STRONG START & BEYOND

Issue Brief:

Addressing Adverse Childhood Experiences During Reproductive Years to Improve Lifelong Health

September 2025

Table of Contents

Issue Brief: Addressing Adverse Childhood Experiences During Reproductive Years to Improve Lifelong Health 1

Table or Contents 2

Executive Summary 3

Adverse Childhood Experiences (ACEs) and Long-Term Health 4

Adverse Childhood Experiences (ACEs): Understanding the Impact and Addressing Disparities 6

Adverse Childhood Experiences (ACEs) and Reproductive Health: A Critical Window for Intervention 8

Call to Action: 10

Citations 12

Appendix 1 13

Appendix 2 14

Appendix 3 14

Executive Summary

Adverse Childhood Experiences (ACEs)—including abuse, neglect, and household challenges such as substance use, mental illness, intimate partner violence, or incarceration—affect nearly two-thirds of Californians[1]. Approximately one in six individuals[1] have experienced four or more ACEs, significantly increasing the risk of chronic illness, untreated mental health conditions, and poor birth outcomes across the lifespan.

These experiences have profound impacts—but they are reversible. The reproductive years—before, during, and after pregnancy—provide a critical window to disrupt intergenerational cycles of trauma and promote long-term well-being. Supporting individuals during this time can improve maternal and infant health, strengthen family stability, and lay the foundation for healthier communities. It is also a time to encourage Positive Childhood Experiences (PCEs), a child's experience having safe, stable, and nurturing relationships to buffer against the negative impacts of ACEs.

California has made meaningful strides:

- ACEs Aware has advanced statewide ACEs screening and response in clinical settings, including training for healthcare providers.
- Trauma-informed care is increasingly integrated into reproductive and perinatal services.
- Maternal health reforms have expanded access to doulas, midwives, and community health workers, particularly for underserved populations.

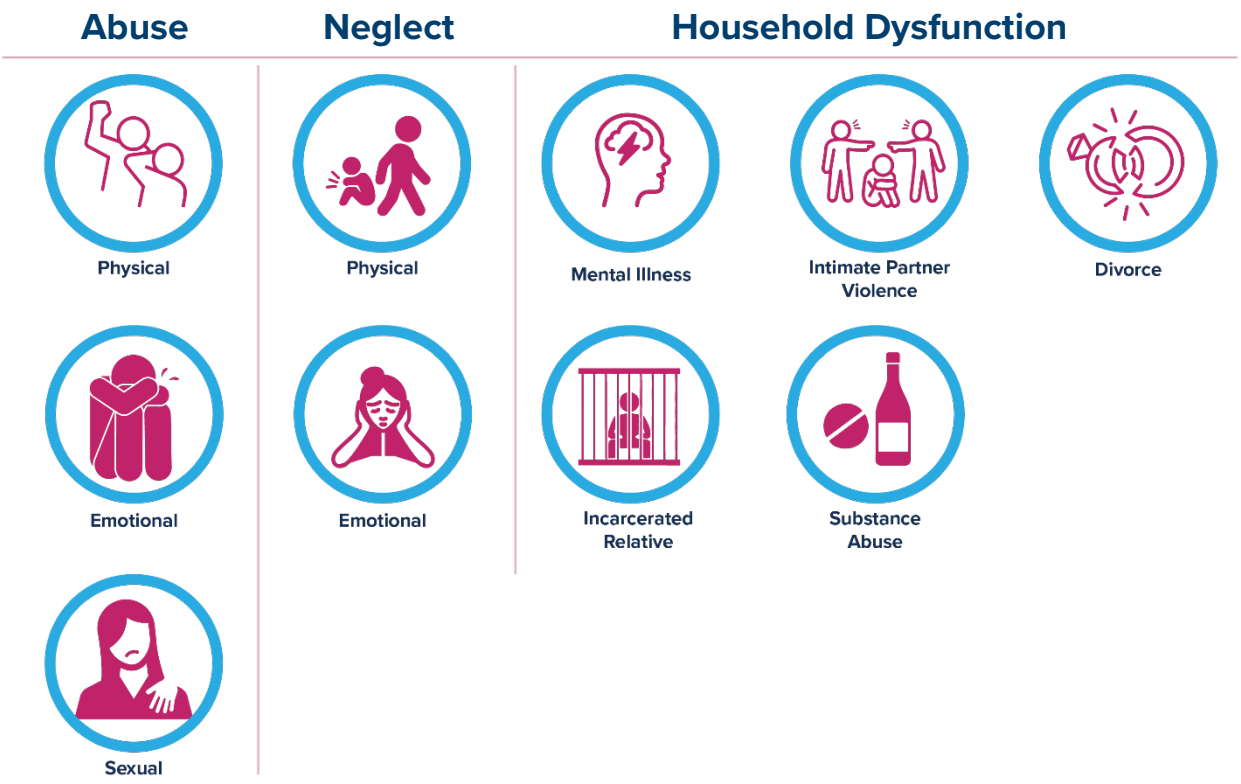
This brief calls for prioritizing the link between ACEs and maternal health, expanding ACEs screening during the reproductive years, promoting the protective role of PCEs, and strengthening cross-sector collaboration by leveraging existing programs and supports.

