



essentials
for childhood

2025

Nevada Syndromic Surveillance Adverse Childhood Experiences Report

Nevada Essentials for Childhood (EfC):
Promoting Positive Childhood Experiences (PCEs)
and Preventing Adverse Childhood Experiences
(ACEs) through Data to Action



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Table of Contents

Background.....	4
Adverse Childhood Experiences.....	4
Syndromic Surveillance.....	5
Purpose	5
Methods.....	6
National Syndromic Surveillance Program (NSSP)	6
Results.....	7
Direct Experience of ACEs.....	7
Figure 1. Number of ACE-related emergency department encounters among youth (ages 0-17) in Nevada, 2025.....	7
Figure 2. Number of ACE-related emergency department encounters among youth (ages 0-17) in Nevada, 2025, by month	7
Figure 3. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0 -17) in Nevada, 2025.....	8
Figure 4. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0 -17) in Nevada, 2025, by age group	8
Figure 5. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0-17) in Nevada, 2025, by sex.....	9
Figure 6. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0-17) in Nevada, 2025, by race/ethnicity	9
Figure 7. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0-17) in Nevada, 2025, by urbanicity.....	10
Potential Outcomes of ACEs Among Youth.....	11
Mental Health Encounters.....	11
Figure 8. Number of mental health emergency department encounters among youth (ages 5-17) in Nevada, 2025.....	11
Figure 9. Number of mental health emergency department encounters among youth (ages 5-17) in Nevada, 2025, by month	11
Figure 10. Rate of mental health emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025.....	12
Figure 11. Rate of mental health emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by sex.....	12
Figure 12. Rate of mental health emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by race/ethnicity	13
Figure 13. Rate of mental health emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by urbanicity.....	13
Suicide-Related Encounters	14
Figure 14. Number of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) among youth (ages 5-17) in Nevada, 2025.....	14

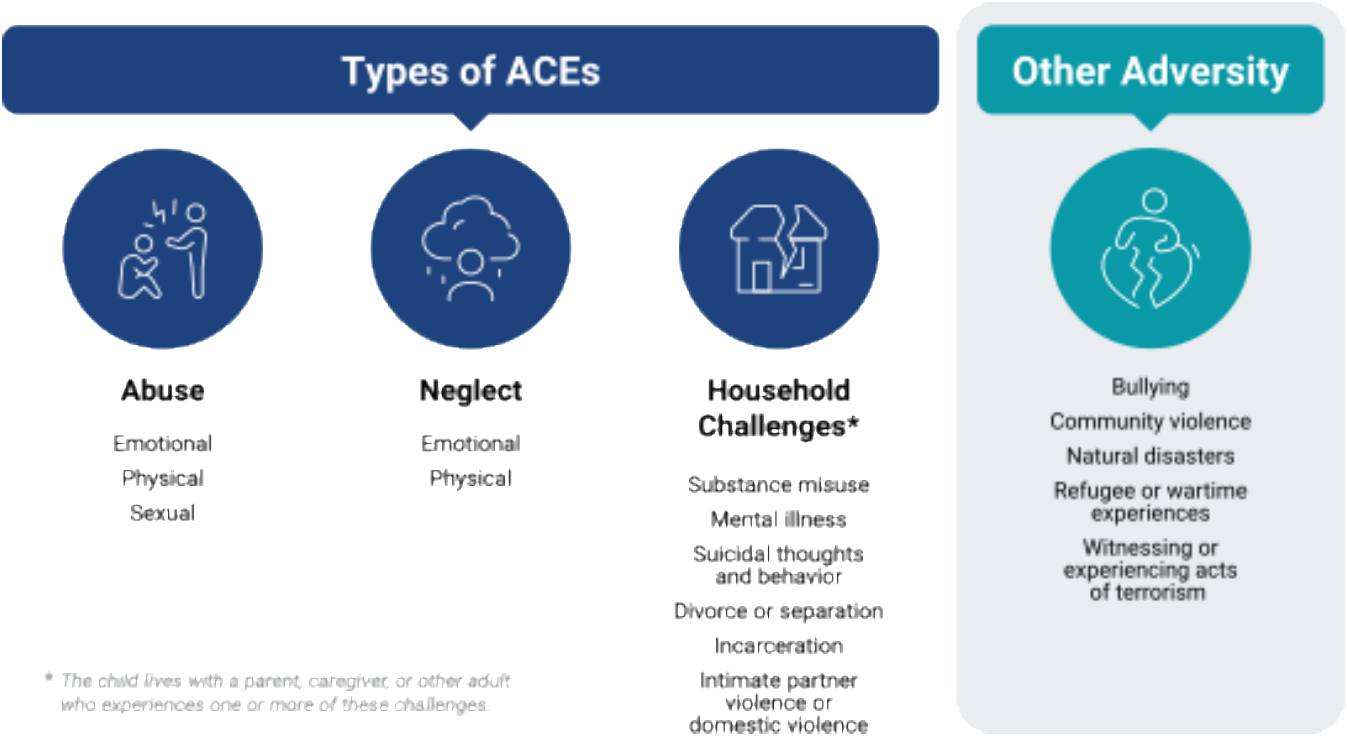
Figure 15. Number of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) among youth (ages 5-17) in Nevada, 2025, by month	14
Figure 16. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 youth (ages 5-17) in Nevada, 2025.....	15
Figure 17. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 youth (ages 5-17) in Nevada, 2025, by sex.....	15
Figure 18. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 youth (ages 5-17) in Nevada, 2025, by race/ethnicity	16
Figure 19. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 youth (ages 5-17) in Nevada, 2025, by urbanicity	16
Substance Use Encounters	17
Figure 20. Number of substance use emergency department encounters among youth (ages 5-17) in Nevada, 2025.....	17
Figure 21. Number of substance use emergency department encounters among youth (ages 5-17) in Nevada, 2025, by month.....	17
Figure 22. Rate of substance use emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025.....	18
Figure 23. Rate of substance use emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by sex.....	18
Figure 24. Rate of substance use emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by race/ethnicity	19
Figure 25. Rate of substance use emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by urbanicity.....	19
Household and Community Challenges Among Adults.....	20
Suicide-Related Encounters	20
Figure 26. Number of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) among adults (ages 18+) in Nevada, 2025.....	20
Figure 27. Number of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) among adults (ages 18+) in Nevada, 2025, by month.....	20
Figure 28. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 adults (ages 18+) in Nevada, 2025.....	21
Figure 29. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 adults (ages 18+) in Nevada, 2025, by sex.....	21
Figure 30. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 adults (ages 18+) in Nevada, 2025, by race/ethnicity	22
Figure 31. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 adults (ages 18+) in Nevada, 2025, by urbanicity	22
Substance Use Encounters	23
Figure 32. Number of substance use emergency department encounters among adults (ages 18+) in Nevada, 2025.....	23
Figure 33. Number of substance use emergency department encounters among adults (ages 18+) in Nevada, 2025, by month.....	23
Figure 34. Rate of substance use emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025.....	24

Figure 35. Rate of substance use emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by sex.....	24
Figure 36. Rate of substance use emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by race/ethnicity	25
Figure 37. Rate of substance use emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by urbanicity.....	25
Violence-Related Encounters	26
Figure 38. Number of violence-related emergency department encounters among adults (ages 18+) in Nevada, 2025.....	26
Figure 39. Number of violence-related emergency department encounters among adults (ages 18+) in Nevada, 2025, by month.....	26
Figure 40. Rate of violence-related emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025.....	27
Figure 41. Rate of violence-related emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by sex.....	27
Figure 42. Rate of violence-related emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by race/ethnicity	28
Figure 43. Rate of violence-related emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by urbanicity.....	28
Appendix 1	29
Table 1. Description of ACE indicators and potential outcomes of ACEs included in NSSP ACEs Dashboard.	29

Background

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are potentially traumatic experiences that occur during childhood that can negatively influence health across the lifespan. ACEs include measures of abuse, neglect, household dysfunction, and other forms of adversity that can contribute to negative health outcomes in adolescence and later life.



Source: Centers for Disease Control and Prevention. 2025. <https://www.cdc.gov/museum/education/newsletter/2025/mar/index.html>

Syndromic Surveillance

Syndromic surveillance is a useful tool that allows public health and medical professionals to measure the occurrence of health-related events by leveraging data from hospitals and emergency departments. These pre-diagnostic encounters can serve as an early warning system for outbreaks and occurrence of disease in near-real time. Syndromic surveillance systems have historically been leveraged to monitor health indicators related to infectious disease (e.g. influenza), however, more recently, syndromic surveillance approaches have been leveraged to monitor the occurrence of other health-related behaviors and outcomes, including opioid overdose and exposure to adverse childhood experiences.

Purpose

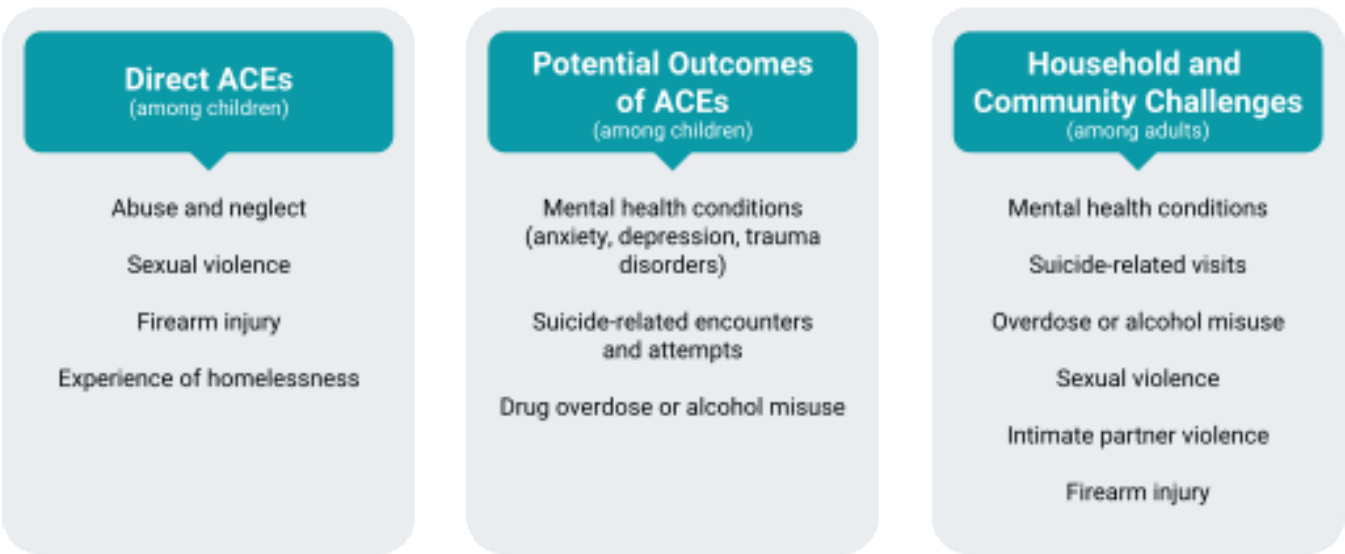
This report provides a summary of ACE-related emergency department encounters among Nevada youth (ages 0-17) using syndromic surveillance and describes the sociodemographic characteristics of the ACE-related emergency department visits.

