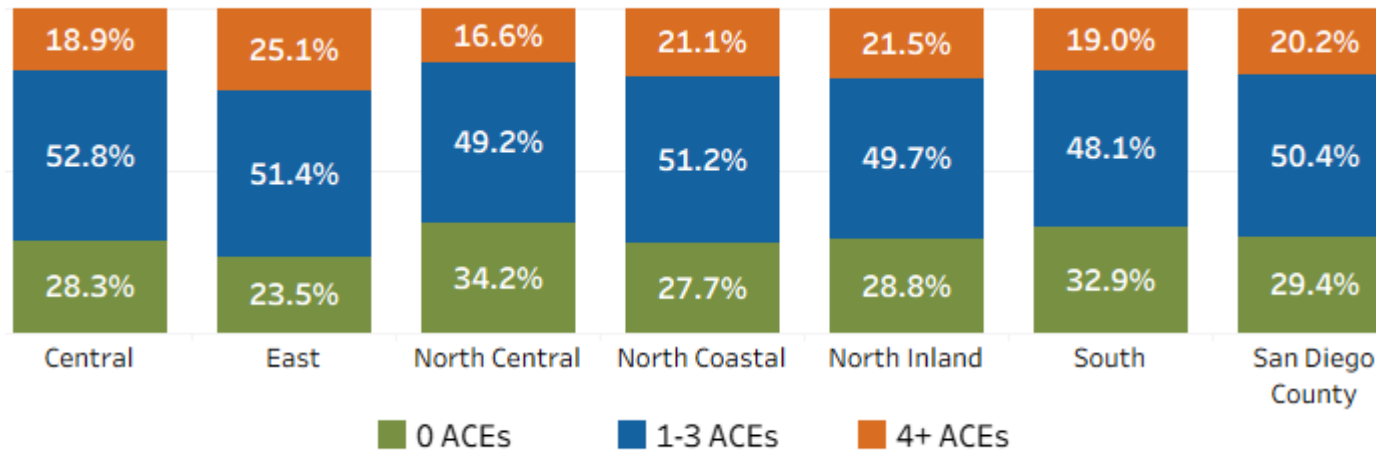
Sex

In San Diego County, females reported a higher prevalence of 4 or more ACEs than males.¹²

Previous research has indicated that females are at greater risk of experiencing 4 or more ACEs compared to males⁵. In San Diego County, 22.4% of females experienced 4 or more ACEs before the age 18, compared to 17.8% of males. Overall, 72.8% of females experienced at least one ACE compared to 68.2% of males.

Geography

Figure 7: Distribution of ACEs Score by HHS Region, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

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

From 2023-2024, over 1 in 4 (25.1%) of adults in East Region reported experiencing 4 or more ACEs before the age of 18, higher than in San Diego County overall (20.2%). North Central and Central Regions reported the lowest prevalence of 4 or more ACEs, with percentages of 16.6% and 18.9%, respectively.

Sexual Orientation and Gender Identity

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

In San Diego County, 43.7% of the bisexual population reported experiencing 4 or more ACEs, 2.4 times the percentage among the straight population (18.2%). Among the gay and lesbian population, over 1 in 3 adults reported experiencing 4 or more ACEs, nearly two times the straight population. The Lesbian, Gay, Bisexual, and Queer (LGBQ) population appears to have an increased risk of experiencing ACEs.

In San Diego County, over 2 in 5 transgender adults reported experiencing 4 or more ACEs.¹²

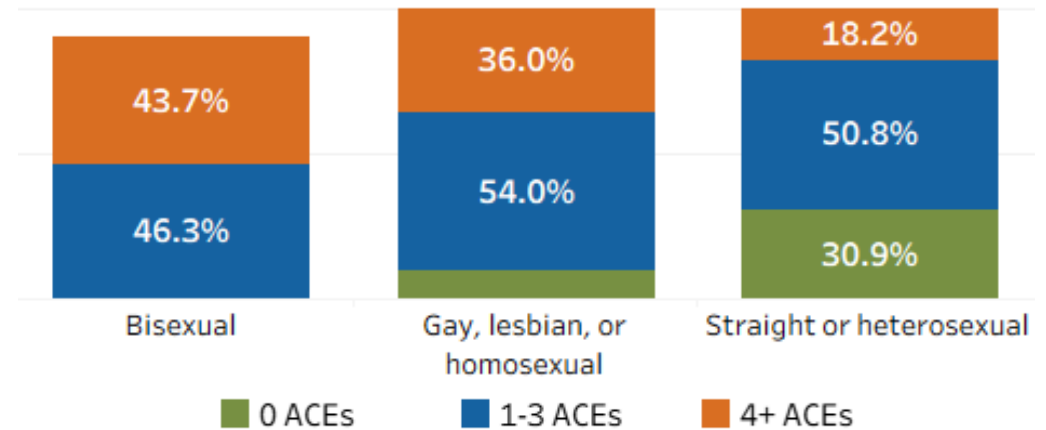
From 2023-2024, 46.3% of transgender adults reported experiencing 4 or more ACEs before the age of 18, nearly 2.4 times the percentage among cisgender adults. The transgender population may be at higher risk of experiencing ACEs.

Education Level

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

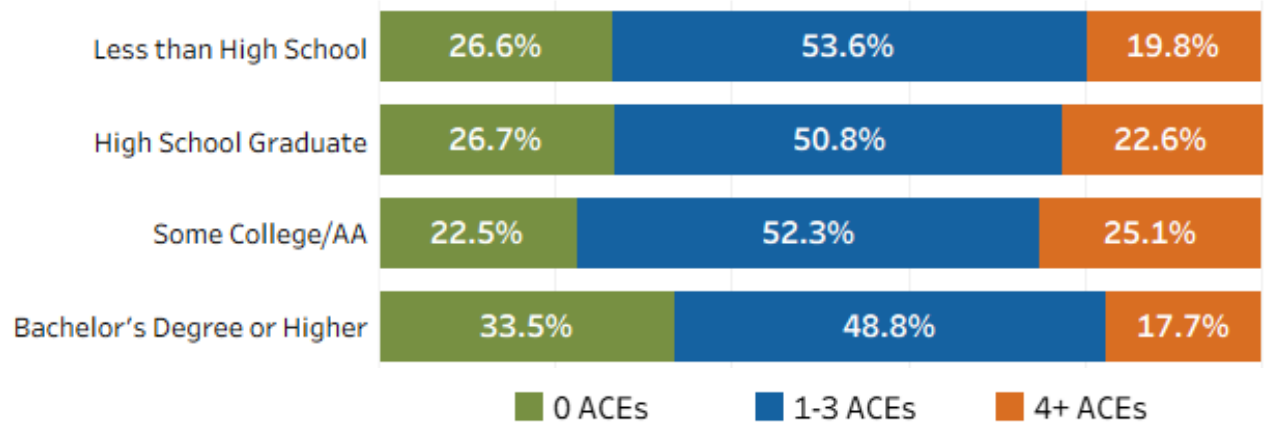
In San Diego County, adults with a bachelor's degree or higher had the lowest prevalence of 4 or more ACEs (17.7%) and the highest prevalence of 0 ACEs (33.5%). Previous research has indicated that experiencing a high level of adversity in childhood is associated with lower education levels.^{5,8}

Figure 8: Distribution of ACEs Score by Sexual Orientation, 2023-2024



Statistically unstable estimates not shown.
Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