For healthcare professionals, this is an opportunity to deliver care that recognizes the deep connection between early adversity and future health. For individuals and communities, it is a call to foster supportive environments that build resilience and promote healing.

By investing in reproductive well-being today, we can create a healthier, more equitable California—one generation at a time.

Adverse Childhood Experiences (ACEs) and Long-Term Health

Adverse Childhood Experiences (ACEs) refer to ten specific types of trauma[1] occurring before the age of 18. These include emotional, physical, and sexual abuse; emotional and physical neglect; and household dysfunction due to substance use, untreated mental illness, domestic violence, or incarceration.



In California Adults[2]:

7 in 10 report at least one ACE.

1 in 5 report four or more ACEs.

In California Youth:

1 in 3 report at least one ACE.

1 in 25 report four or more ACEs.

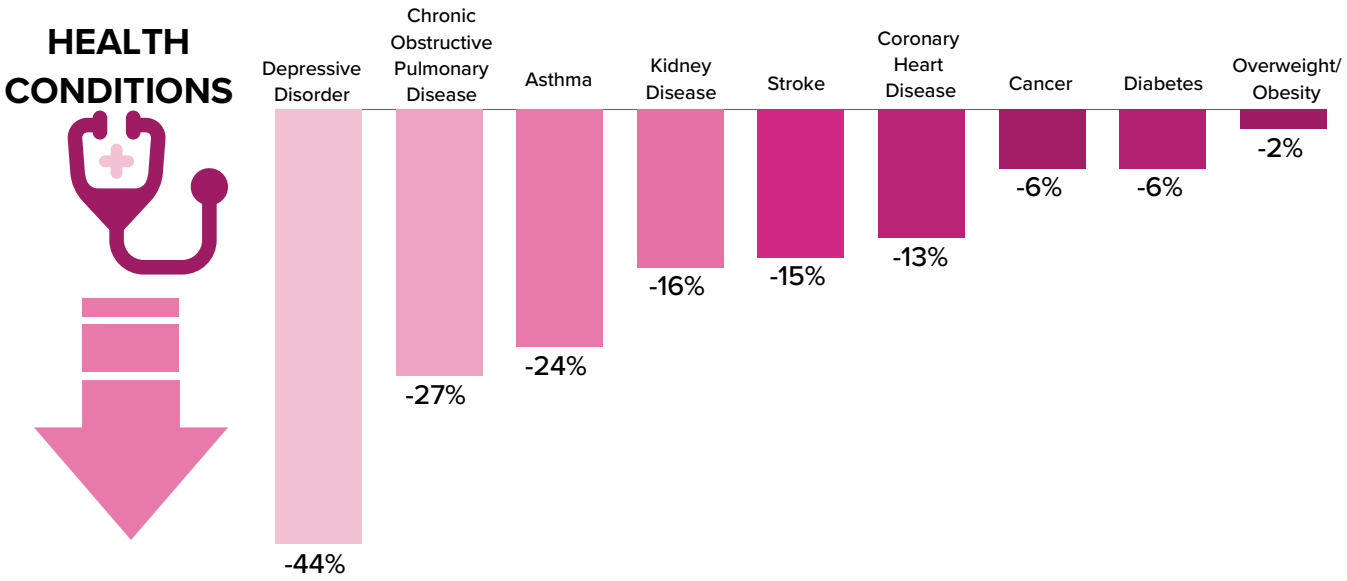
The connection between early trauma and long-term health outcomes first emerged from research led by Dr. Vincent Felitti. While running a weight-loss clinic, Felitti noticed patients were making real progress with losing weight and improving health then suddenly quitting and gaining weight with no explanation. Then suddenly quitting and gaining weight with no explanation. When he started asking questions, he uncovered a pattern: abuse histories, trauma, and stories no one had ever asked about before. This led to a landmark study[3], conducted in partnership with the Centers for Disease Control and Prevention, that established a clear link between early adversity and elevated risk for a wide range of chronic physical and mental health conditions.