Methods

National Syndromic Surveillance Program (NSSP)

Data for emergency department visits tied to ACE exposures were captured using the National Syndromic Surveillance Program (NSSP). NSSP is a collaboration of federal, state, and local health partners that collect, analyze, and share electronic patient encounter data in near real time. De-identified data from emergency department encounters are uploaded and available for analysis within 24 hours of the patient’s visit. As described earlier, NSSP has historically been leveraged as early warning system for outbreaks and other public health concerns (e.g., influenza and opioid overdose), but is now being used by several states to monitor ACE-related emergency department encounters.

Data presented in this report were accessed through the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) – a user-friendly tool for querying and analyzing NSSP data. Potential ACE exposures for abuse and neglect, sexual violence, firearm injury, and homelessness were identified using standardized syndrome definitions developed by the Centers for Disease Control and Prevention (CDC) and their partners. A summary of the potential ACE exposure measured using NSSP are presented below. A complete description of the syndrome definitions are presented in Appendix 1.



Results

Direct Experience of ACEs

Figure 1. Number of ACE-related emergency department encounters among youth (ages 0-17) in Nevada, 2025

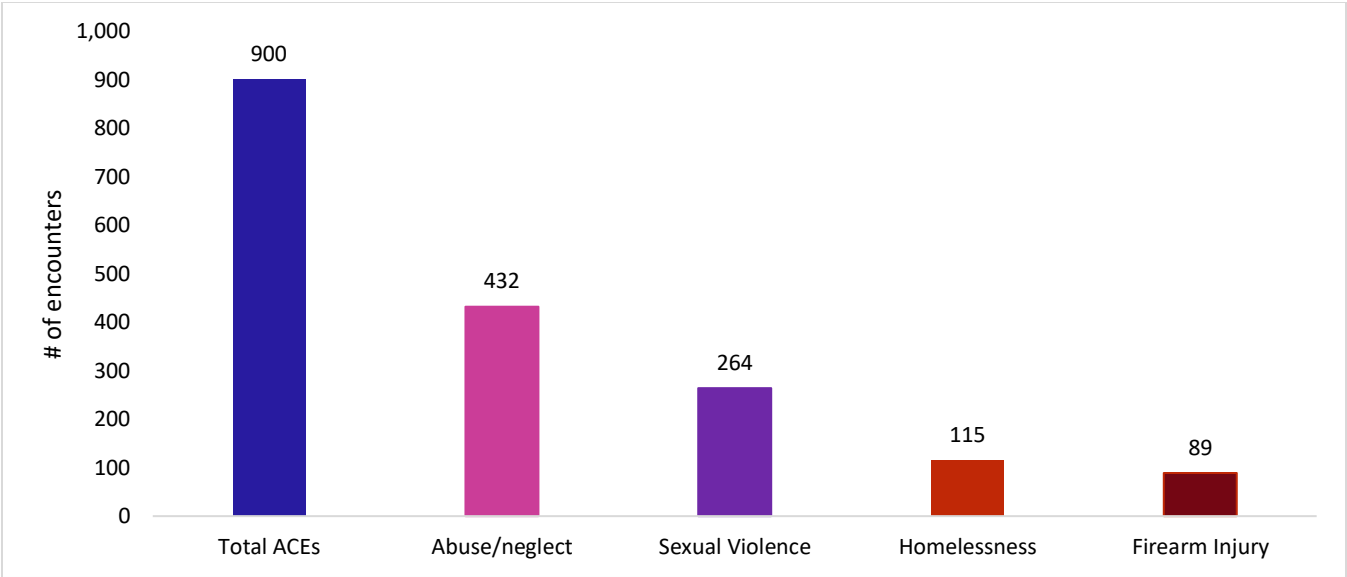


Figure 2. Number of ACE-related emergency department encounters among youth (ages 0-17) in Nevada, 2025, by month

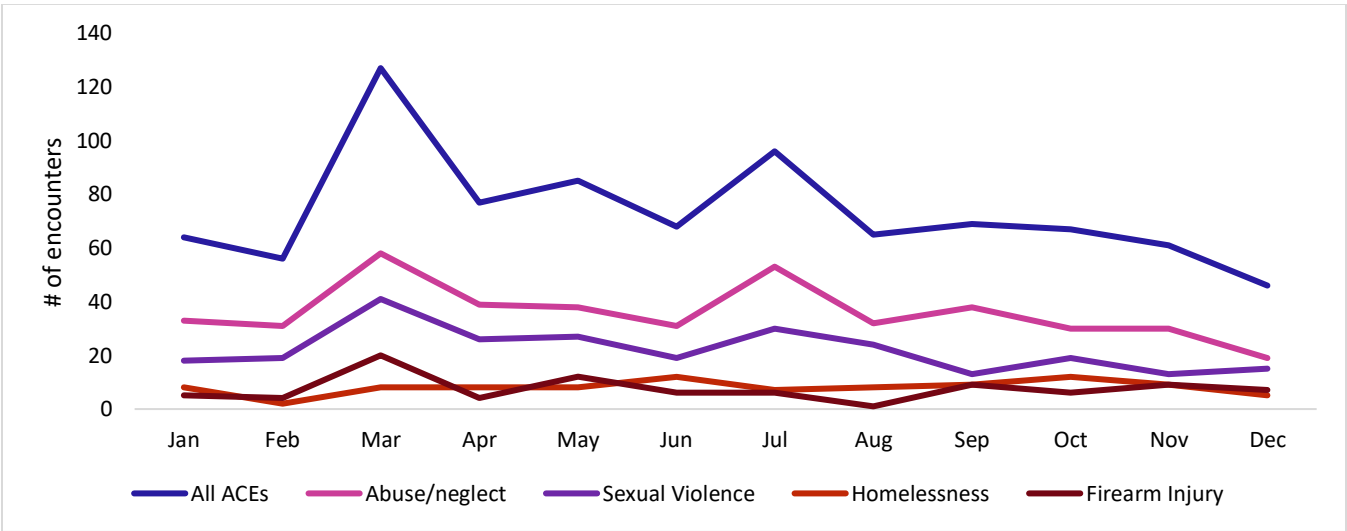


Figure 3. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0 -17) in Nevada, 2025

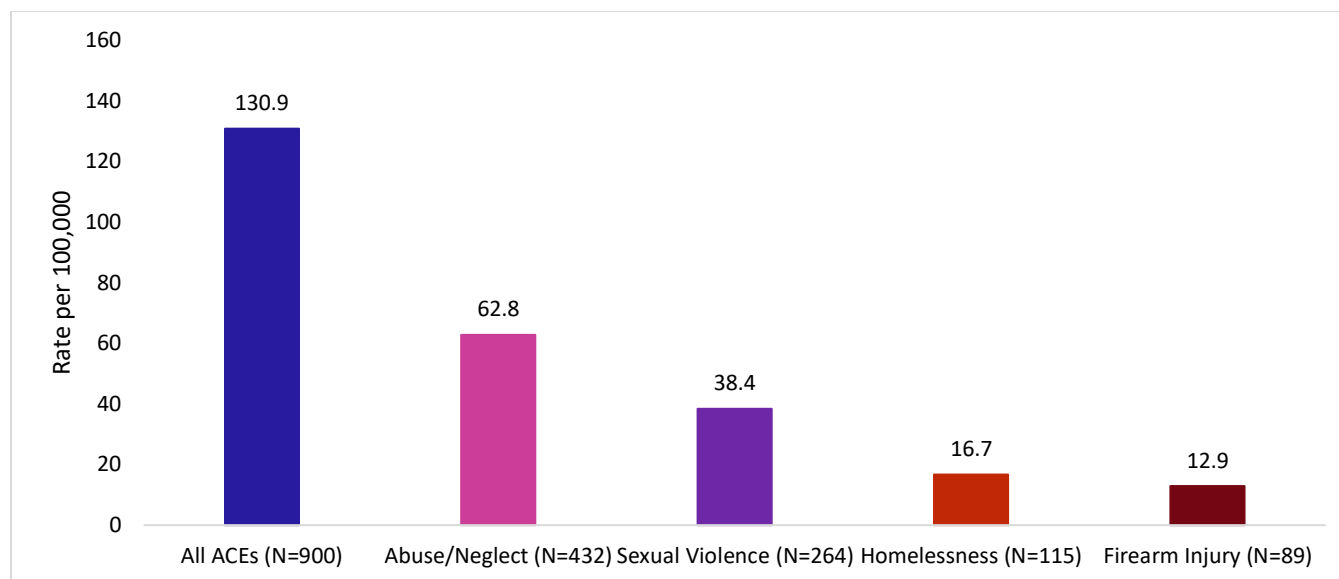


Figure 4. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0 -17) in Nevada, 2025, by age group

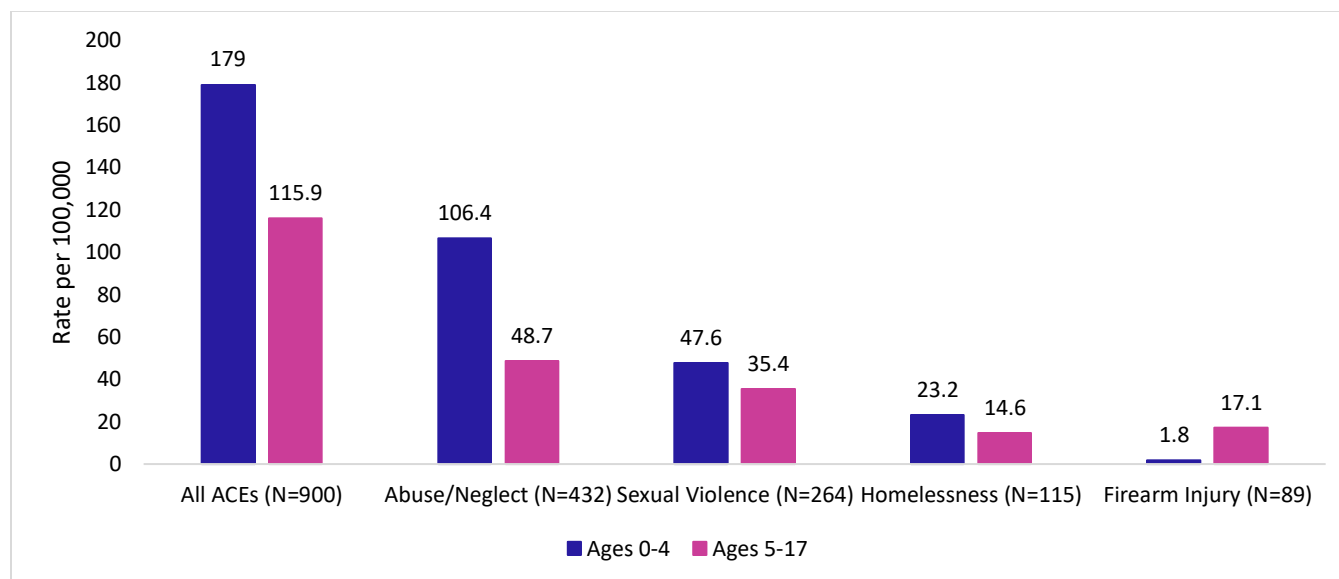


Figure 5. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0-17) in Nevada, 2025, by sex