Figure 9: Distribution of ACEs Score by Education Level, 2023-2024

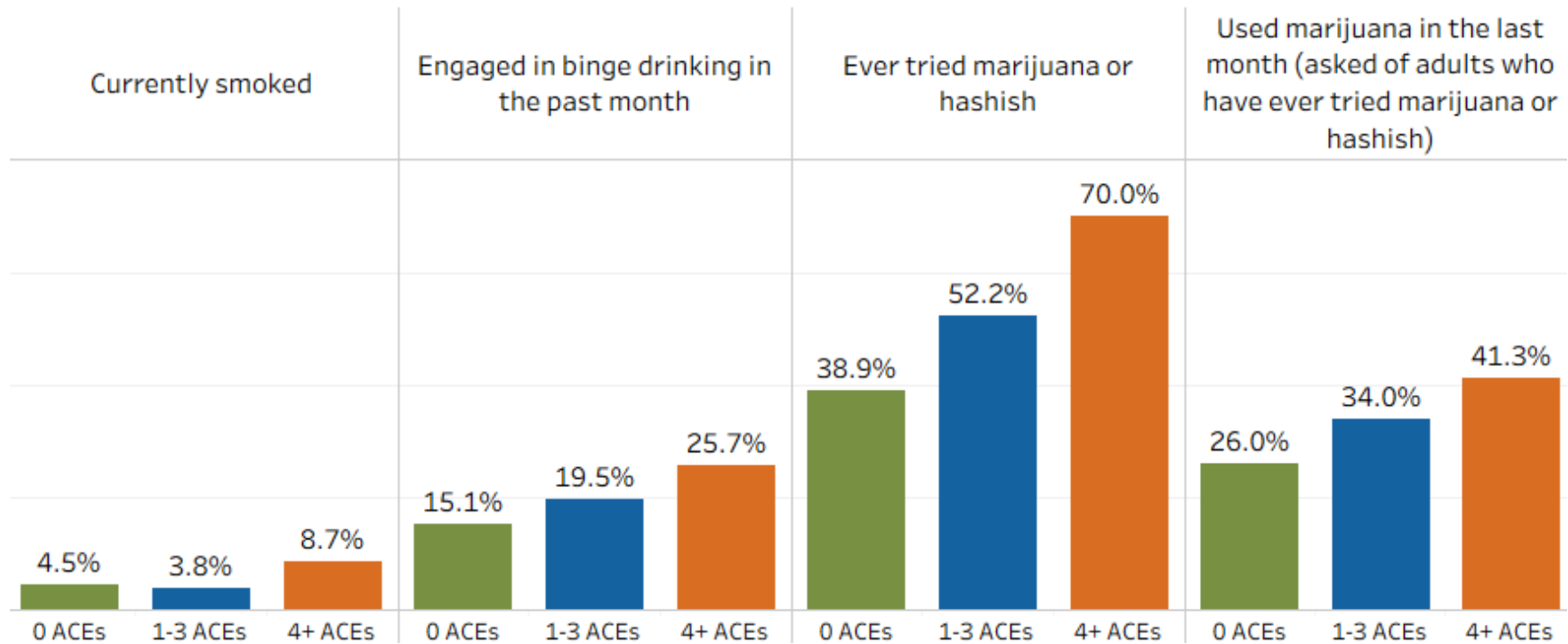


Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

Behavioral Health Outcomes

Substance Use

Figure 10: Substance Use Behaviors by ACEs Score, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

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

From 2023-2024, among adults who reported 4 or more ACEs, 8.7% reported current smoking, 25.7% reported engaging in binge drinking in the last month, and 70.0% reported ever trying marijuana or hashish. Among those who have tried marijuana or hashish, 41.3% of adults who reported 4 or more ACEs had used marijuana in the last month.

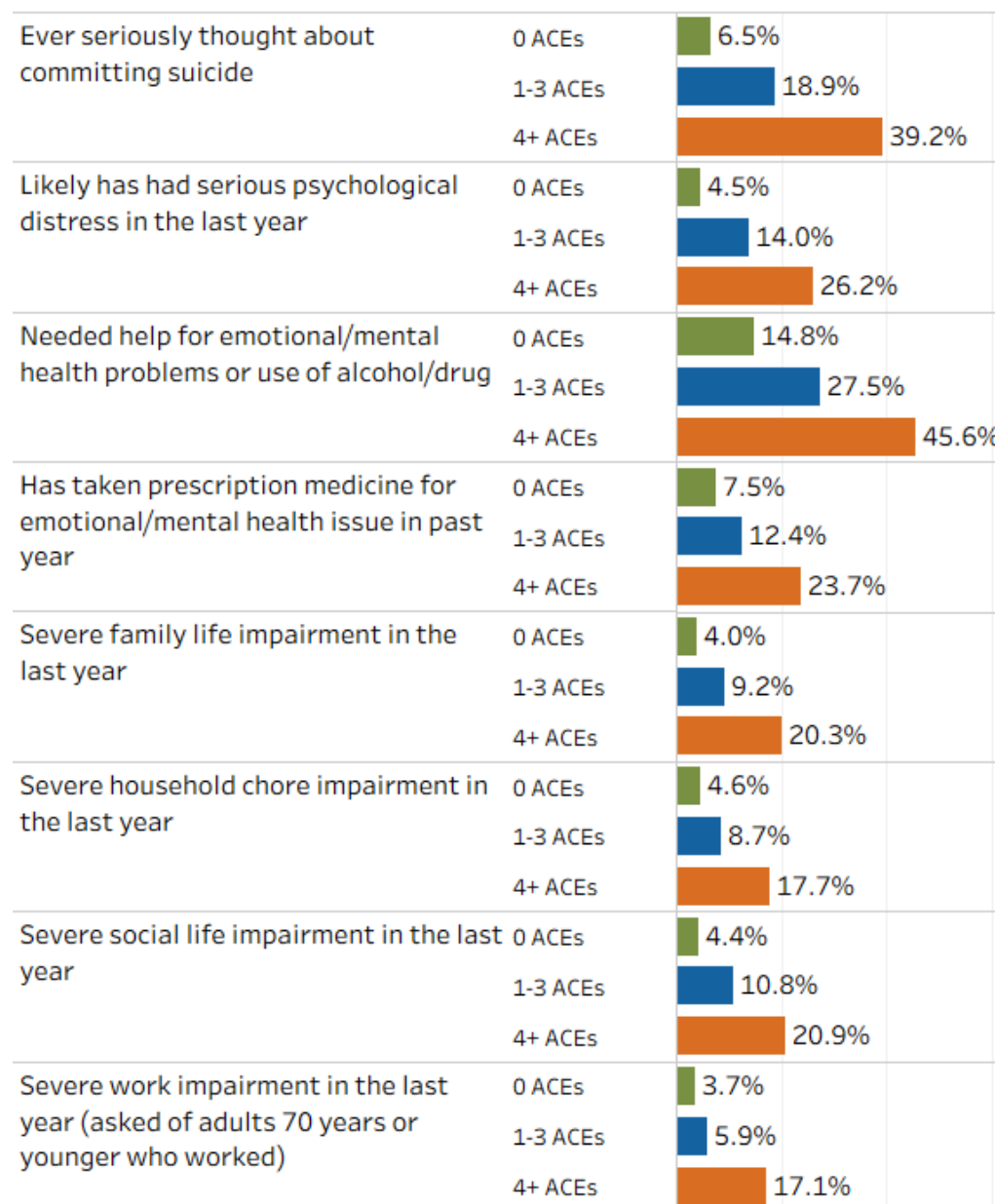
Mental Health

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

Among adults who reported 4 or more ACEs:

