

# ACEs Items Available on the 2021 State and Local Youth Risk Behavior Survey (YRBS)

## Instructions

This checklist contains information about the original (“core”) ACEs that were included in the optional questionnaires for the 2021 state and local Youth Risk Behavior Survey (YRBS). The original ACEs are defined as those that were included in the seminal CDC-Kaiser Permanente ACEs Study and subsequently in the Behavioral Risk Factor Surveillance System ACEs Module. Monitoring these adversities is critical to understanding the prevalence of ACEs among adolescents.

However, this list of adversities is not exhaustive, and there are many additional childhood adversities that are important for health and well-being. Therefore, this checklist contains information about additional childhood adversities (“expanded” ACEs) that were available in the standard or optional 2021 YRBS state and local surveys. Public health practitioners may wish to monitor aspects of this broader set of adversities to capture a broader view of childhood trauma.

This checklist can be used to identify the ACEs items that your state, territory, tribe, or locality included on the 2021 YRBS, and items that were not included by your jurisdiction but that may be of future interest. This checklist can be used to help your jurisdiction identify available ACEs data you have from the 2021 YRBS, and ensure these data are included in analyses. For more information about how to analyze the YRBS ACEs data, please see the “Guidance for Analyzing 2021 ACEs and PCEs Data.”

## Available ACEs Items

Construct	Question	Items We Already Have	Items of Future Interest
<b>CORE ACEs</b>			
<i>Emotional abuse</i>	<p><b>During your life</b>, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, how many times has a parent or other adult in your home sworn at you, insulted you, or put you down?*,†</p> <p>A. 0 times</p>	<input type="checkbox"/>	<input type="checkbox"/>

Construct	Question	Items We Already Have	Items of Future Interest
<i>Physical abuse</i>	<p>B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p> <p><b>During your life</b>, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sexual abuse</i>	<p><u>During the past 12 months</u>, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way? *†</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p> <p><b>Has an adult or person at least 5 years older than you ever</b> forced you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical neglect</i>	<p><b>During your life</b>, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Witnessed intimate partner violence</i>	<p><b>During your life</b>, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Household substance abuse</i>	<p><b>Have you ever</b> lived with someone who was having a problem with alcohol or drug use?</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>

Construct	Question	Items We Already Have	Items of Future Interest
<i>Household mental illness</i>	<b>Have you ever</b> lived with someone who was depressed, mentally ill, or suicidal? A. Yes B. No	<input type="checkbox"/>	<input type="checkbox"/>
<i>Incarcerated relative</i>	<b>Have you ever</b> been separated from a parent or guardian because they went to jail or prison? A. Yes B. No	<input type="checkbox"/>	<input type="checkbox"/>

### Additional “Expanded” ACEs

<i>Racial/ethnic discrimination</i>	<b>During your life</b> , how often have you felt that you were treated badly or unfairly because of your race or ethnicity? <sup>†</sup> A. Never B. Rarely C. Sometimes D. Most of the time E. Always	<input type="checkbox"/>	<input type="checkbox"/>
	<b>During your life</b> , how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity? A. Never B. Rarely C. Sometimes D. Most of the time E. Always	<input type="checkbox"/>	<input type="checkbox"/>
	<b>During your life</b> , how often have you felt that you were watched closely or followed around by security guards or store clerks at a store or mall because of your race or ethnicity? A. Never B. Rarely C. Sometimes D. Most of the time E. Always	<input type="checkbox"/>	<input type="checkbox"/>
	<b>During your life</b> , how often have you felt that you were watched closely or followed around by security guards, police, or school resource officers at school because of your race or ethnicity? A. Never B. Rarely C. Sometimes D. Most of the time E. Always	<input type="checkbox"/>	<input type="checkbox"/>
	<b>During your life</b> , how often have you felt that people assumed you are less intelligent because of your race or ethnicity? A. Never B. Rarely C. Sometimes	<input type="checkbox"/>	<input type="checkbox"/>