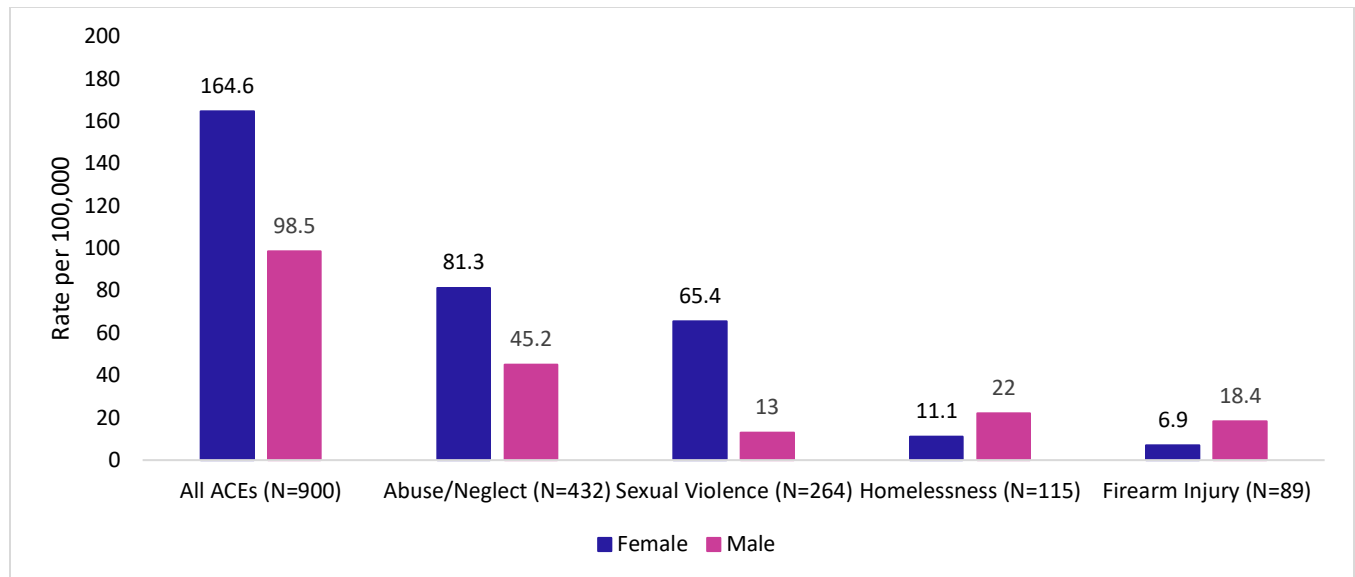


Figure 6. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0-17) in Nevada, 2025, by race/ethnicity

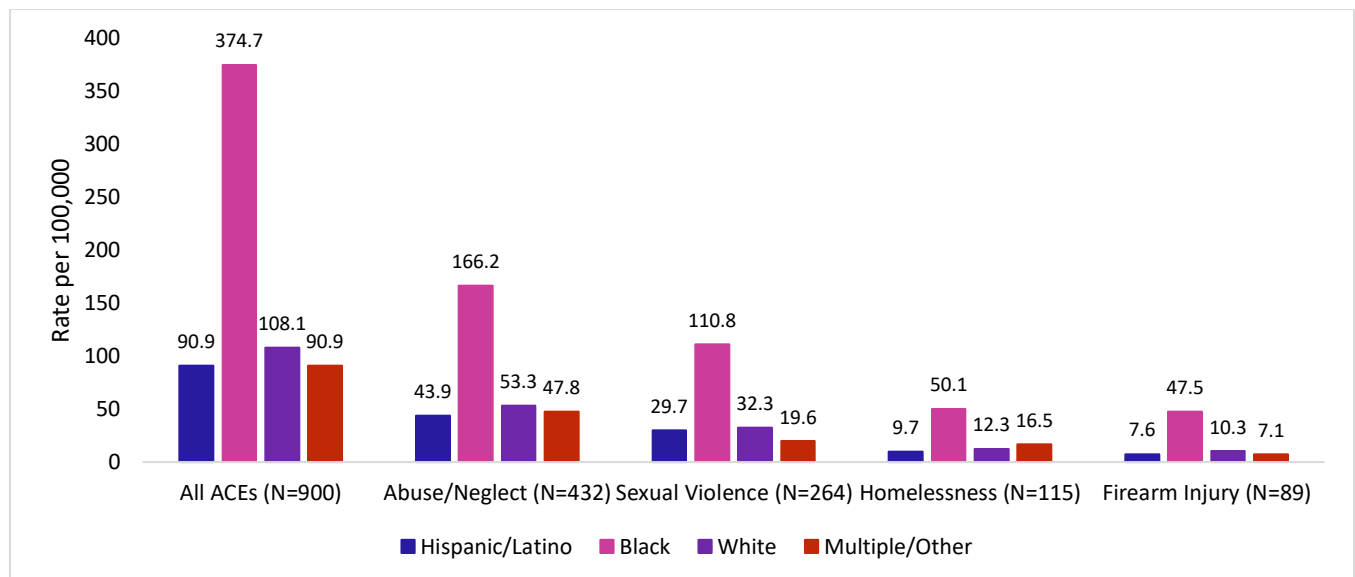
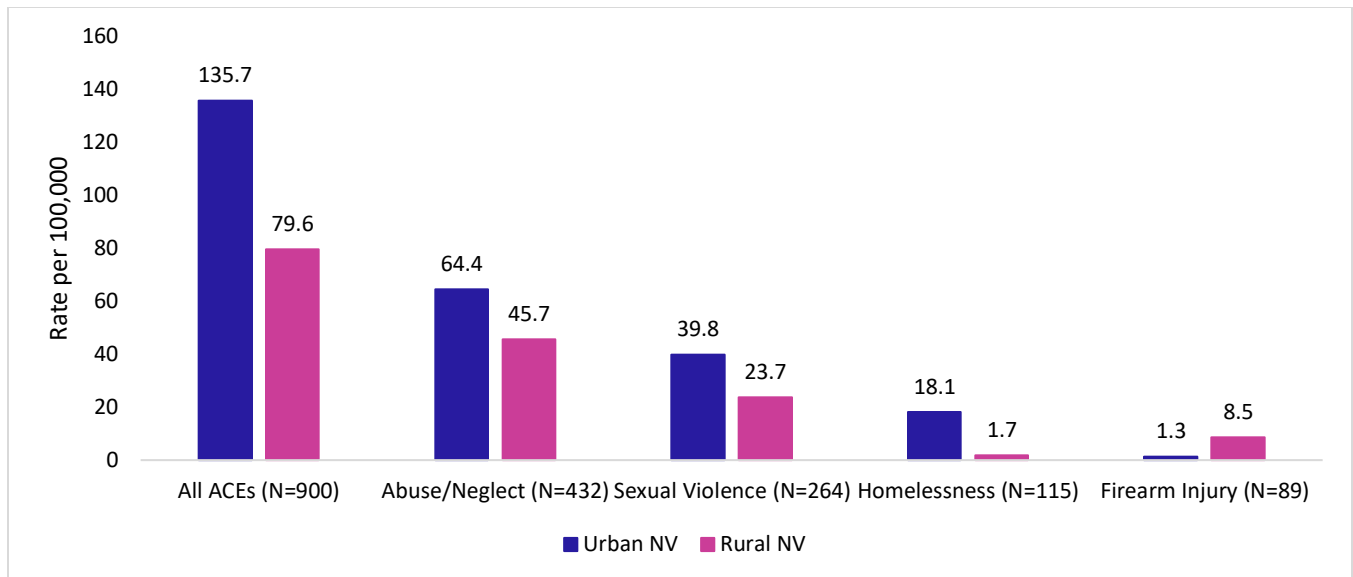


Figure 7. Rate of ACE-related emergency department encounters per 100,000 youth (ages 0-17) in Nevada, 2025, by urbanicity



Potential Outcomes of ACEs Among Youth

Mental Health Encounters

Figure 8. Number of mental health emergency department encounters among youth (ages 5-17) in Nevada, 2025

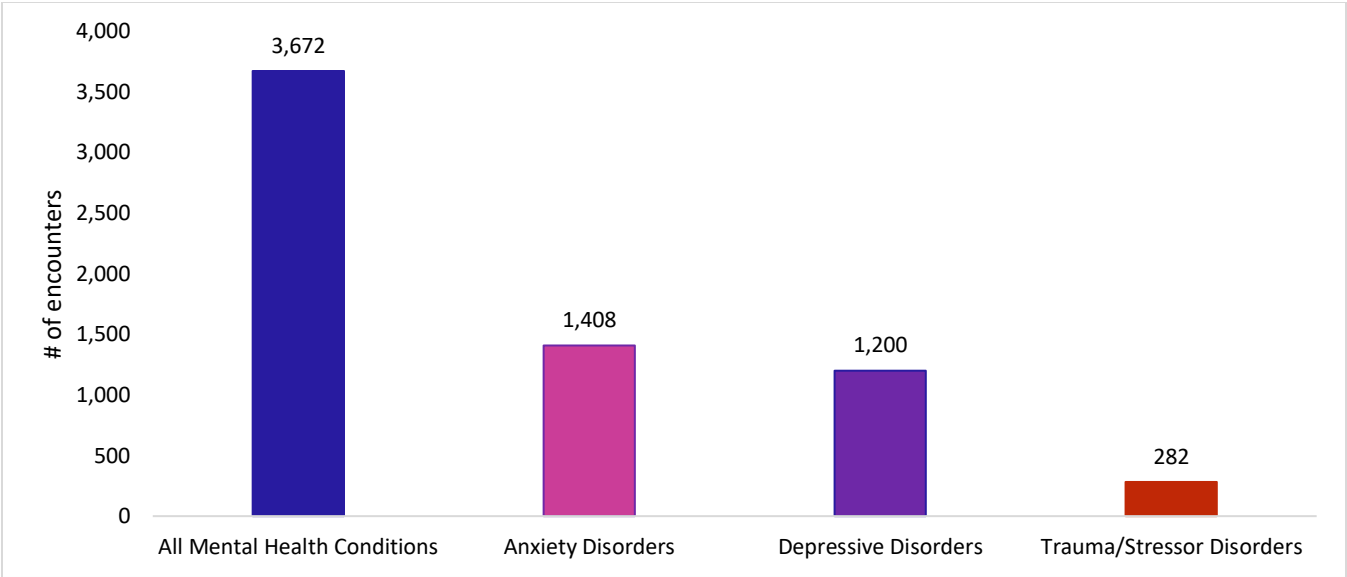


Figure 9. Number of mental health emergency department encounters among youth (ages 5-17) in Nevada, 2025, by month