- 39.2% had seriously thought about committing suicide, a percentage that is six times higher than that of adults who reported 0 ACEs (6.5%).
- Over 1 in 4 (26.2%) reported serious psychological distress in the last year, 5.8 times the percentage among adults who reported 0 ACEs (4.5%).
- 45.6% reported needing help for emotional/mental health problems or use of alcohol/drugs, three times the percentage among adults who reported 0 ACEs (14.8%).
- 23.7% reported taking prescription medicine for emotional/mental health issues in the past year, 3.2 times the percentage among adults who reported 0 ACEs (7.5%).
- 1 in 5 (20.3%) reported severe family life impairment in the last year, five times the percentage among adults who reported 0 ACEs (4.0%).
- Nearly 1 in 5 (17.7%) reported severe household chore impairment in the last year, 3.8 times the percentage among adults who reported 0 ACEs (4.6%).
- 1 in 5 (20.9%) reported severe social life impairment in the last year, 4.8 times the percentage among adults who reported 0 ACEs (4.4%).
- Nearly 1 in 5 (17.1%) reported severe work impairment in the last year (among adults 70 years or younger who worked), 4.6 times the percentage among adults who reported 0 ACEs (3.7%).

Figure 11: Distribution of ACEs Score by Mental Health Topic, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

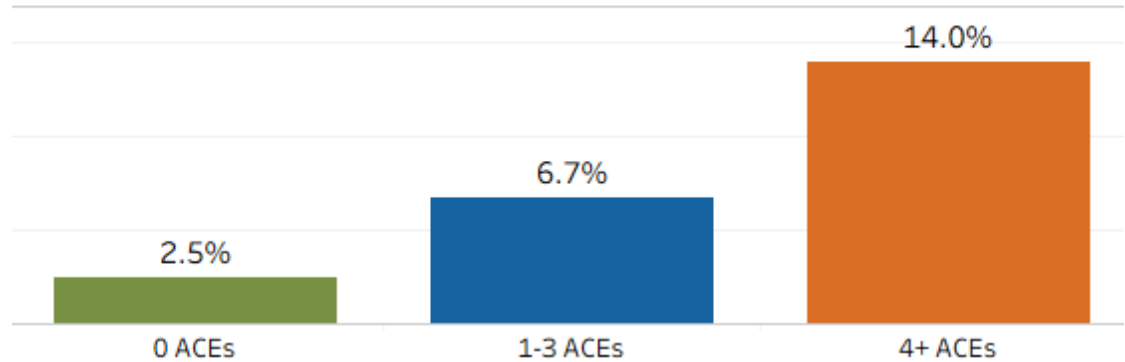
Victimization and Encounters with Law Enforcement Outcomes

Victimization Outcomes

Adults who reported 4 or more ACEs experienced the highest rate of hate incidents.

Among adults who reported 4 or more ACEs, 14.0% reported directly experiencing a hate incident, 5.6 times higher than the percentage among adults who reported 0 ACEs (2.5%).

Figure 12: Percentage of Population that Directly Experienced a Hate Incident in the Past 12 Months by ACEs Score, 2023-2024



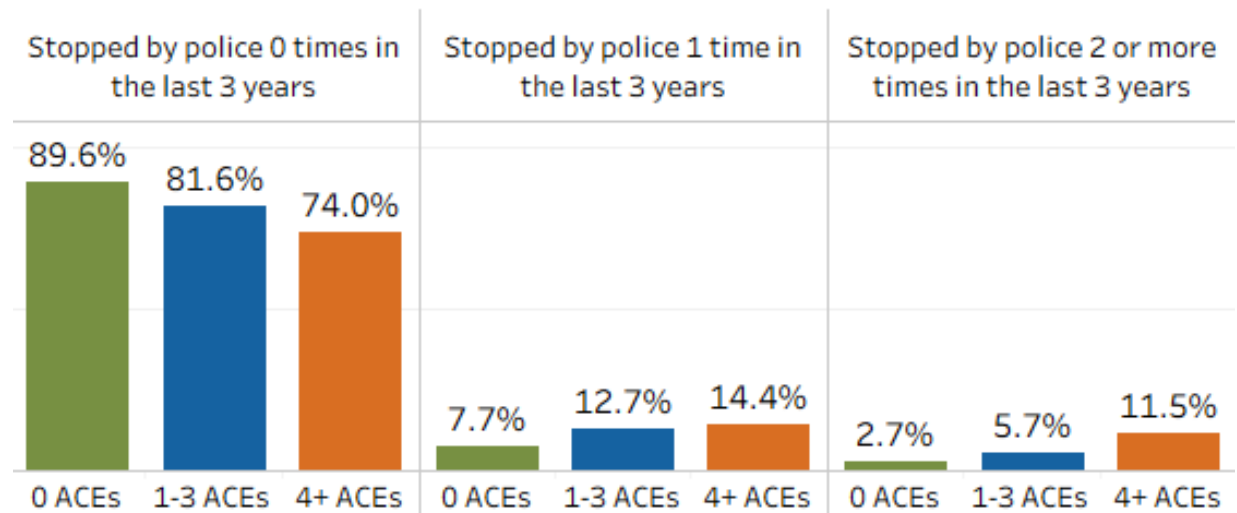
Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

Law Enforcement Encounters

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, 11.5% were stopped by police 2 or more times in the last 3 years, compared to 2.8% of adults who reported 0 ACEs.

Figure 13: Distribution of ACEs Score by Encounters with Law Enforcement, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