In 2019, California Governor Gavin Newsom recognized the importance of addressing ACEs in California and appointed Dr. Nadine Burke Harris as the first California Surgeon General to address childhood trauma and adversity. During her tenure, she developed the Roadmap to Resilience., which lays out a first-in-the-nation roadmap to address ACEs and toxic stress through an evidence-based, cross-sector approach.

The severity of ACEs is measured by a 10-question questionnaire. We now know, individuals with four or more ACEs[4] are significantly more likely to experience conditions such as depression, cardiovascular disease, autoimmune disorders, and cancer.

Biologically, early trauma[5] can disrupt the developing stress response system, compromise immune function, increase inflammation, and alter neurological and hormonal pathways. These physiological changes often accumulate over time and increase the risk of disease throughout the lifespan. High ACE scores[4] are now recognized as being associated with nine of the ten leading causes of death in the United States.

Addressing ACEs in Childhood Can Potentially Decrease These Health Conditions[6]

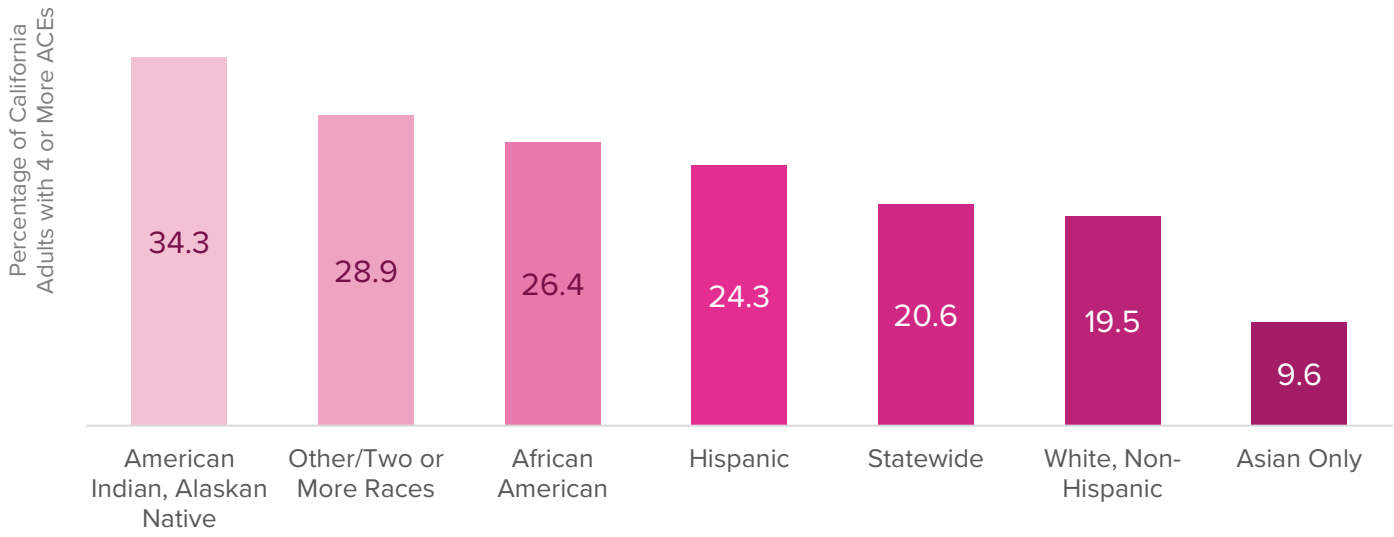


Adverse Childhood Experiences (ACEs): Understanding the Impact and Addressing Disparities