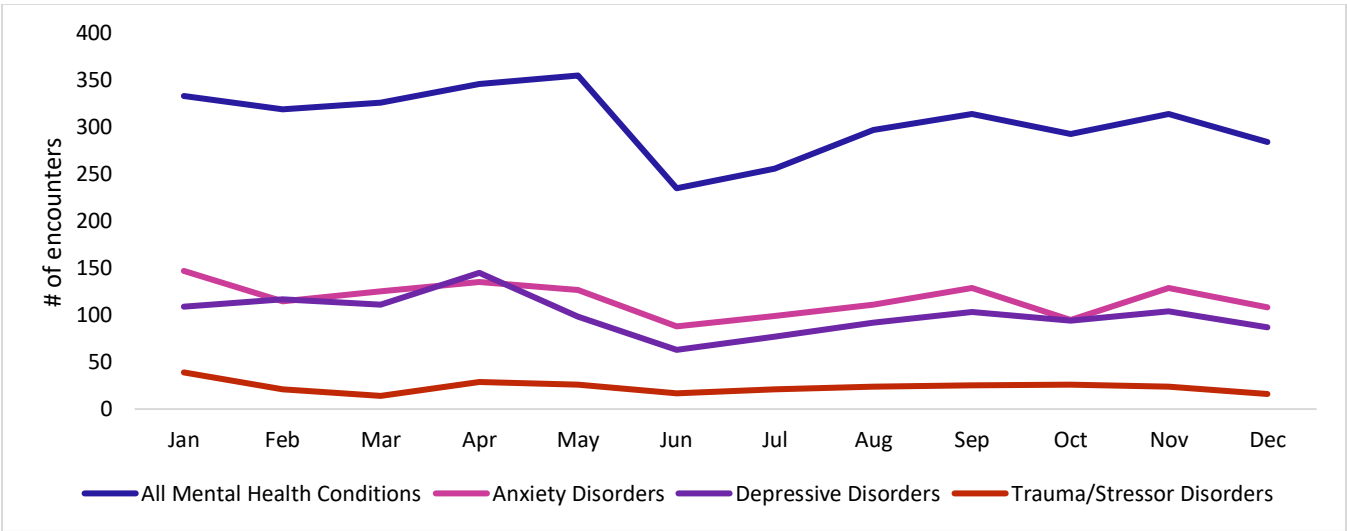


Figure 10. Rate of mental health emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025

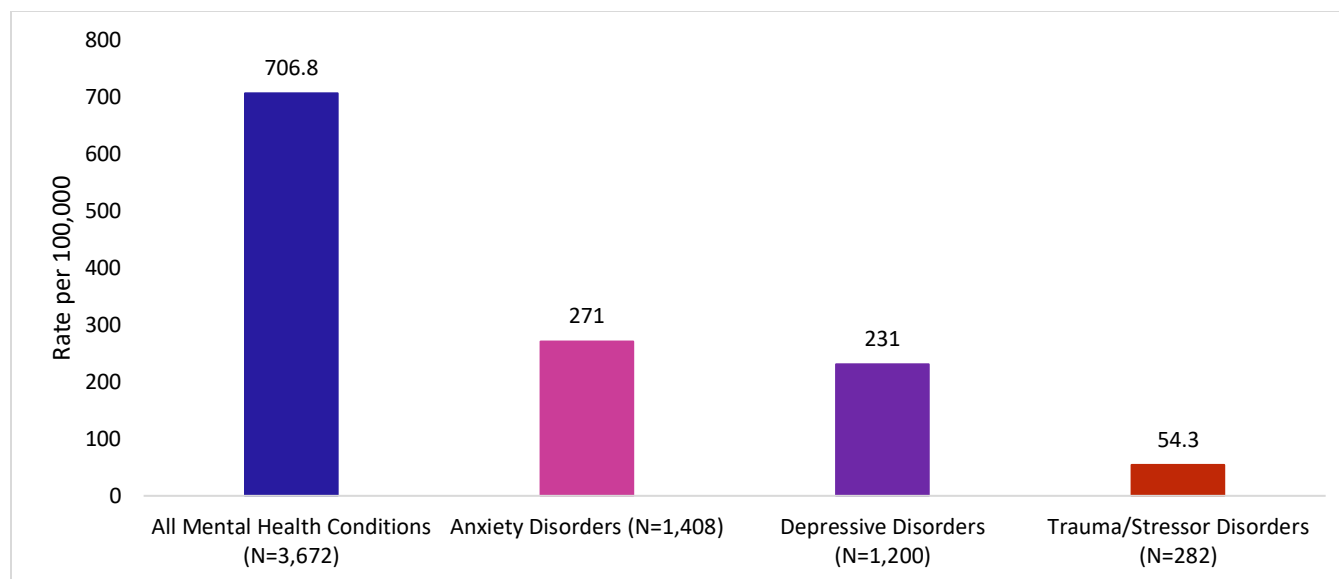


Figure 11. Rate of mental health emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by sex

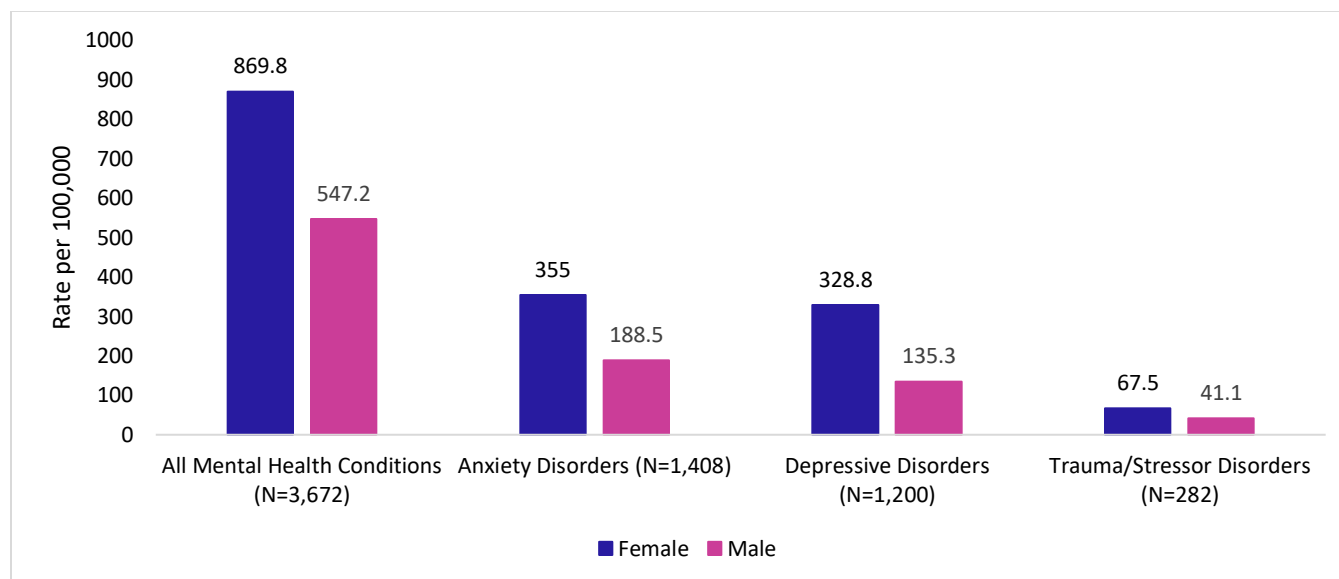


Figure 12. Rate of mental health emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by race/ethnicity