Health and Healthcare Access

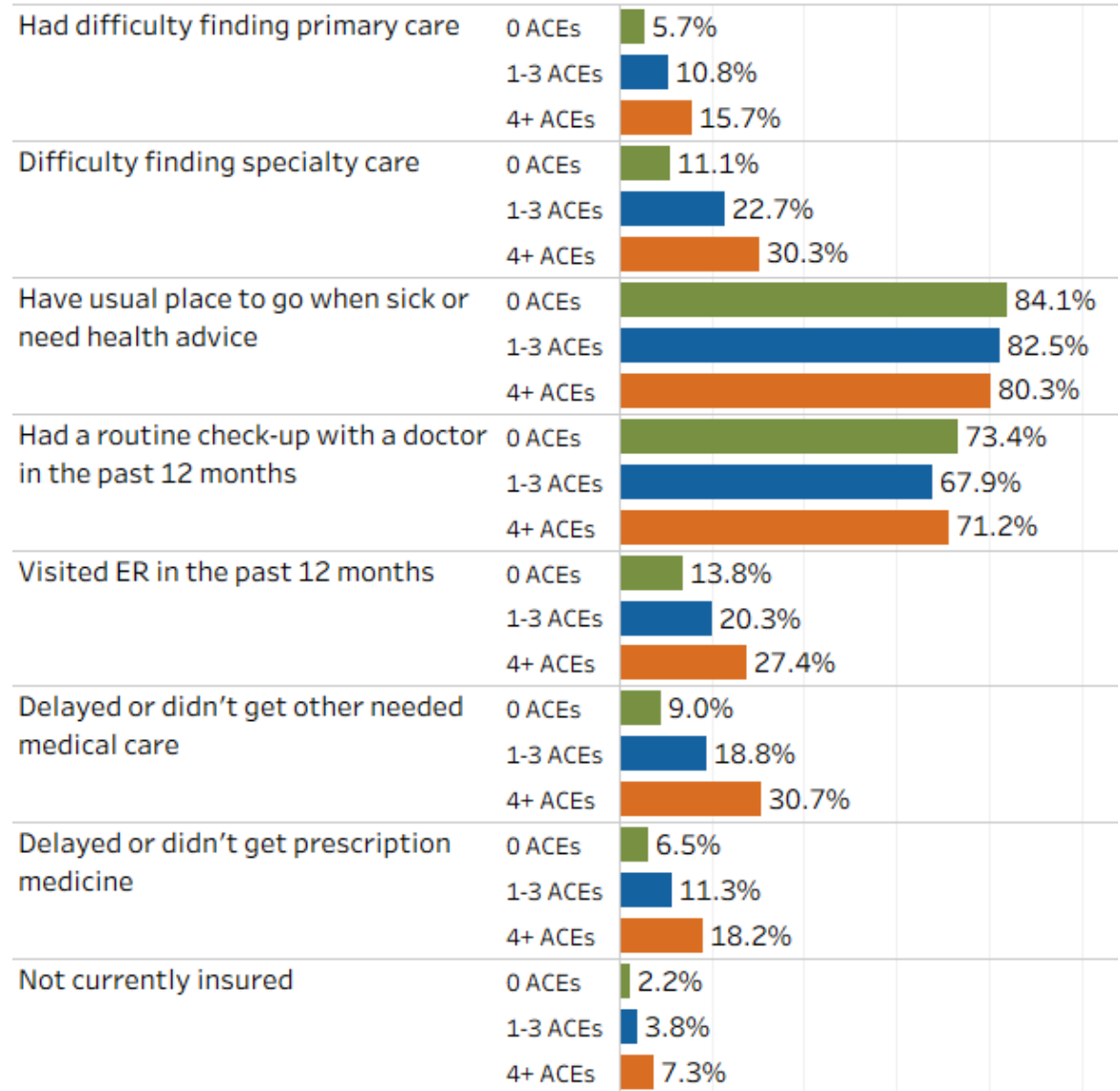
Healthcare Access

Adults with 4 or more ACEs reported experiencing more barriers to healthcare access compared to adults with 0 ACEs.

From 2023-2024, among adults with 4 or more ACEs:

- 15.7% reported difficulty finding primary care, 2.8 times higher than adults with 0 ACEs.
- Nearly 1 in 3 (30.3%) reported difficulty finding specialty care, 2.7 times higher than adults with 0 ACEs.
- 80.3% reported a usual source of care, compared to 84.1% of adults with 0 ACEs.
- Over 1 in 4 (27.4%) visited the ER in the past 12 months, compared to 13.8% of adults with 0 ACEs.
- Nearly 1 in 3 (30.7%) reported that they delayed or didn't get needed medical care, and 18.2% reported that they delayed or didn't get prescription medicine.
- 7.3% were not currently insured, 3.3 times higher than adults with 0 ACEs (2.2%).

Figure 14: Distribution of ACEs Score by Healthcare Access Topic, 2023-2024



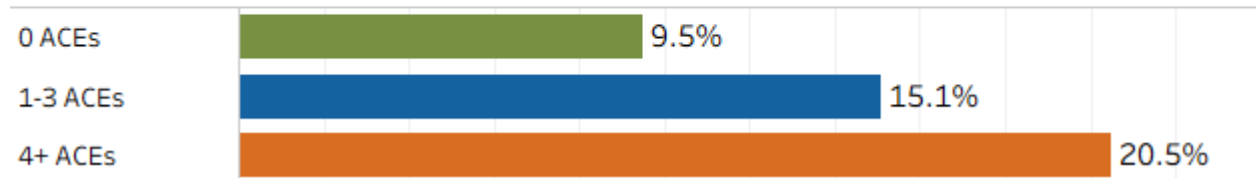
Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

Self-Reported Health Status

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

The prevalence of fair or poor health was 2.2 times higher in adults who experienced 4 or more ACEs (20.5%) compared to those who experienced 0 (9.5%).

Figure 15: Percentage of Population that Reported Health as Fair or Poor by ACEs Score, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

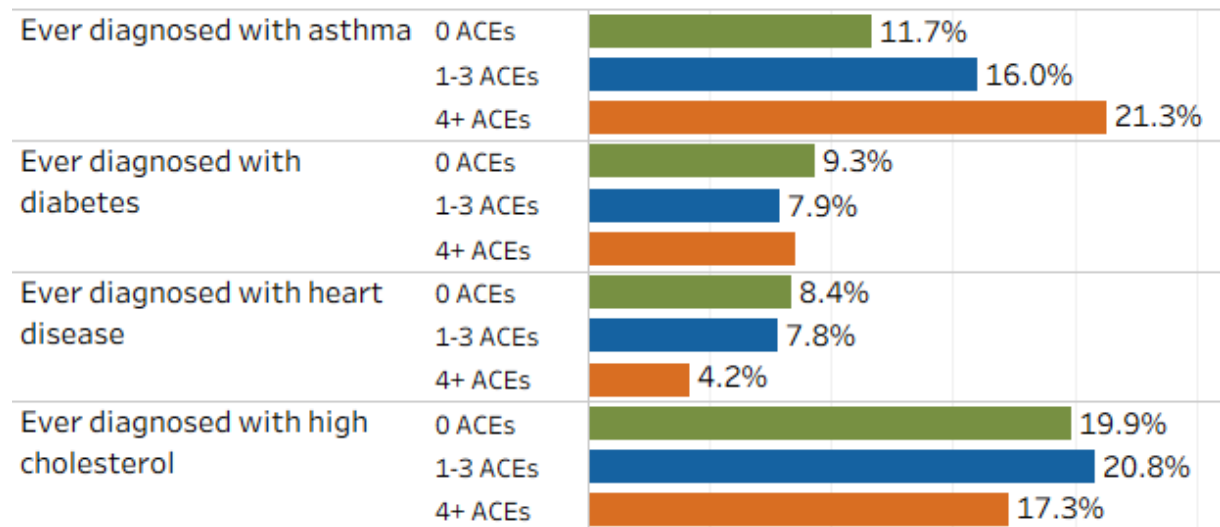
Health Condition Prevalence

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

Compared to adults with 0 ACEs, adults with 4 or more ACEs reported a 1.8 times higher prevalence of asthma.

The prevalences of diabetes, heart disease, and high cholesterol were lower among those with 4 or more ACEs compared to those with 0 ACEs. Though this appears to contradict established research, it may instead reflect underdiagnosis, rooted in barriers to healthcare access. Individuals with 4 or more ACEs are less likely to be insured, maintain a personal provider, or attend routine check-ups, reducing opportunities for diagnosing chronic, non-emergent illnesses.¹⁶ Lower observed prevalences may result from systemic gaps in care-seeking and health system engagement.

Figure 16: Distribution of ACEs Score by Disease Prevalence, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024.¹²

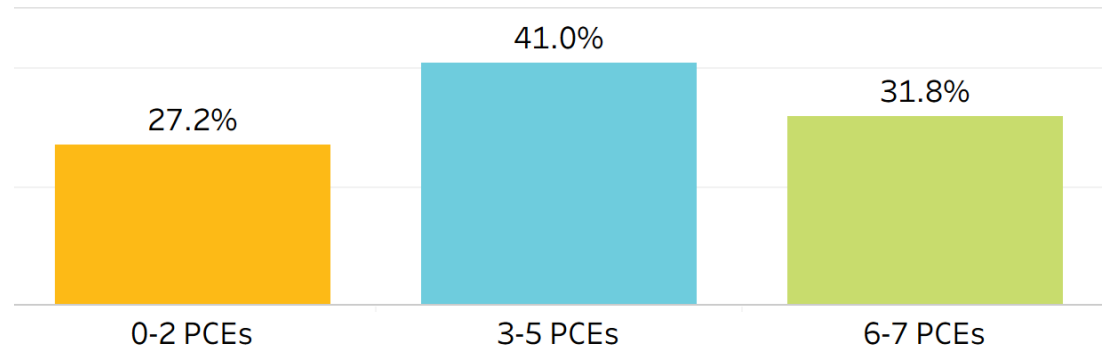
Survey Results by PCEs Score

Prevalence of PCEs in San Diego County

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.