ACEs do not impact all sociodemographic groups equally. Women, low-income, LGBTQ+,Black, Hispanic, and Native American communities are disproportionately impacted.

California recognizes the inequities in ACEs and created efforts to address these disparities through leadership of the Office of the California Surgeon General in conjunction with the California Department of Health Care Services, the California Department of Public Health, and the Children and Youth Behavioral Health Initiative.

Percent of California Adults with 4 or more ACEs by Ethnicity[2]



PCEs[7] are the everyday moments and relationships that help children feel connected, supported, and safe. Simple, ongoing actions—like talking openly with family, joining in community traditions, or feeling supported by friends—can have lasting benefits for mental health and social-emotional well-being well into adulthood. Research shows that

PCEs not only strengthen healthy development but also buffer against some of the negative effects of ACEs, including stress and poor health outcomes. At their core, PCEs are built on four key foundations: caring and supportive relationships, opportunities for connection and belonging, safe and equitable environments, and learning the skills to understand and manage emotions.

Positive Childhood Experiences:

Ability to talk with family about feelings

Sense that family is supportive during difficult times

Enjoyment of participation in community traditions

Having at least two non-parent adults who genuinely cared

Feeling support from friends

Feeling of belonging in high school

Feeling safe and protected by an adult in the home

Just one caring, safe relationship early in life

PCEs are part of a relational health framework that focuses on health and well-being through the quality of relationships and social connections. Instead of focusing on only individual risk factors, relational health highlights how supportive, nurturing, and safe relationships buffer against ACEs.

California has invested in addressing ACEs, and with a focus on reproductive health, there is a unique opportunity to support better outcomes for parents and children and interrupt intergenerational cycles of adversity, especially for the people who need our care the most.

Adverse Childhood Experiences (ACEs) and Reproductive Health: A Critical Window for Intervention

Adverse Childhood Experiences (ACEs) do not remain in childhood—the impact carries forward, often reemerging during pivotal life stages such as pregnancy and parenting. For many individuals, reproductive health care represents the first consistent point of medical engagement in adulthood. It is also a time when the impacts of unaddressed trauma frequently surface, though they may not be explicitly recognized.

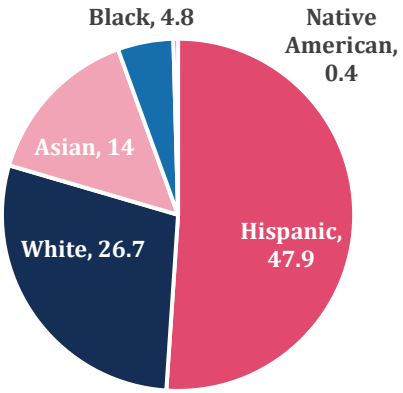
A growing body of evidence links ACEs to a wide range of adverse outcomes during the reproductive and perinatal periods. Individuals with higher ACE scores are significantly more likely to experience[8]:

	2x the risk of hypertensive disorders in pregnancy
	2.6x greater risk of teen pregnancy
	4.5x greater risk of postpartum depression
	5.9x greater risk of contracting a sexually transmitted infection
	6.1x increased risk of illicit substance-use during pregnancy
	7.5x greater likelihood of experiencing intimate partner violence

These associations are not incidental. They reflect the cumulative physiological toll of trauma—affecting stress response systems, immune function, and hormonal regulation—all of which are deeply intertwined with reproductive health.