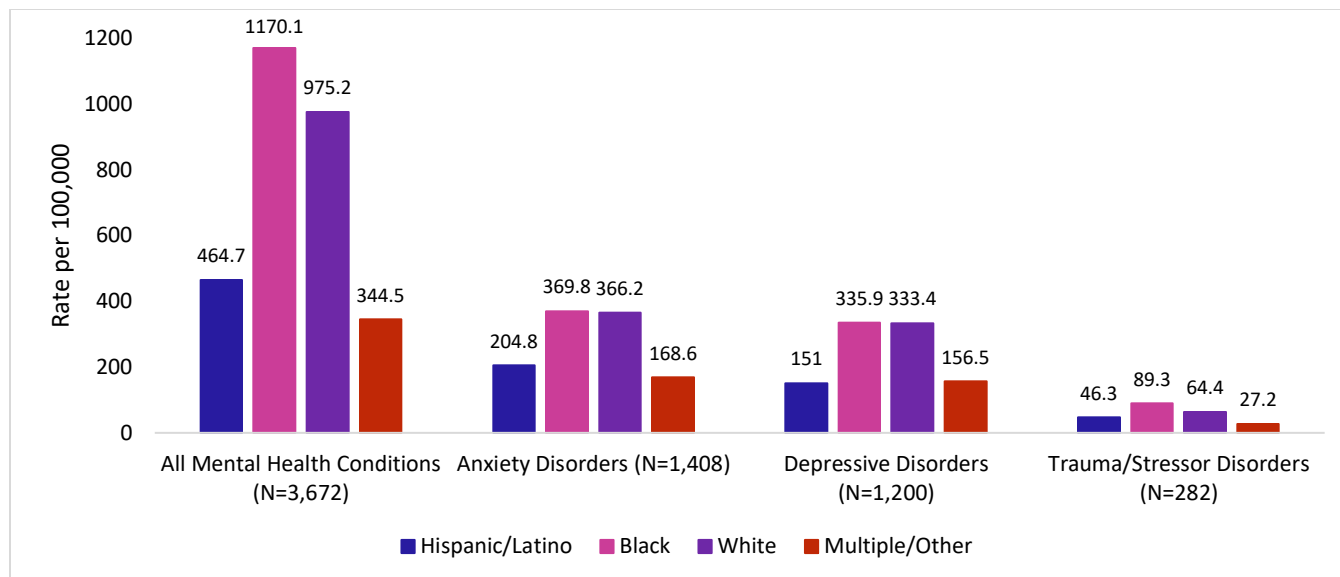
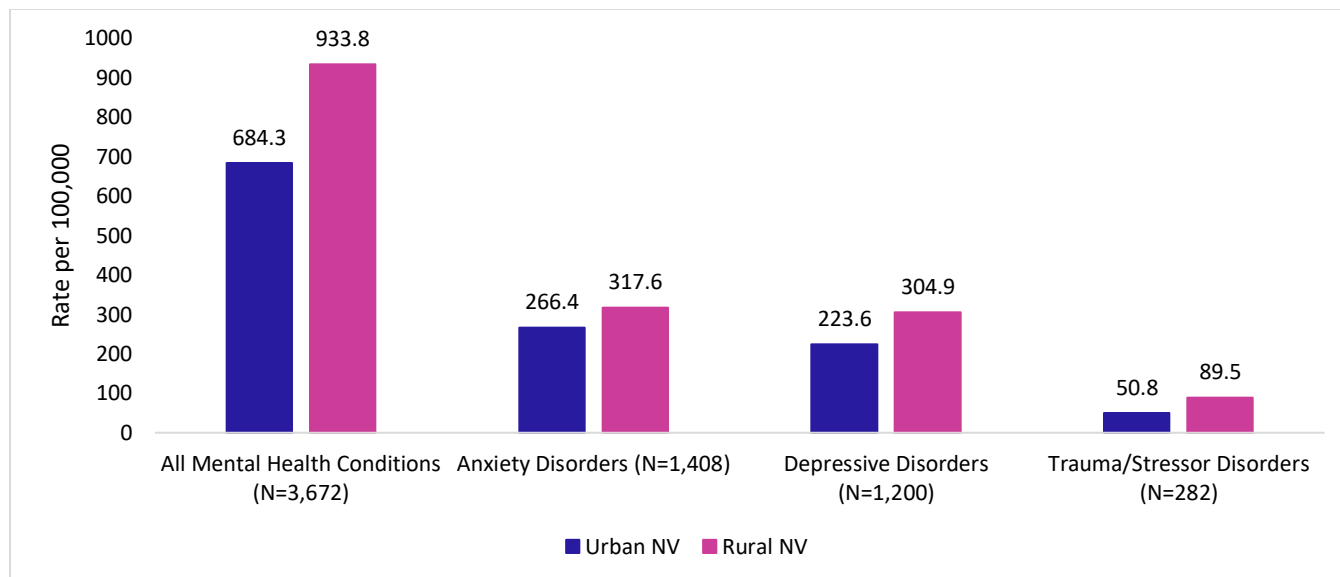
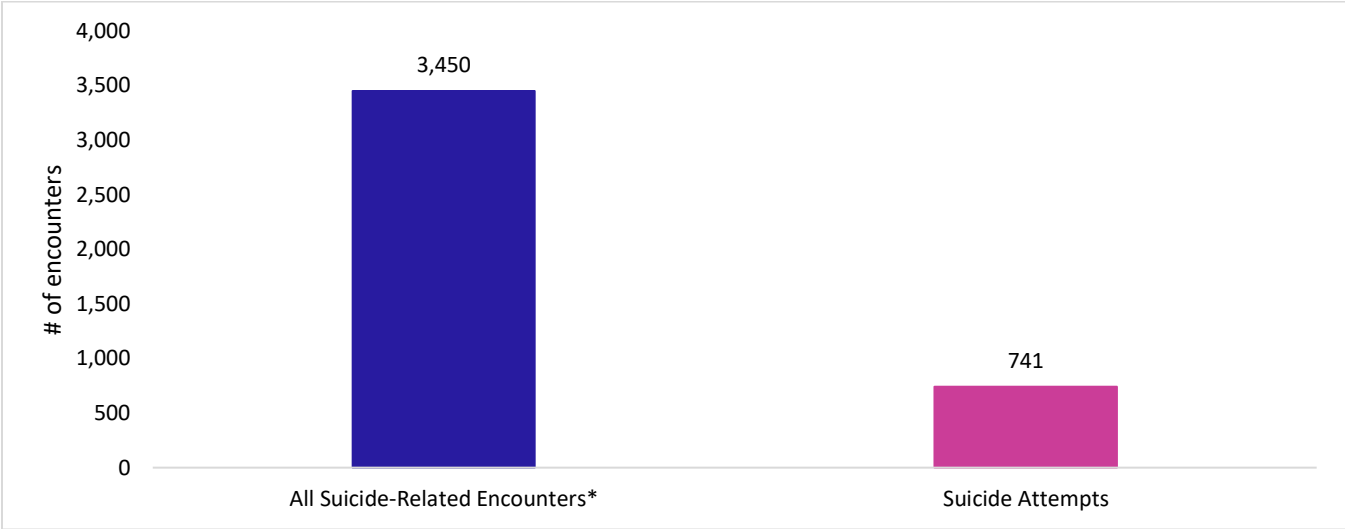


Figure 13. Rate of mental health emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by urbanicity



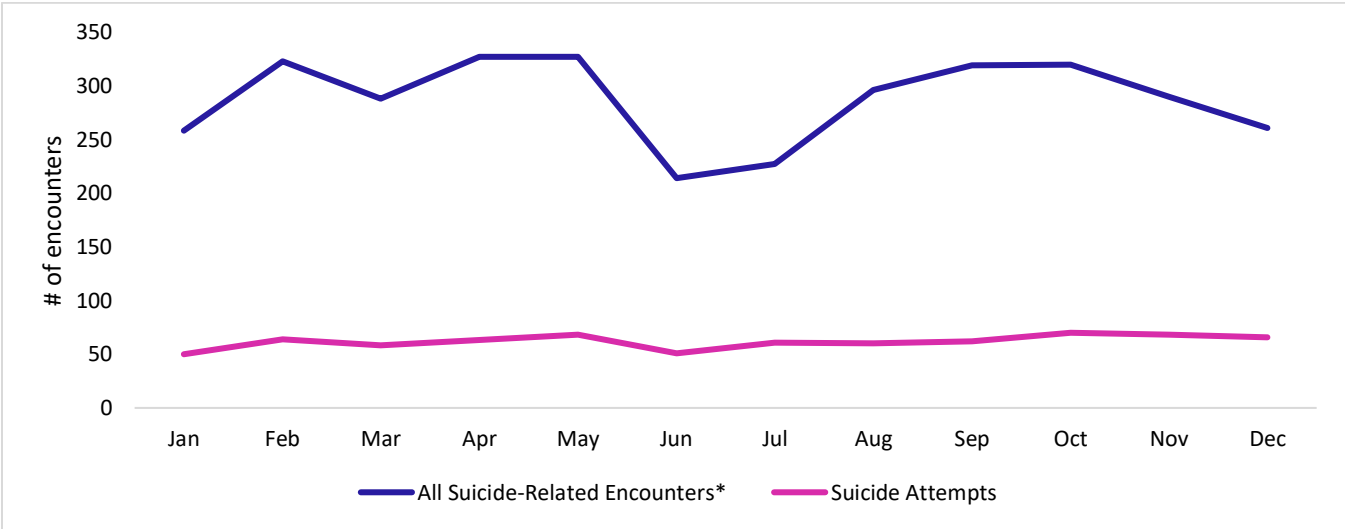
Suicide-Related Encounters

Figure 14. Number of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) among youth (ages 5-17) in Nevada, 2025



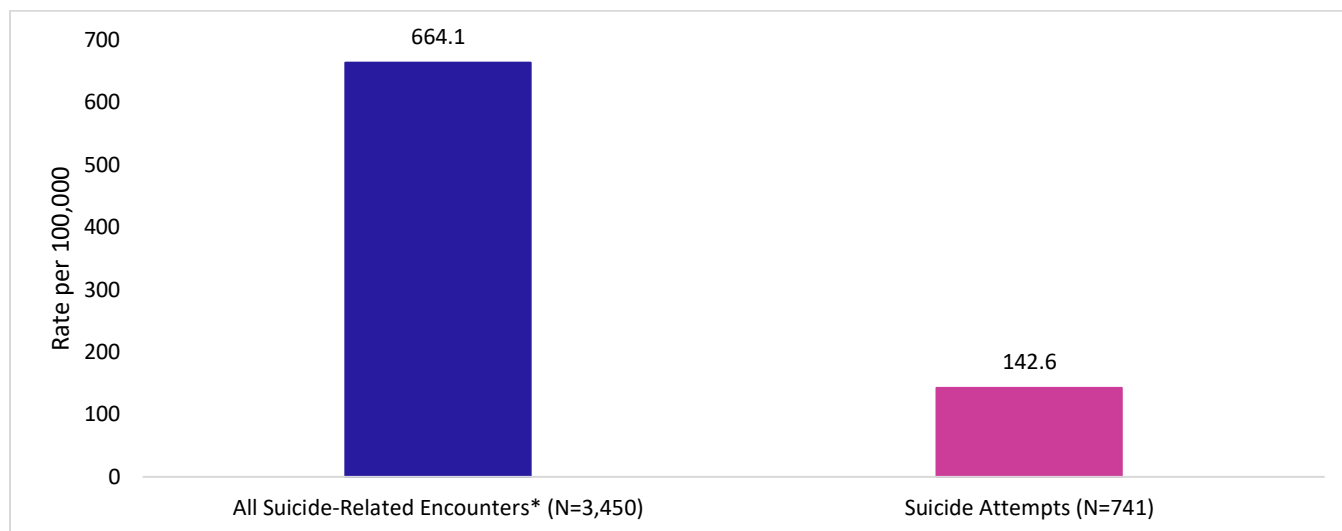
**All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.*

Figure 15. Number of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) among youth (ages 5-17) in Nevada, 2025, by month