Figure 17: Distribution of PCEs Score in San Diego County, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

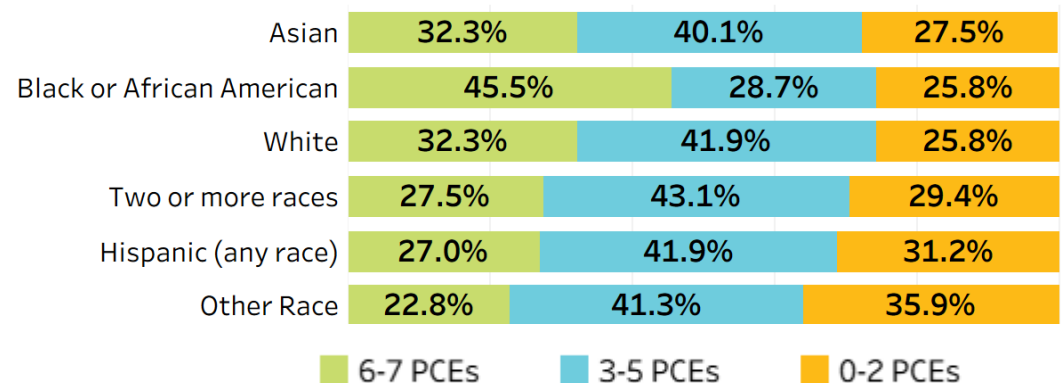
Demographic Disparities by PCE Score in San Diego County

Race/Ethnicity

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%).

Figure 18: Distribution of PCEs Score by Race/Ethnicity, 2021-2022



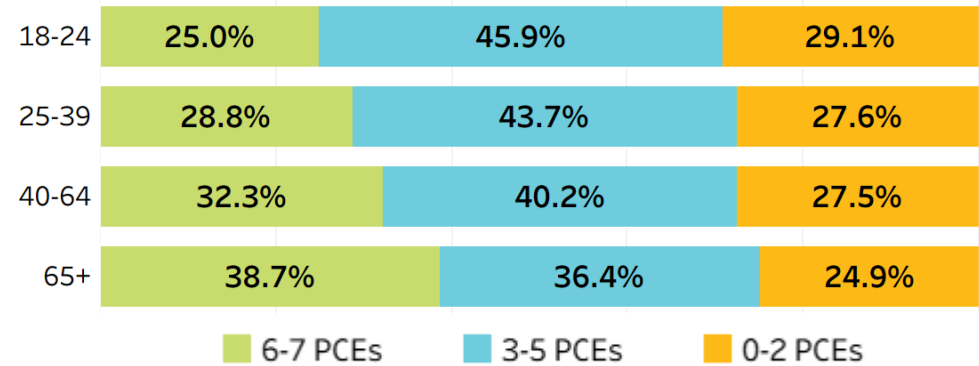
Other race includes: American Indian/Alaska Native, other single race, including Native Hawaiian and Other Pacific Islander (NHOPI). Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

Age

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.

Figure 19: Distribution of PCEs Score by Age, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

Sex

In San Diego County, females reported a lower prevalence of 6-7 PCEs than males.¹⁷

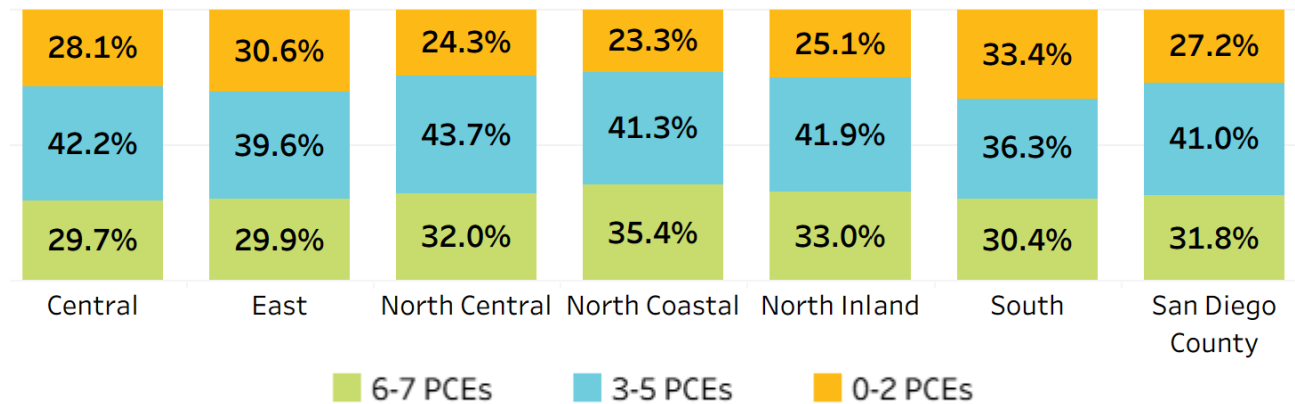
In San Diego County, 29.5% of females experienced 6-7 PCEs before the age 18, compared to 34.0% of males. Additionally, females reported a higher prevalence of 0-2 PCEs (30.9%), compared to males (23.5%).

Geography

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%).

Figure 20: Distribution of PCEs Score by HHS Region, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

Sexual Orientation and Gender Identity

In San Diego County, 2 in 5 bisexual adults reported experiencing 0-2 PCEs.

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.

In San Diego County, nearly 62% of transgender adults reported experiencing 0-2 PCEs.¹⁷

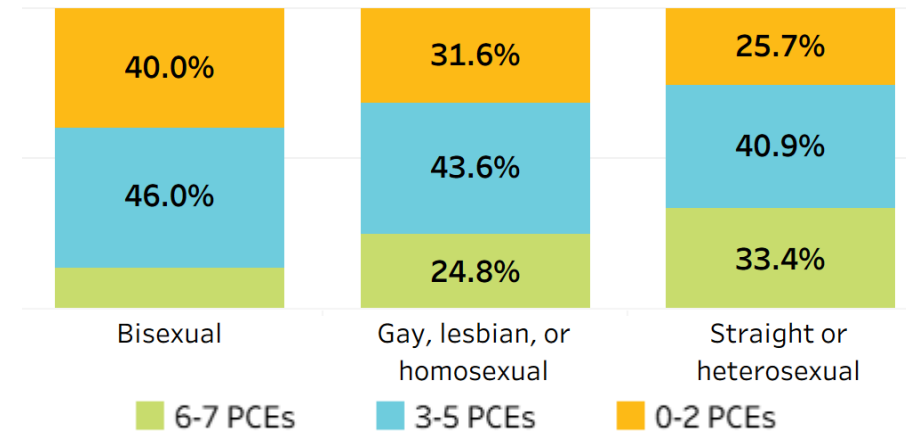
From 2021-2022, 61.7% of transgender adults reported experiencing 0-2 PCEs before the age of 18, 2.3 times the percentage among cisgender adults (26.6%). The transgender population may be at higher risk of experiencing fewer PCEs.

