Adverse Childhood Experiences
In Minnesota

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction. They are common and interrelated: most people have experienced at least one, and they often occur in clusters. And they are powerful: the higher an individual’s ACE score, the higher the likelihood of developing health problems, like substance abuse, diabetes, cancer, cardiovascular problems, and depression. The health effects can arise in childhood, or well into adulthood. However, certain protective factors can have a positive buffering effect on outcomes. They are also powerful and cumulative: more protective factors can better protect against the effects of ACEs.

ACEs in Minnesota

Prevalence + Frequency

ACEs data included in this fact sheet are from the 2019 Minnesota Student Survey (MSS) of 8th, 9th, and 11th graders; other institutions may use different factors or conditions, or calculate scores differently. MSS ACE scores are calculated by adding up the number of adverse experiences reported by each student. Prevalence for Minnesota as a whole are as follows:

- Living with someone who is depressed or has mental health issues: 26%
- Having a parent/guardian who is currently in jail, and/or has been in jail: 16%
- Living with someone who drinks too much alcohol: 11%
- Having been verbally abused by a parent or adult in the household: 15%
- Having been physically abused by a parent or adult in the household: 13%
- Witnessing domestic abuse of parents/adults in household: 8%
- Having been sexually abused by a family member and/or a person outside the family: 6%
- Living with someone who uses illegal drugs or abuses prescription drugs: 5%

According to the 2019 Minnesota Student Survey (MSS):

- Of Minnesota’s 8th, 9th, and 11th graders, 48% reported experiencing at least one ACE.
- More than half of adolescents experiencing any ACEs report more than one.
- The most frequently reported ACEs in Minnesota are:
  - living with someone with mental illness (26%)
  - parental incarceration (16%)
  - and household alcohol abuse (11%).
- The least frequently reported are:
  - sexual abuse (6%)
  - and household drug use (5%).
ACEs Can Increase Risk for Behavioral Health Problems

Minnesota, 2019 MSS

Mental Health
Students with 4+ ACEs are **3.4 times** more likely to report feeling down, depressed, or hopeless in the past 2 weeks (49% vs. 14%). Rates of reported past-year mental health issues related to suicide also increase by ACE score:

- **Past-year suicidal ideation:** 46% (4+ ACEs) vs. 4% (0 ACEs).
- **Past-year suicide attempts:** 20% (4+ ACEs) vs. 1% (0 ACEs).

Substance Use
Compared to youth who are not exposed to ACEs, those reporting an ACE score of 4+ are...

- **5.2 times** more likely to report e-cigarette use
- **8.9 times** more likely to report marijuana use
- **12.6 times** more likely to report prescription drug misuse

...in the past month.

Additional Childhood Traumas Also Play a Role

Minnesota, 2019 MSS

While the MSS asks about 8 specific experiences to calculate an ACE score, there are other negative experiences that can contribute to dysfunction and health risks. Chronic stress can result from adversity both in children’s communities, as well as in their families. According to the MSS, children in Minnesota also face these adversities:

- **51%** of students have been bullied in the past month
  - Students reported being bullied most for their physical appearance (27%), their weight (23%), their gender expression (16.0%), and their race, ethnicity, or national origin (13%)
- **5%** don’t feel safe in their neighborhoods
- **10%** don’t feel safe at their schools
- **15%** have experienced dating violence (including being verbally or physically abused, or being pressured into sex by a girlfriend or boyfriend).
- **1%** have been in foster care in the past year; **2%** were in foster care more than a year ago.

According to the US Census, the poverty rate in Minnesota was **9.6%** in 2019. Poverty and its attendant issues (such as hunger and homelessness) also have lasting effects.

- **19%** of students on the MSS report receiving free or reduced-price lunch;
- **4%** had to skip meals because their family didn’t have enough money; and
- **5%** experienced homelessness in the past year.
Protective factors are characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a lower likelihood of negative outcomes such as substance use and mental health issues. ACEs are correlated with negative outcomes; however, those who have experienced ACEs, but who also have protective factors, are buffered from some negative effects. Protective factors work like adverse experiences, but in reverse; they work to reduce negative behaviors and lessen the effects of ACEs. Below are some protective factors included on the MSS, and the percentage of students experiencing them.

