

Special Emphasis Report:

Adverse Childhood Experiences (ACEs)

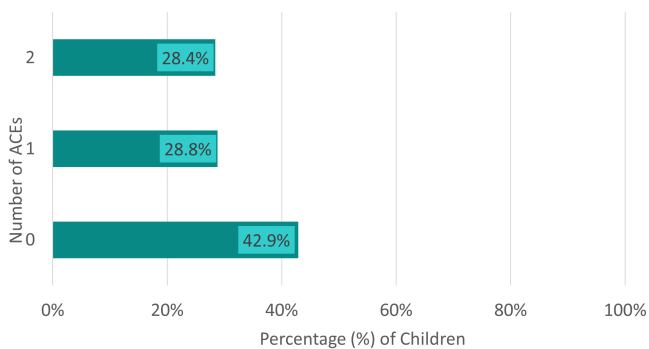
UNDERSTANDING ACEs

Adverse childhood experiences, or ACEs, are potentially traumatic events or circumstances during childhood (0–17 years), that can undermine a child's sense of safety, stability, and bonding. ACEs can negatively impact physical, mental, emotional, and behavioral development and can 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 are not in place in a child's life. Positive childhood experiences can include being in a safe, stable, and nurturing environment and having community and family support. In 2024, the National Survey of Children's Health revealed that 57.2% of children in Kentucky had experienced one or more ACEs [Figure 1], and 28.4% had experienced two or more, as reported by a parent/caregiver. This is 66% higher than the percentage of children nationally who had experienced at least one ACE (37.9%).

Figure 1: Percentage of ACEs in Kentucky, 2024



*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 the NSCH survey focus more on experiences that can impact a child's sense of safety, stability, and bonding in their environment. See [website](#) for more detail about the NSCH.

Types of ACEs*

The most prevalent types of ACE experienced in Kentucky were divorce, impacting 26.5% of children, followed by financial troubles (12.1%) and substance use (12.1%).

Figure 2: Top Five Types of ACEs Experienced by Children** in Kentucky, 2024

Type of ACE	Percentage
1. Divorce	26.5%
2. Financial Troubles	12.1%
3. Substance Use	12.1%
4. Mental Illness	9.4%
5. Jail	9.3%

** Involving someone in the child's household.

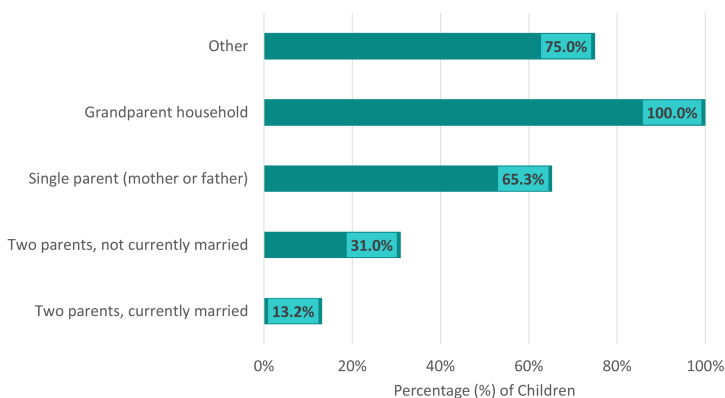


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ACEs by Demographic*

ACEs vary by individual- and population-level characteristics. ACEs in Kentucky most heavily impacted households where grandparents act as primary caregivers and single-parent households in 2024.

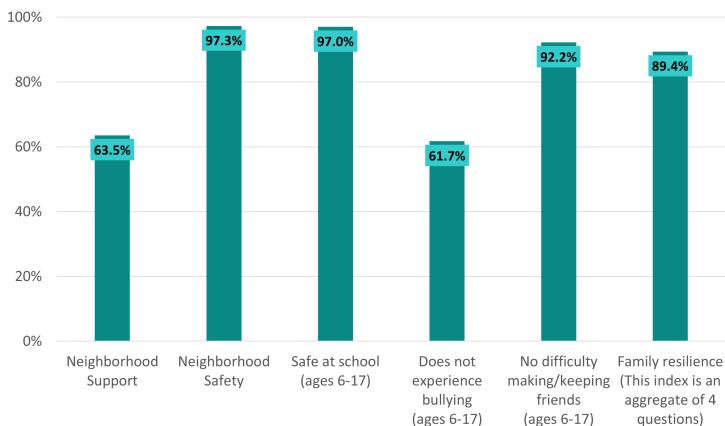
Figure 3: Percentage of Kentucky children that experienced two or more ACEs, by family structure, 2024



Positive Childhood Experiences*

Opportunities to improve the lives of all children and adults start with healthy childhoods, which can provide lasting benefits throughout life. In Kentucky, 97.3% of children live in a safe neighborhood, 97% of children have a safe school environment, and 92.2% report no difficulty making/keeping friends.

Figure 4: Percentage of Positive Childhood Experiences in Kentucky, 2024



CDC Resources to Support State and Local Strategies

- [Adverse Childhood Experiences Prevention Strategy](#)
- [Preventing ACEs: Leveraging the Best Available Evidence](#)
- [Technical Packages for Violence Prevention](#)
- [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, the reduction of poor health conditions, and less pressure on health care systems.

Six Strategies for Preventing ACEs:

1. Strengthen economic supports for families (e.g., earned income tax credits, family-friendly work policies).
2. Promote social norms that protect against violence and adversity (e.g., public education campaigns and bystander approaches to support healthy relationship behaviors).
3. Ensure a strong start for children (e.g., early childhood home visitation, high-quality/affordable childcare, 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 (e.g., social emotional learning, safe dating/healthy relationships, and parenting/family relationship programs).
6. Intervene to lessen immediate and long-term harms (e.g., enhanced primary care to address ACE 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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ACE Activities in Kentucky

The CDC Injury Center's Core State Injury Prevention Program funds the Kentucky Violence Injury Prevention Program (KVIPP) to estimate the impact of ACEs through robust data surveillance to define the groups most affected and to work with partners to address ACEs in disproportionately affected communities. Specific strategies include working with the Kentucky Safety and Prevention Alignment Network (KSPAN) (www.safekentucky.org) and partners to support implementation of the CONNECT Campaign (faceitabuse.org/connect/) which promotes social norms against violence and adversity (ACEs); distributes medication lock boxes and educational resources to young families; educates students on preventing pediatric abusive head trauma; and promotes safe sleep environments through Keeping Infants Safe in support of Kentucky Revised Statute 158.303 (pcaky.org/keeping-infants-safe-curriculum/). KSPAN and its partners also work to increase awareness about ACEs through data dashboards (faceitabuse.org/data-dashboard/), promote protective factors among military-connected families through the Kentucky Purple Star Program (www.kypurplestar.org/), support implementation of evidence-based bystander programming in Kentucky schools, support clinical implementation of evidence-based Safe Environment for Every Kid (SEEK) model practices during family well-care visits, and improve knowledge of community prevention and mitigation resources to enhance family resiliency.

Every Kentuckian is a mandated reporter of child abuse and neglect. If you suspect child maltreatment, make a report to Child Protective Services at 1-877-KYSAFE (1-877-597-2331) or call 911.



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