Education

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

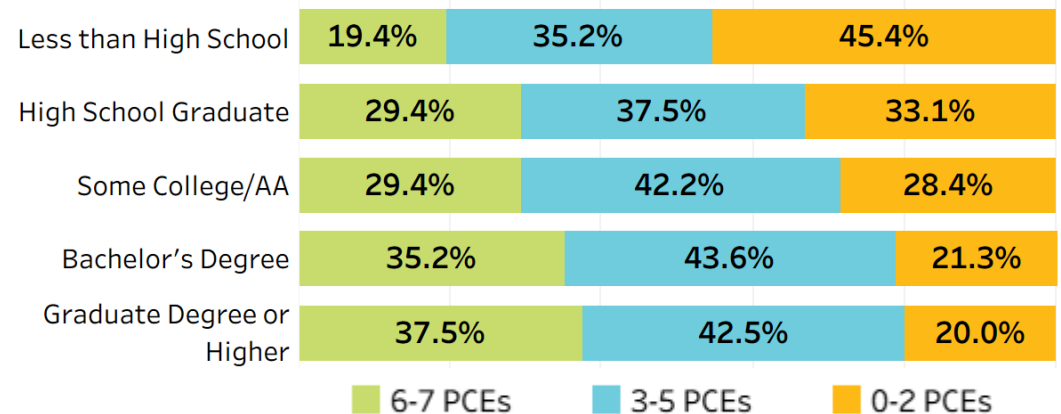
In San Diego County, 19.4% of adults with less than a high school education experienced 6-7 PCEs, and nearly half (45.4%) experienced 0-2 PCEs. Adults with a post-graduate education experienced the highest prevalence of 6-7 PCEs (37.5%) and the lowest prevalence of 0-2 PCEs (20.0%).

Figure 21: Distribution of PCEs Score by Sexual Orientation, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

Figure 22: Distribution of PCEs Score by Education Level, 2021-2022

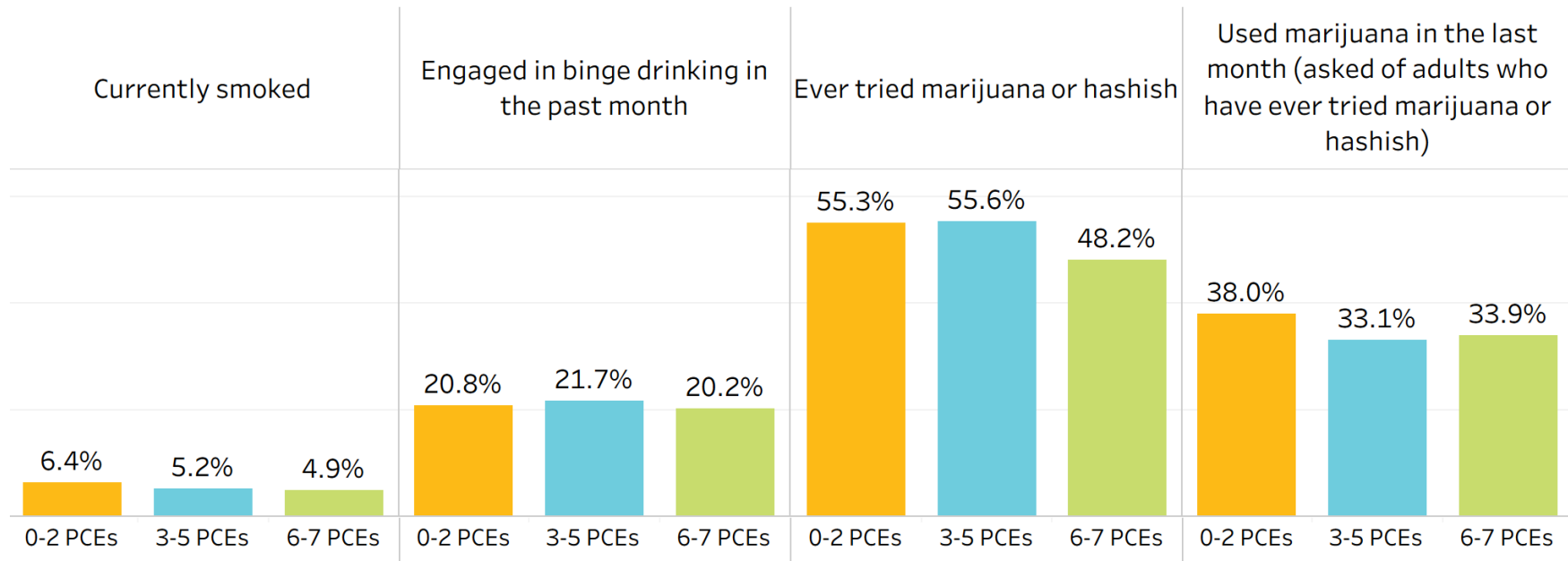


Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

Behavioral Health Outcomes

Substance Use

Figure 23: Substance Use Behaviors by PCEs Score, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

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.

Mental Health

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

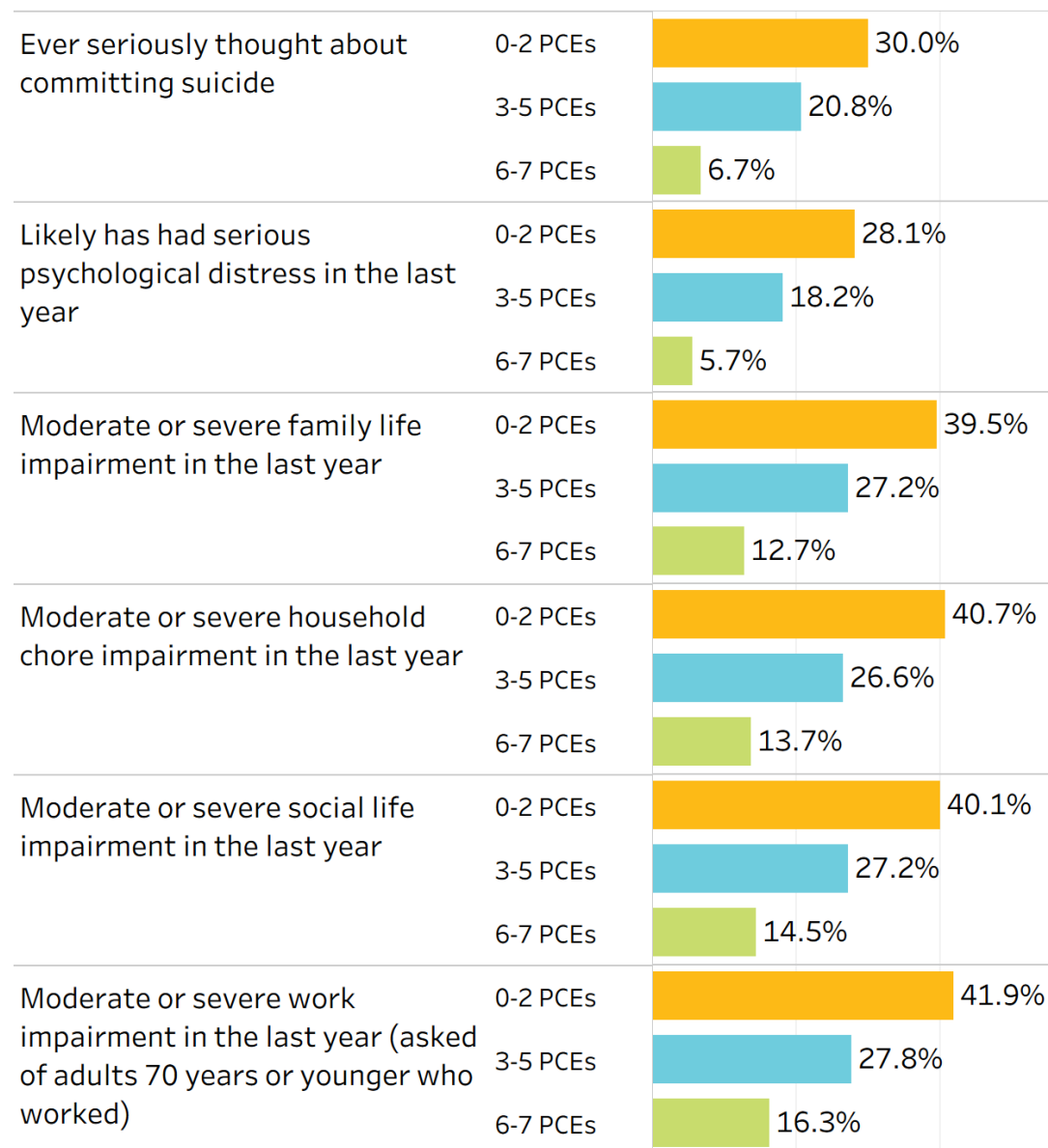
Among adults who reported 0-2 PCEs, 30.0% had seriously thought about committing suicide, a percentage that is 4.5 times higher than that of adults who reported 6-7 PCEs (6.7%).