Yet, the perinatal period also presents a profound opportunity. Biologically, emotionally, and socially, pregnancy is a transformational stage—one in which the right support can build resilience and long-term wellbeing for both the parent and child. Embedding trauma-informed care and ACEs screening into reproductive and perinatal services can serve as a gateway to intergenerational change.

Percentage of California Births by Ethnicity 2021 – 2023[9]



Importantly, the effects of ACEs are not always overt. A patient who repeatedly misses prenatal appointments may be struggling with anxiety stemming from past experiences with coercive or disrespectful care. Another may present with chronic pelvic pain that eludes clinical explanation but is rooted in unresolved trauma. Without a trauma-informed lens, these signs are at risk of being misinterpreted or inadequately addressed—contributing to worse outcomes across the life course.

This is especially true in communities where early adversity is compounded by systemic inequities such as poverty, racism, and limited access to culturally responsive services. Addressing ACEs in reproductive health is not just clinical—it is deeply linked to health equity.

California's maternal and reproductive health framework acknowledges this broader context. The state is working to integrate ACEs-informed care across the continuum—from family planning and prenatal services to postpartum support and long-term well-being.

This includes:

- **Routine ACEs screening** through the ACEs Aware Initiative
- **Trauma-informed practices** in both clinical and community-based settings
- **Equitable access** to care that reflects and respects diverse lived experiences

By treating pregnancy not only as a medical event, but as a window into life-long health, we increase our ability to prevent long-term harm, foster resilience, and support thriving families. Integrating ACEs-informed care into reproductive health is an upstream investment—one that strengthens California's health infrastructure and advances equity, compassion, and lasting change.

Call to Action:

The first vital sign of pediatrics is maternal health. Addressing the Adverse Childhood Experiences (ACEs) of a mom early-ideally before pregnancy, has the power to transform health trajectories for both parent and child[10].

California has laid a strong foundation through statewide initiatives and community-driven programs to disrupt the cycle of intergenerational trauma. By focusing on ACEs during the reproductive years, we can take an upstream approach that improves lifelong outcomes for both the birthing person and their child.

To move this vision forward, health care providers, parents and caregivers, and communities across California must act together in four key areas:

1. Raise Awareness of the Link Between ACEs and Reproductive & Maternal Health
Promote a broader understanding of how early adversity affects reproductive health, pregnancy outcomes, and parenting. Deliver clear, consistent messaging through trusted voices—such as healthcare providers, educators, and community leaders—to reduce stigma, foster open dialogue, and encourage engagement before, during, and after pregnancy.

2. Expand ACEs Screening During the Reproductive Years
Encourage healthcare providers—OB/GYNs, midwives, nurses, pediatricians, doulas, and community health workers—to complete **ACEs Aware** training and incorporate ACEs screening and a relational health framework into routine care. Early identification can guide more tailored, trauma-informed support during this critical life stage.

Individuals should also be empowered to self-assess using the ACEs screening tool (see Appendix 1) and connect with resources that foster healing and resilience.

3. Promote Awareness of the Power of Positive Childhood Experiences (PCEs)

PCEs are the everyday moments and relationships that help children feel connected, supported, and safe, can mitigate the negative effects of ACEs. Foster supportive environments that support resilience.

4. Elevate Cross-Collaboration, Awareness and Use of Existing Programs and Supports

Increase visibility and access to programs already in place through public and private partnerships.

ACEs screening should be paired with meaningful, integrated services such as:

- **California Advancing and Innovating Medi-Cal, CalAIM**
- **Birthing Care Pathway**
- **Perinatal Equity Initiative**
- **Home visiting, mental health, and community-based supports**
- **Domestic Violence Prevention Program**

These programs address the full context of care—from physical and emotional health to social needs and structural barriers. California has the tools. Now is the time to act.

By uniting our efforts across clinical, community, and policy spheres, we can break the cycle of adversity and create a future where all families have the opportunity to thrive—starting before birth.