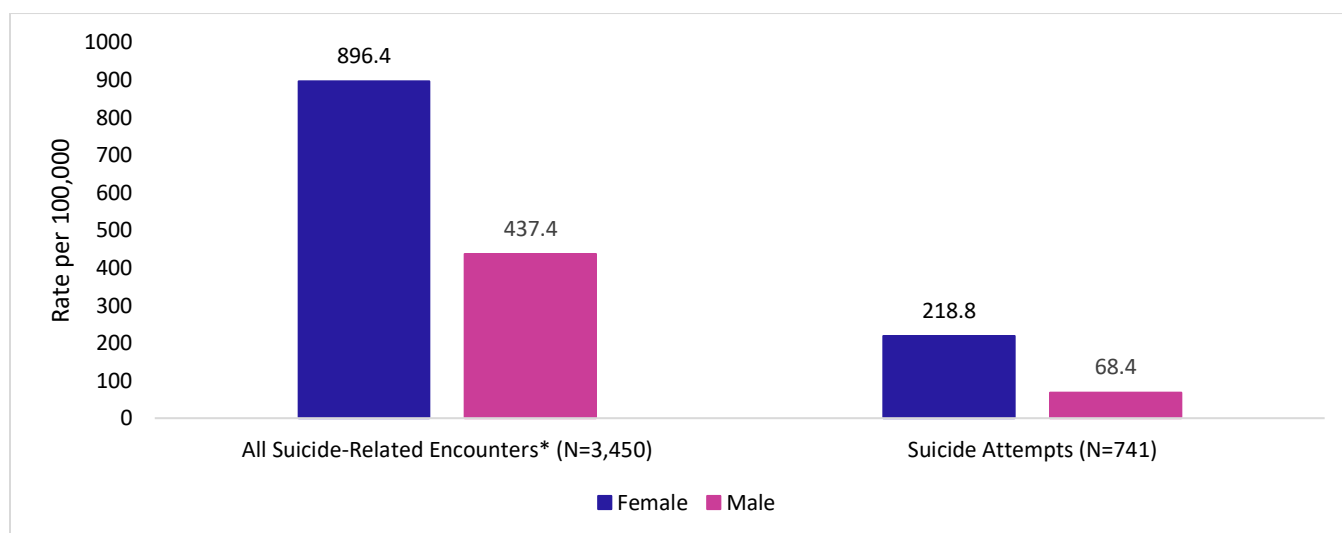
**All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.*

Figure 16. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 youth (ages 5-17) in Nevada, 2025



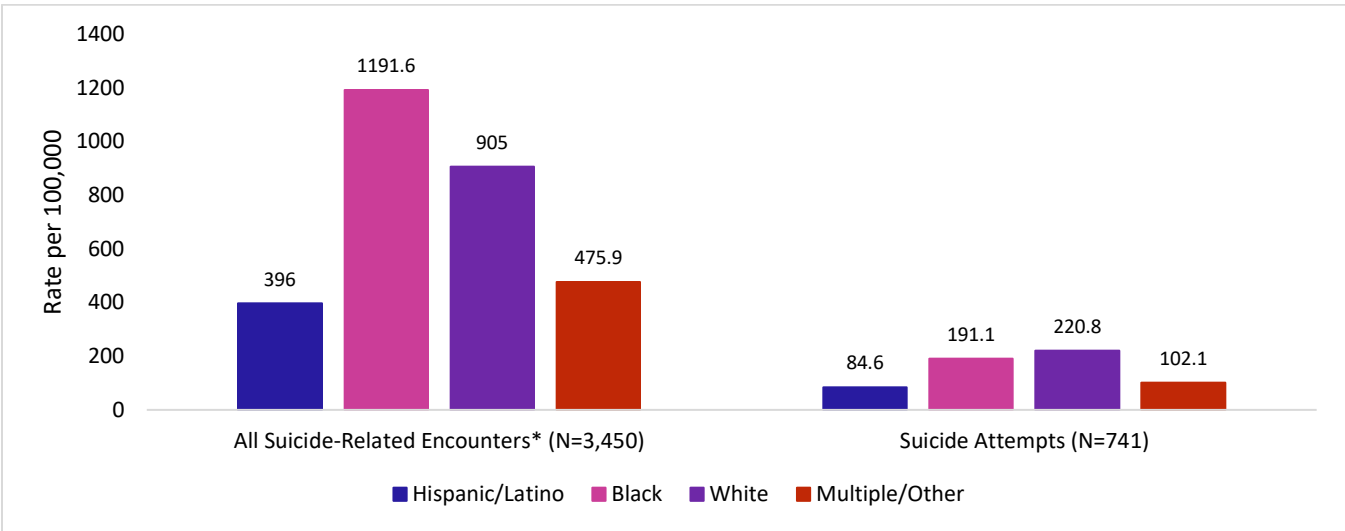
*All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.

Figure 17. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 youth (ages 5-17) in Nevada, 2025, by sex



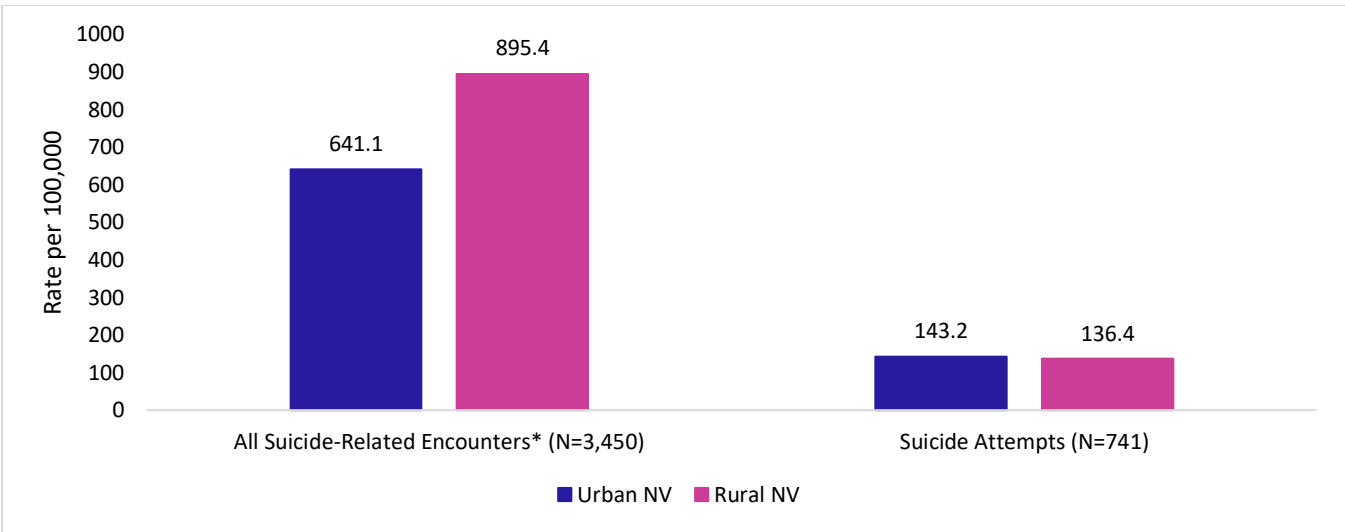
*All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.

Figure 18. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 youth (ages 5-17) in Nevada, 2025, by race/ethnicity



*All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.

Figure 19. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 youth (ages 5-17) in Nevada, 2025, by urbanicity



*All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.

Substance Use Encounters

Figure 20. Number of substance use emergency department encounters among youth (ages 5-17) in Nevada, 2025

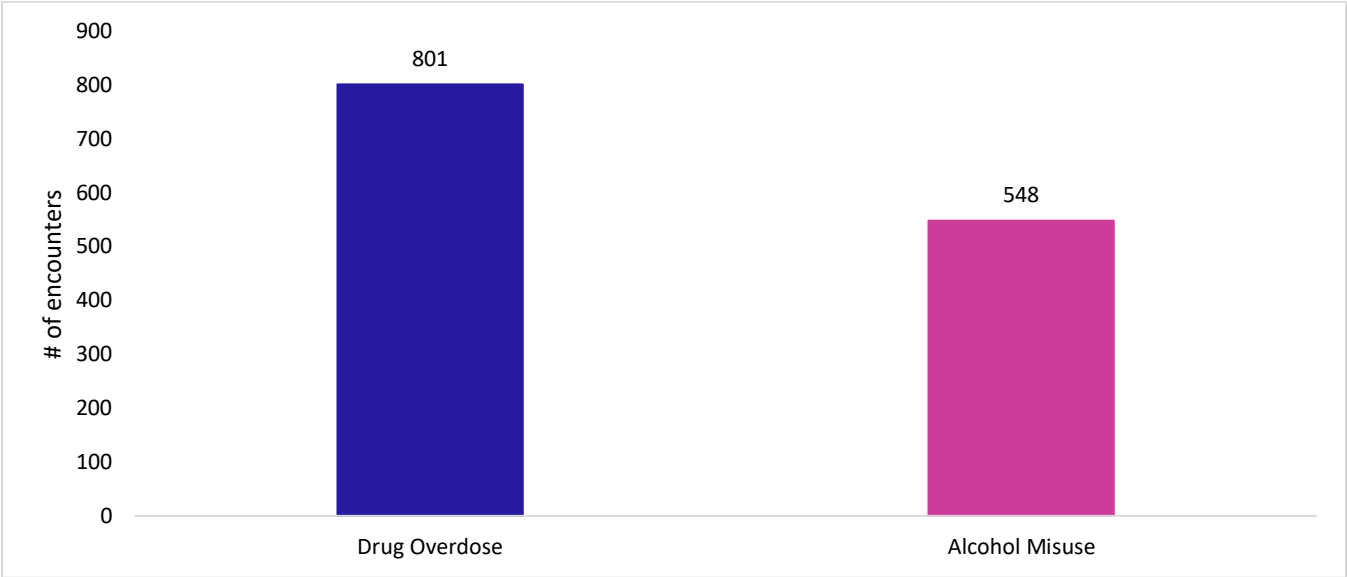


Figure 21. Number of substance use emergency department encounters among youth (ages 5-17) in Nevada, 2025, by month