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%).

Figure 24: Distribution of PCEs Score by Mental Health Topic, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

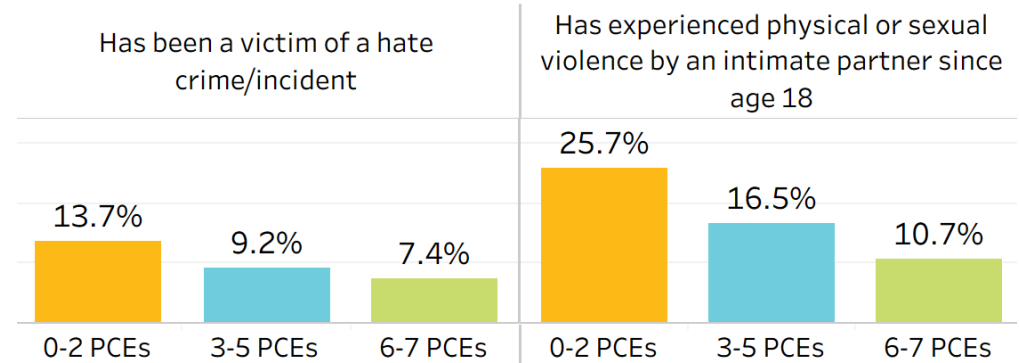
Victimization and Encounters with Law Enforcement Outcomes

Victimization Outcomes

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%).

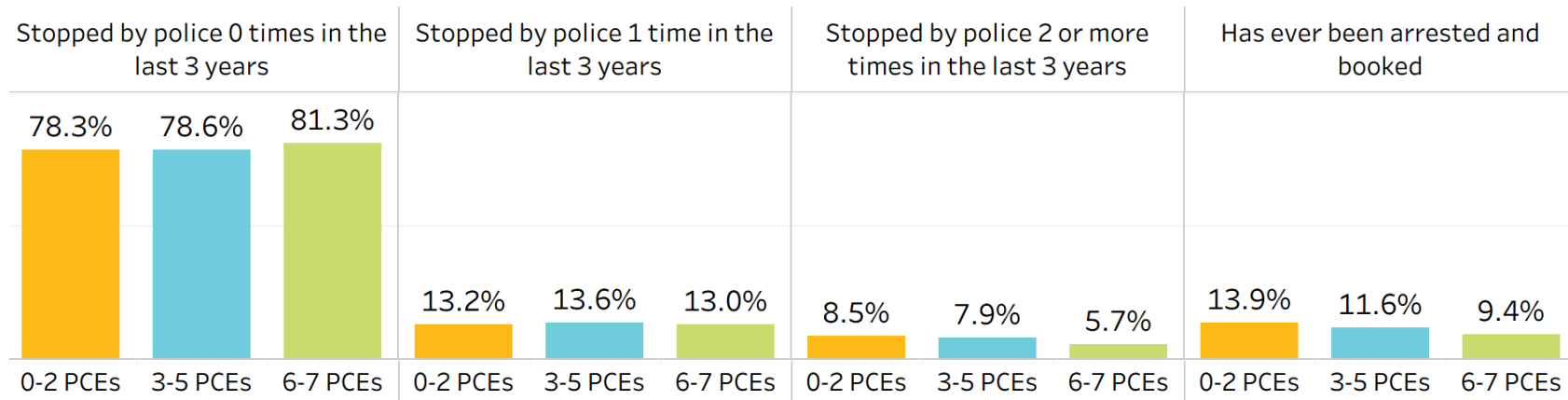
Figure 25: Victimization Outcomes by PCEs Score, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

Law Enforcement Encounters

Figure 26: Distribution of PCEs Score by Encounters with Law Enforcement, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

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%).