### How to read this chart

Of those students who have experienced 2 or more ACEs, and who DON’T feel that adults in the community care about them, 21% use marijuana. However, of those students who feel adults DO care about them, only 14% use marijuana. This means students with 2+ ACEs who feel adults in the community care about them are **1.5 times LESS LIKELY to use marijuana**. In Minnesota, 39% of students feel adults in the community care about them.

<table>
<thead>
<tr>
<th>Community</th>
<th>Prevalence</th>
<th>Depression (past 2-week)</th>
<th>Marijuana Use (past month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel adults in the community care</td>
<td>39%</td>
<td>1.7x less</td>
<td>1.5x less</td>
</tr>
<tr>
<td>Participate in 1-5 activities/week</td>
<td>78%</td>
<td>1.2x less</td>
<td>1.5x less</td>
</tr>
<tr>
<td>Feel safe in neighborhood</td>
<td>96%</td>
<td>1.5x less</td>
<td>1.3x less</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Prevalence</th>
<th>Depression (past 2-week)</th>
<th>Marijuana Use (past month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational engagement</td>
<td>69%</td>
<td>1.4x less</td>
<td>2.2x less</td>
</tr>
<tr>
<td>Feel school staff care about them</td>
<td>44%</td>
<td>1.6x less</td>
<td>1.6x less</td>
</tr>
<tr>
<td>Feel safe at school</td>
<td>90%</td>
<td>1.6x less</td>
<td>1.2x less</td>
</tr>
<tr>
<td>Can talk to a school adult about problems</td>
<td>29%</td>
<td>1.2x less</td>
<td>1.3x less</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Peers</th>
<th>Prevalence</th>
<th>Depression (past 2-week)</th>
<th>Marijuana Use (past month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel that friends care about them</td>
<td>76%</td>
<td>1.5x less</td>
<td>1.2x less</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family</th>
<th>Prevalence</th>
<th>Depression (past 2-week)</th>
<th>Marijuana Use (past month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel that parents care about them</td>
<td>88%</td>
<td>1.7x less</td>
<td>1.4x less</td>
</tr>
<tr>
<td>Can talk to parent(s) about problems</td>
<td>79%</td>
<td>1.7x less</td>
<td>1.5x less</td>
</tr>
<tr>
<td>Feel relatives care about them</td>
<td>81%</td>
<td>1.8x less</td>
<td>1.5x less</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual*</th>
<th>Prevalence</th>
<th>Depression (past 2-week)</th>
<th>Marijuana Use (past month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Identity</td>
<td>43%</td>
<td>2.6x less</td>
<td>1.5x less</td>
</tr>
<tr>
<td>Social Competence</td>
<td>56%</td>
<td>1.5x less</td>
<td>3.9x less</td>
</tr>
<tr>
<td>Empowerment</td>
<td>59%</td>
<td>2.0x less</td>
<td>1.5x less</td>
</tr>
</tbody>
</table>


NOTE: For more on protective factors, and definitions for each factor as used on the MSS, please read the brief at http://sumn.org/~/media/629/Power_of_Protective_Factors_2019.pdf
No matter how many ACEs students experience, they still benefit from protective factors; students are less likely to use e-cigarettes or experience depression when they believe school and community adults care about them, whether they’ve experienced 4+ ACEs, or none. But the effect is especially large when it comes to students who have experienced multiple ACEs. For example, of students with 0 ACEs, 12% of those who feel teachers don’t care about them use e-cigarettes; use drops to 7% when students feel teachers DO care about them. Among students with 4 or more ACEs, use drops from 49% to 36% when they feel teachers care about them.

### Resources

Communities in Minnesota are working together to reduce adverse childhood experiences. To find more information about ACEs in your community, please use these resources:

**FamilyWise**: https://familywiseservices.org/

**Substance Use in Minnesota**, reports and data, including MSS data on ACEs, mental health, and substance use, by county and demographic group: https://www.SUMN.org

**Minnesota Department of Human Services**, Adult ACE report: https://www.health.state.mn.us/docs/communities/ace/acereport.pdf

**Minnesota Department of Education**, Minnesota Student Survey data: https://education.mn.gov/MDE/DSE/MDE085585

**Minnesota Kids Count**, data on the wellbeing of children in Minnesota: https://datacenter.kidscount.org/data#MN

**MN Compass**, data on various Minnesota topics, such as health, housing, and equity: https://www.mncompass.org/