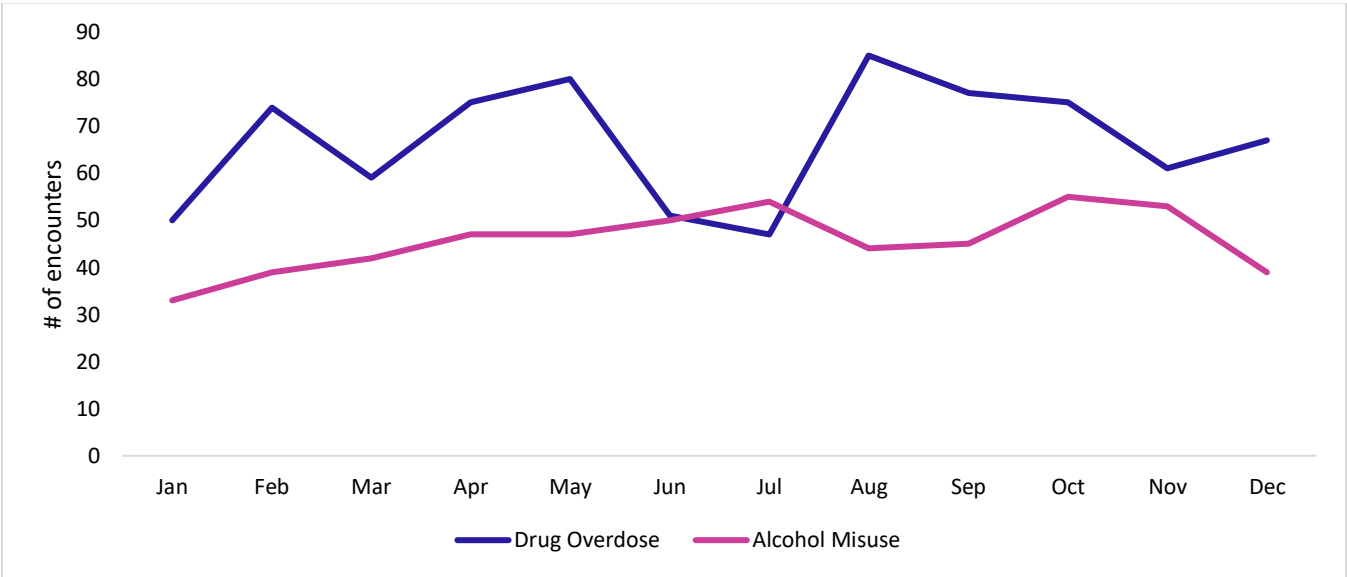


Figure 22. Rate of substance use emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025

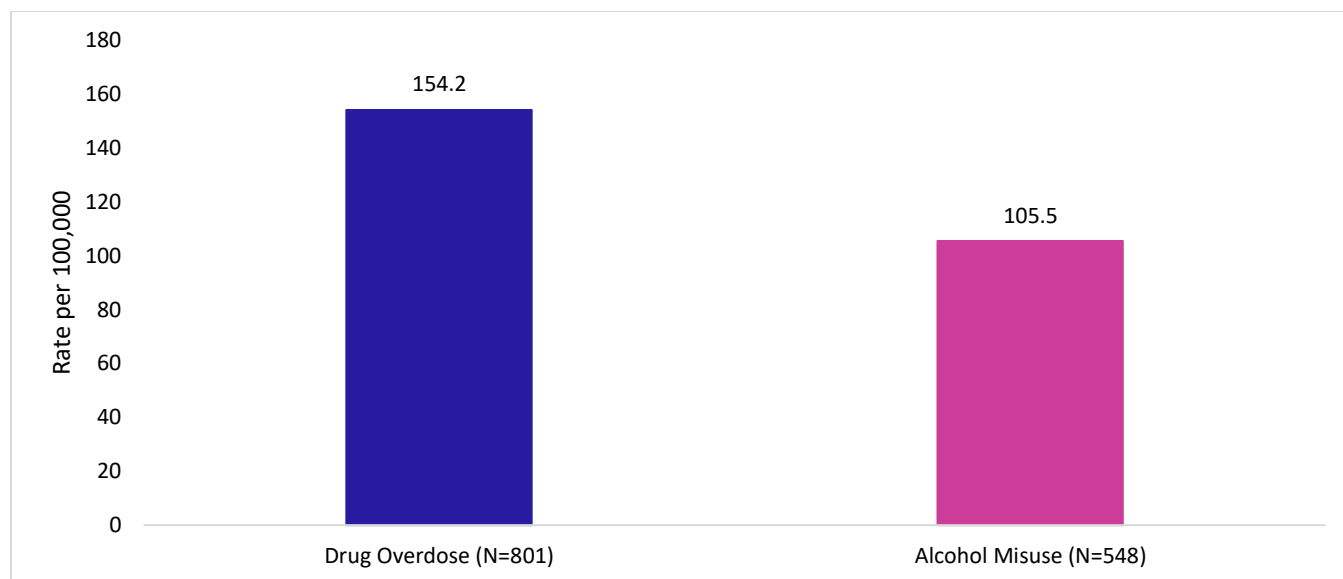


Figure 23. Rate of substance use emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by sex

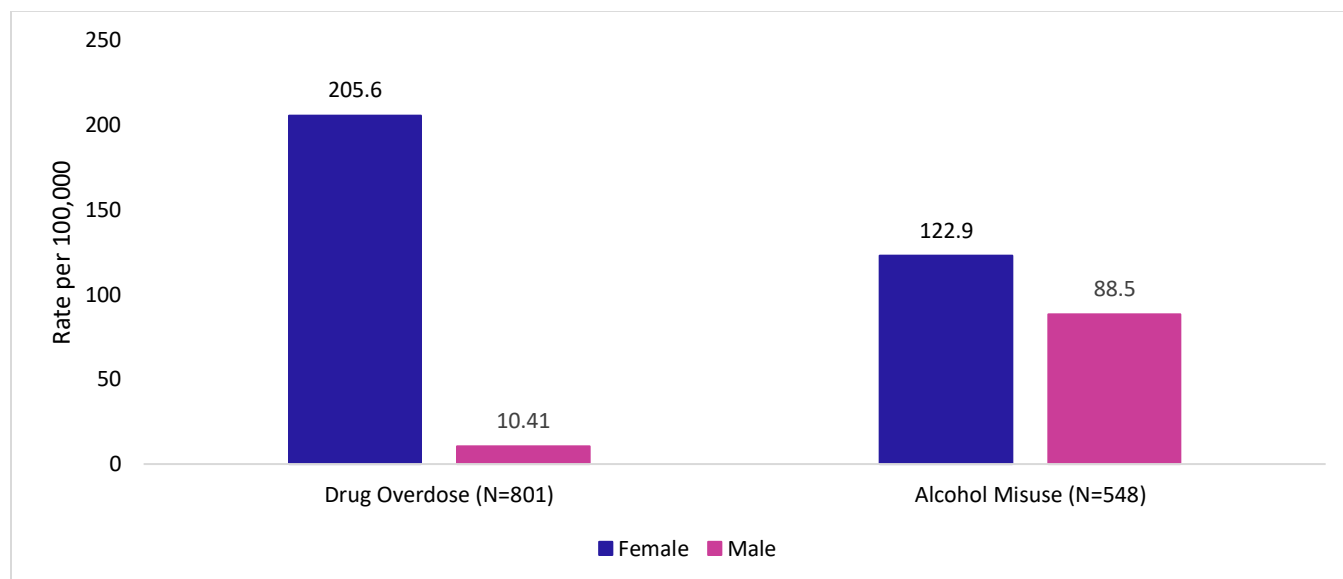


Figure 24. Rate of substance use emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by race/ethnicity

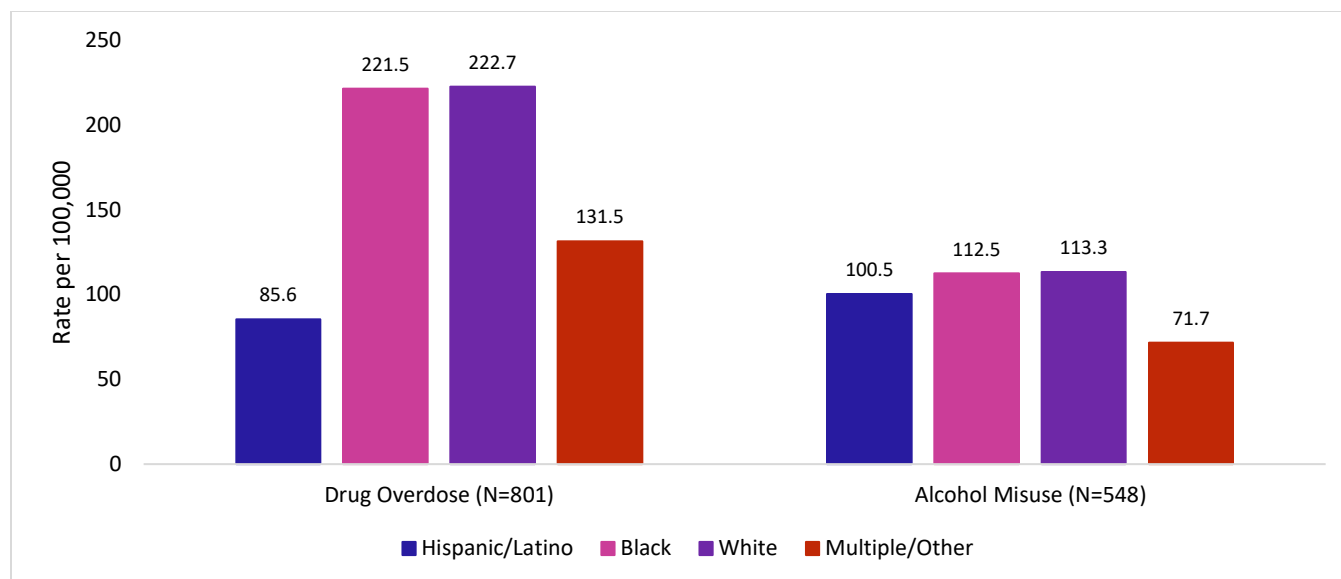
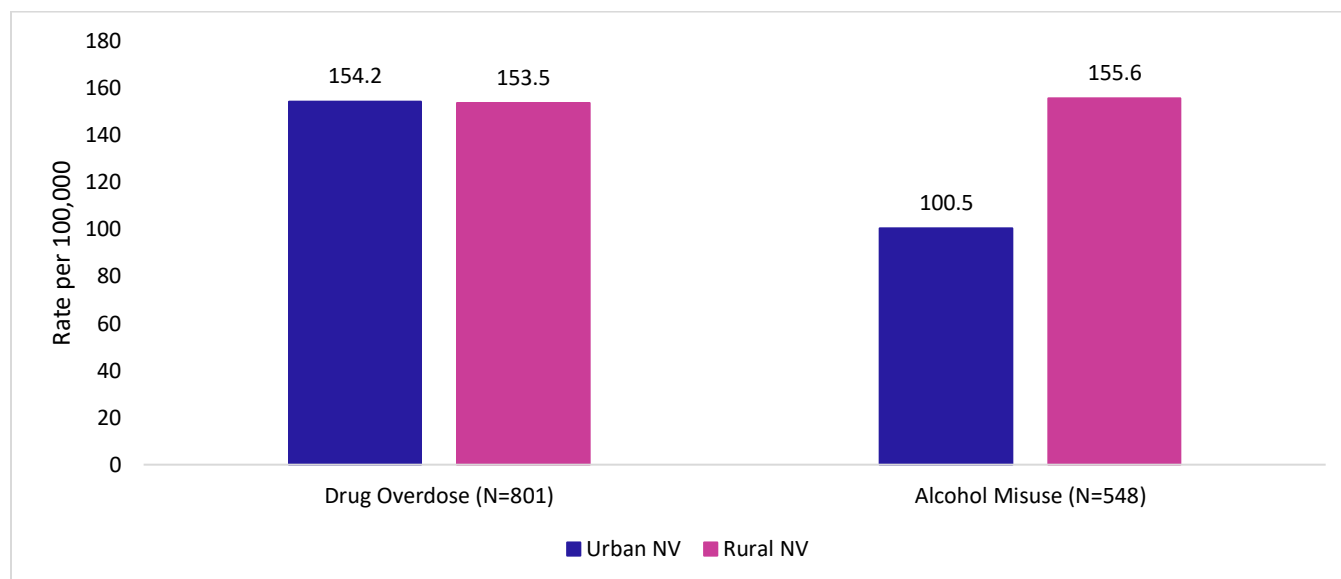