Health and Healthcare Access

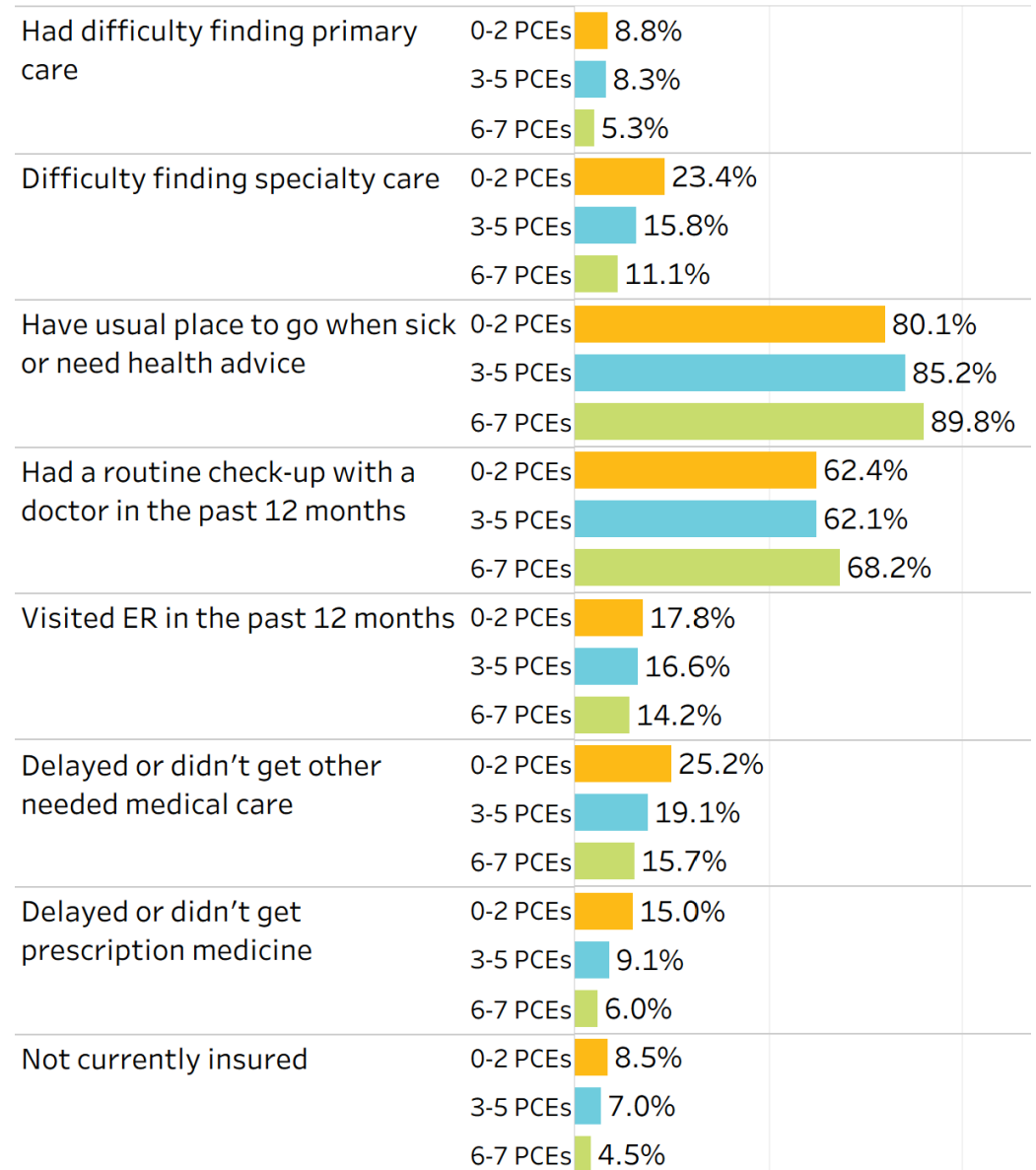
Healthcare Access

Adults with 6-7 PCEs reported experiencing fewer barriers to healthcare access compared to adults with 0-2 PCEs.

From 2021-2022, among adults with 0-2 PCEs:

- 8.8% reported difficulty finding primary care, compared to 5.3% of adults with 6-7 PCEs.
- Nearly 1 in 4 (23.4%) reported difficulty finding specialty care, 2.1 times higher than adults with 6-7 PCEs (11.1%).
- 80.1% reported a usual source of care, compared to 89.8% of adults with 6-7 PCEs.
- 17.8% visited the ER in the past 12 months, compared to 14.2% of adults with 6-7 PCEs.
- Over 1 in 4 (25.2%) reported that they delayed or didn't get needed medical care, compared to 15.7% of adults with 6-7 PCEs.
- 15.0% reported that they delayed or didn't get prescription medicine, 2.5 times higher than adults with 6-7 PCEs (6.0%).
- 8.5% were not currently insured, 1.9 times higher than adults with 6-7 PCEs (4.5%).

Figure 27: Distribution of PCEs Score by Healthcare Access Topic, 2021-2022



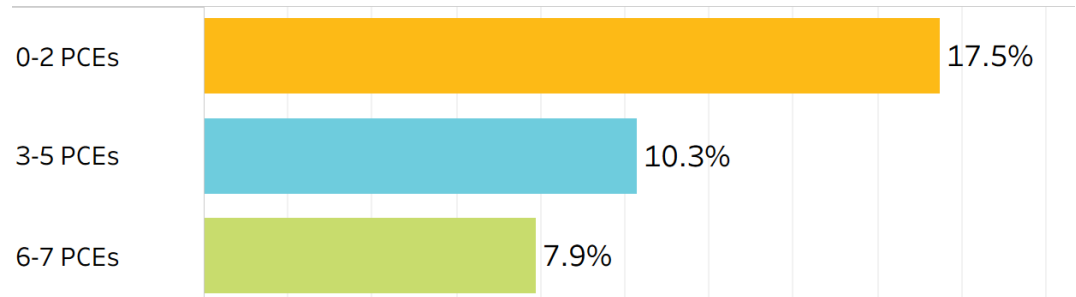
Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

Health Status

As the number of PCEs decreased, the prevalence of self-reported fair or poor health increased.

The prevalence of fair or poor health was 2.2 times higher in adults who experienced 0-2 PCEs (17.5%) compared to those who experienced 6-7 (7.9%).

Figure 28: Percentage of Population that Reported Health as Fair or Poor by PCEs Score, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

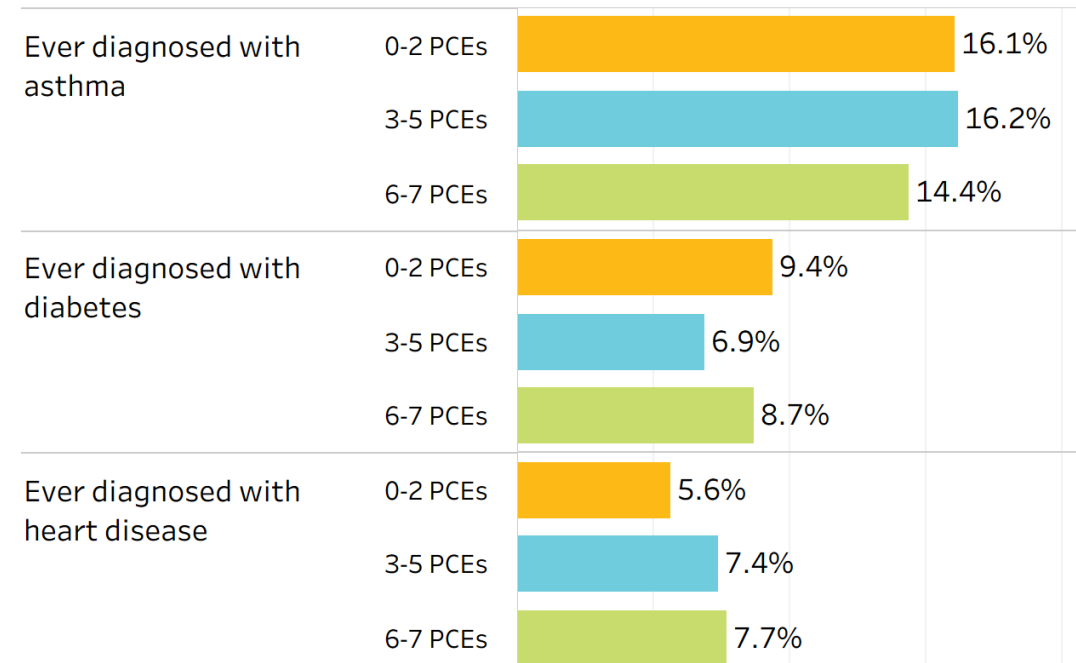
Health Conditions

Adults with 0-2 PCEs reported a higher prevalence of asthma compared to adults with 6-7 PCEs.

Compared to adults with 6-7 PCEs, adults with 0-2 PCEs had a slightly higher prevalence of asthma (16.1%) and diabetes (9.4%).

The prevalence of heart disease was lower among those with 0-2 PCEs compared to those with 6-7 PCEs.

Figure 29: Distribution of PCEs Score by Disease Prevalence, 2021-2022



Source: California Health Interview Survey, AskCHIS, 2021-2022.¹⁷

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.⁵

Primary Prevention Strategies⁵

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 Strategies⁵

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 Prevention⁵

Individuals who have already developed poor health and well-being outcomes associated with ACEs should focus on regulating the stress-response system to counteract 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 30: 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 course of life, 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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