OVERVIEW
Adverse childhood experiences (ACEs) are linked to a wide range of negative health outcomes, from mental to physical, and women are significantly more likely to report them. Despite this well-documented association, most research on how health conditions affect women’s health before and after pregnancy overlooks ACEs. IPR social demographer Christine Percheski, community health scholar and IPR associate Joe Feinglass, and their colleagues examine the connection between ACEs and health conditions that could increase pregnancy and birth complications.

ACEs include childhood abuse (physical, verbal, sexual); living with a person experiencing mental illness, alcohol or drug issues, or who was incarcerated; and divorced or separated parents.

POLICY TAKEAWAYS
• The most promising way to stop the intergenerational transmission of ACEs is to invest in social infrastructure: Policies that give parents access to affordable housing, a living minimum wage, and access to quality childcare will reduce chronic family stress, yield tremendous health benefits, and prevent intergenerational transmission of ACEs.
• These findings underscore the need for a trauma-informed and healing-centered approach to prevention and treatment strategies.

FINDINGS
Adult health is strongly linked to ACE scores upholding previous findings linking chronic disease, obesity, and depression to childhood neglect, abuse, and household stressors. These findings have serious implications for women’s current and future physical, obstetrical, and mental health as well as for the health and wellbeing of their children.

Women had higher overall ACE scores than men, largely driven by reported sexual abuse. Almost a quarter (24%) of women aged 18 to 39 reported ACEs compared to 18% for men, with women reporting seven of the eight ACEs more than men. Women reported being sexually abused almost three times more than men.

Almost one in four young women reported experiencing four or more ACEs. After accounting for demographics, young women with four or more ACEs were more likely to be obese, have high blood pressure, and develop diabetes than those with none. They were also almost four times as likely to report a history of depression and more than twice as likely to report only fair or poor health.
METHODOLOGY
The researchers analyzed self-reported ACEs and health histories for 13,629 women and 13,722 men aged 18–39, using survey data from the 2019 Behavioral Risk Factor Surveillance System. The ACEs they looked at include childhood physical, verbal, and sexual abuse, exposure to family violence, family member incarceration, mental illness, alcohol, or drug issues, and divorced or separated parents. The researchers assessed differences by gender in overall ACE scores and specific ACEs, identified trends in women’s ACE scores by birth cohort, and estimated the association of ACE scores with health conditions that increase risk for adverse perinatal outcomes.

REFERENCE