Citations

1. https://www.cdc.gov/aces/about/index.html
2. UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2021-22. Analysis Conducted by UCAAN Data Team.
3. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, Felitti, Vincent J et al., American Journal of Preventive Medicine, Volume 14, Issue 4, 245 – 258
4. Alhowaymel FM, Kalmakis KA, Chiodo LM, Kent NM, Almuneef M. Adverse Childhood Experiences and Chronic Diseases: Identifying a Cut-Point for ACE Scores. Int J Environ Res Public Health. 2023 Jan 16;20(2):1651. doi: 10.3390/ijerph20021651. PMID: 36674405; PMCID: PMC9863315.
5. Danese A, J Lewis S. Psychoneuroimmunology of Early-Life Stress: The Hidden Wounds of Childhood Trauma? Neuropsychopharmacology. 2017 Jan;42(1):99-114. doi: 10.1038/npp.2016.198. Epub 2016 Sep 15. PMID: 27629365; PMCID: PMC5143500.
6. BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.
7. Sege R, Swedo EA, Burstein D, et al. Prevalence of Positive Childhood Experiences Among Adults — Behavioral Risk Factor Surveillance System, Four States, 2015–2021. MMWR Morb Mortal Wkly Rep 2024;73:399–404. DOI: http://dx.doi.org/10.15585/mmwr.mm7317a3
8. Anda RF, Chapman DP, Felitti VJ, Edwards V, Williamson DF, Croft JB, Giles WH. Adverse childhood experiences and risk of paternity in teen pregnancy. Obstet Gynecol. 2002 Jul;100(1):37-45. doi: 10.1016/s0029-7844(02)02063-x. PMID: 12100801.
9. National Center for Health Statistics, final natality data. Retrieved July 30, 2025, from www.marchofdimes.org/peristats.
10. McConnell, Krystle PhD, MPH; Gleason, Jessica PhD, MPH; Shenassa, Edmond ScD. Association Between Maternal Adverse Childhood Experiences and Offspring Internalizing and Externalizing Behavior. Obstetrics & Gynecology 146(2):p 267-273, August 2025. | DOI: 10.1097/AOG.0000000000005946

Appendix 1

Adverse Childhood Experience Questionnaire for Adults

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee

aces aware
SCREEN. TREAT. HEAL.

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	☐
2. Did you lose a parent through divorce, abandonment, death, or other reason?	☐
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	☐
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	☐
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	☐
6. Did you live with anyone who went to jail or prison?	☐
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?	☐
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	☐
9. Did you feel that no one in your family loved you or thought you were special?	☐
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	☐
Your ACE score is the total number of checked responses	

Do you believe that these experiences have affected your health? ◯ Not Much ◯ Some ◯ A Lot

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

5/5/20

Appendix 2

ACEs Aware

The ACEs Aware initiative is a first-in-nation effort to screen patients for Adverse Childhood Experiences (ACEs) to help improve and save lives. It was launched with the goal of significantly reducing ACEs and toxic stress in children, adults, and families by training health care teams to screen and respond to ACEs and toxic stress and catalyzing the development of Trauma-Informed Networks of Care to support stronger ties between health care settings and community partners.

Becoming ACEs Aware in California Training

The flagship training for the ACEs Aware initiative, Becoming ACEs Aware in California is based on the foundational principle that toxic stress can be treated. This free, two-hour, online course covers ACEs, toxic stress, ACE screening, toxic stress risk assessment, and trauma-informed care, and provides health care teams with evidence-based strategies to mitigate the toxic stress response.

Appendix 3

California Advancing and Innovating Medi-Cal, CalAIM

The California Department of Healthcare Services (DHCS) is transforming Medi-Cal, California's Medicaid Program, to ensure Californians can get the care they need to live healthier lives.

Through a series of initiatives and reforms, the DHCS is advancing and innovating Medi-Cal to create a more coordinated, person-centered, and equitable health system that works for all Californians. Medi-Cal members have access to new and improved services to receive well-rounded care that goes beyond the doctor's office or hospital and addresses all physical and mental health needs.

As outlined in its Comprehensive Quality Strategy, the DHCS is committed to data-driven improvement, transparency, and accountability to help Medi-Cal members, providers, partners, advocates, and our policy teams understand the progress of these initiatives and their impact on improving quality and reducing health disparities. This dashboard will be improved over time and expanded to include new information as data become available.