Construct	Question	Items We Already Have	Items of Future Interest
	D. Most of the time E. Always		
	<b>During your life</b> , how often have you felt that you have gotten poor or slow service at a restaurant or store because of your race or ethnicity? A. Never B. Rarely C. Sometimes D. Most of the time E. Always	<input type="checkbox"/>	<input type="checkbox"/>
	<b>During your life</b> , how often have you seen your parents or other family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture? A. Never B. Rarely C. Sometimes D. Most of the time E. Always	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sexual minority discrimination</i>	<b>During your life</b> , how often have you felt that you were treated badly or unfairly because of your sexual orientation? <sup>†</sup> A. Never B. Rarely C. Sometimes D. Most of the time E. Always	<input type="checkbox"/>	<input type="checkbox"/>
<i>Exposure to community violence</i>	<b>Have you ever</b> seen or heard someone get physically attacked, beaten, stabbed, or shot in your neighborhood in real life? <sup>†</sup> A. Yes B. No	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bullying or harassment</i>	<u>During the past 12 months</u> , have you ever been bullied when you were not on school property, such as on your way to or from school or wherever you spend your free time? A. Yes B. No	<input type="checkbox"/>	<input type="checkbox"/>
	<u>During the past 12 months</u> , have you ever been bullied on school property? A. Yes B. No	<input type="checkbox"/>	<input type="checkbox"/>
	<u>During the past 12 months</u> , have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media). A. Yes B. No	<input type="checkbox"/>	<input type="checkbox"/>

Construct	Question	Items We Already Have	Items of Future Interest
<i>Teen dating violence</i>	<p><u>During the past 12 months</u>, have you ever been the victim of teasing or name calling because of your race or ethnic background?</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, have you ever been the victim of teasing or name calling because you have a health problem, such as epilepsy or a seizure disorder?</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, have you ever been the victim of teasing or name calling because of your gender?</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, how many times did someone you were dating or going out with purposely try to control you or emotionally hurt you? Count such things as being told who you could or could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.</p> <p>A. I did not date or go out with anyone during the past 12 months B. 0 times C. 1 time D. 2 or 3 times E. 4 or 5 times F. 6 or more times</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse).</p> <p>A. I did not date or go out with anyone during the past 12 months B. 0 times</p>	<input type="checkbox"/>	<input type="checkbox"/>

Construct	Question	Items We Already Have	Items of Future Interest
	<p>C. 1 time D. 2 or 3 times E. 4 or 5 times F. 6 or more times</p> <p><u>During the past 12 months</u>, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon).</p> <p>A. 1 did not date or go out with anyone during the past 12 months B. 0 times C. 1 time D. 2 or 3 times E. 4 or 5 times F. 6 or more times</p>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other forms of sexual violence</i>	<p><b>Have you ever</b> been physically forced to have sexual intercourse when you did not want to?</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, have you ever been physically forced to have sexual intercourse when you did not want to?</p> <p>A. Yes B. No</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse).</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><u>During the past 12 months</u>, how many times did someone do sexual things to you that you did not want to do by pressuring you, lying to you, making promises about the future, threatening to end your relationship, or threatening to spread rumors about you?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>During the past 30 days</i>, has a revealing or sexual photo of you been texted, e-mailed, or posted electronically without your permission?</p> <p>A. Yes</p>	<input type="checkbox"/>	<input type="checkbox"/>

Construct	Question	Items We Already Have	Items of Future Interest
<i>Other violence victimization</i>	B. No C. Not sure <b>Have you ever</b> been given money, a place to stay, food, or something else of value in exchange for sex? A. Yes B. No	<input type="checkbox"/>	<input type="checkbox"/>
	<u>During the past 12 months</u> , how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or 7 times F. 8 or 9 times G. 10 or 11 times H. 12 or more times	<input type="checkbox"/>	<input type="checkbox"/>
<i>Experiencing homelessness or housing instability</i>	<u>During the past 30 days</u> , did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned? A. Yes B. No	<input type="checkbox"/>	<input type="checkbox"/>
	<u>During the past 30 days</u> , where did you usually sleep? A. In my parent's or guardian's home B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing C. In a shelter or emergency housing D. In a motel or hotel E. In a car, park, campground, or other public place F. I do not have a usual place to sleep G. Somewhere else	<input type="checkbox"/>	<input type="checkbox"/>
<i>Experiencing food insecurity</i>	<u>During the past 30 days</u> , how often did you go hungry because there was not enough food in your home? A. Never B. Rarely C. Sometimes D. Most of the time E. Always	<input type="checkbox"/>	<input type="checkbox"/>

**Note.** \*This item is not included as part of DVP-funding for states, territories, tribes, and local districts to monitor the core ACEs, but is a measurement approach to understand the core ACEs of emotional abuse or physical abuse. †Items developed by the Division of Violence Prevention, and included as part of funding initiatives to support states, territories, tribes, and

local districts to monitor an expanded set of ACEs, including the incidence of emotional and physical abuse.

Given the different timeframes for adolescents to report their experience of adversities, we have included specific highlighting to help jurisdictions identify differences in the reference time frame. These include the following:

**Bold** = lifetime prevalence of experiencing the ACE

Underlined = past-year incidence of experiencing the ACE

*Italics* = past-month incidence of experiencing the ACE