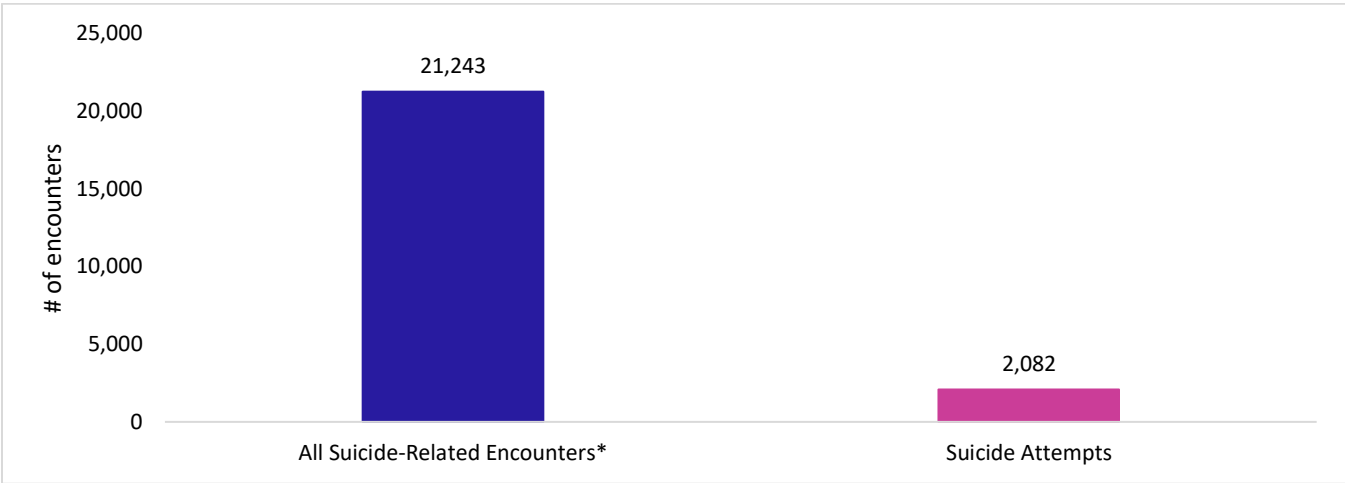
Figure 25. Rate of substance use emergency department encounters per 100,000 youth (ages 5-17) in Nevada, 2025, by urbanicity



Household and Community Challenges Among Adults

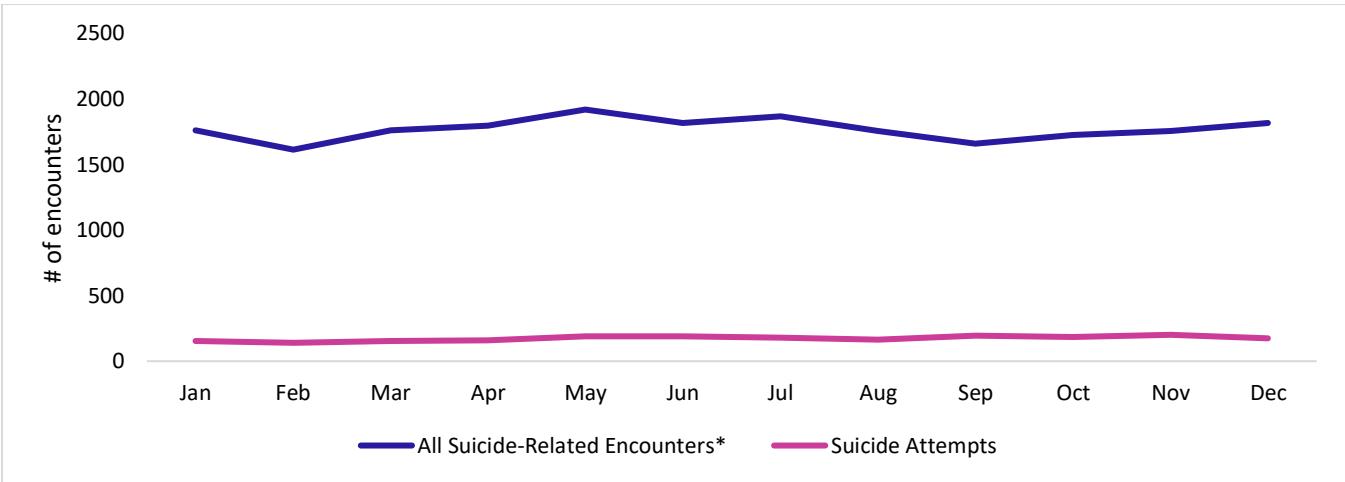
Suicide-Related Encounters

Figure 26. Number of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) among adults (ages 18+) in Nevada, 2025



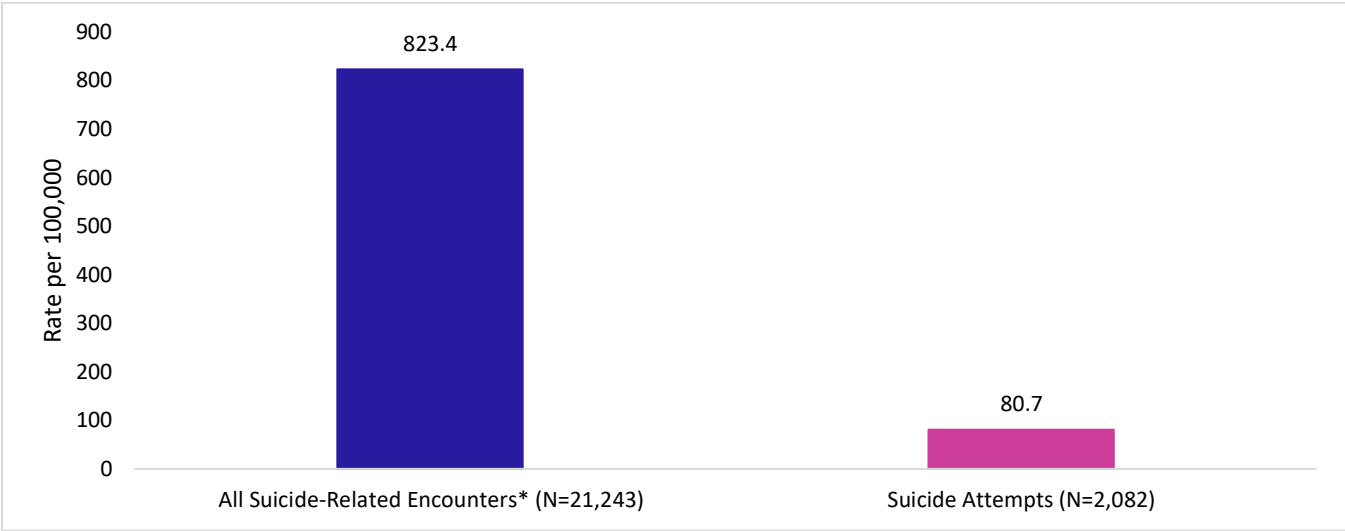
**All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.*

Figure 27. Number of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) among adults (ages 18+) in Nevada, 2025, by month



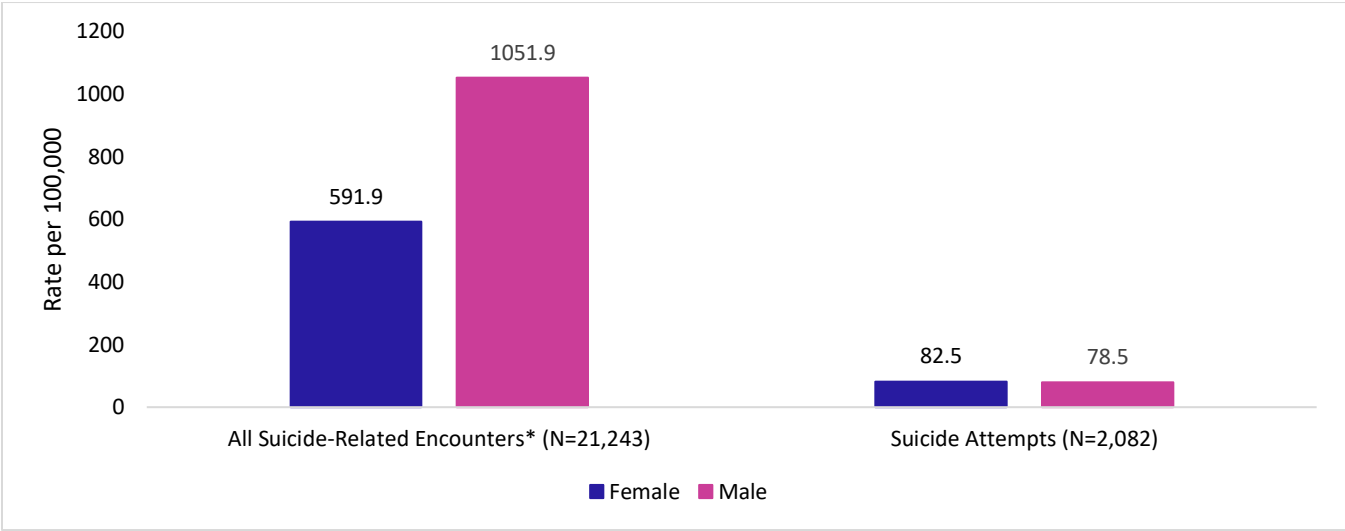
**All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.*

Figure 28. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 adults (ages 18+) in Nevada, 2025



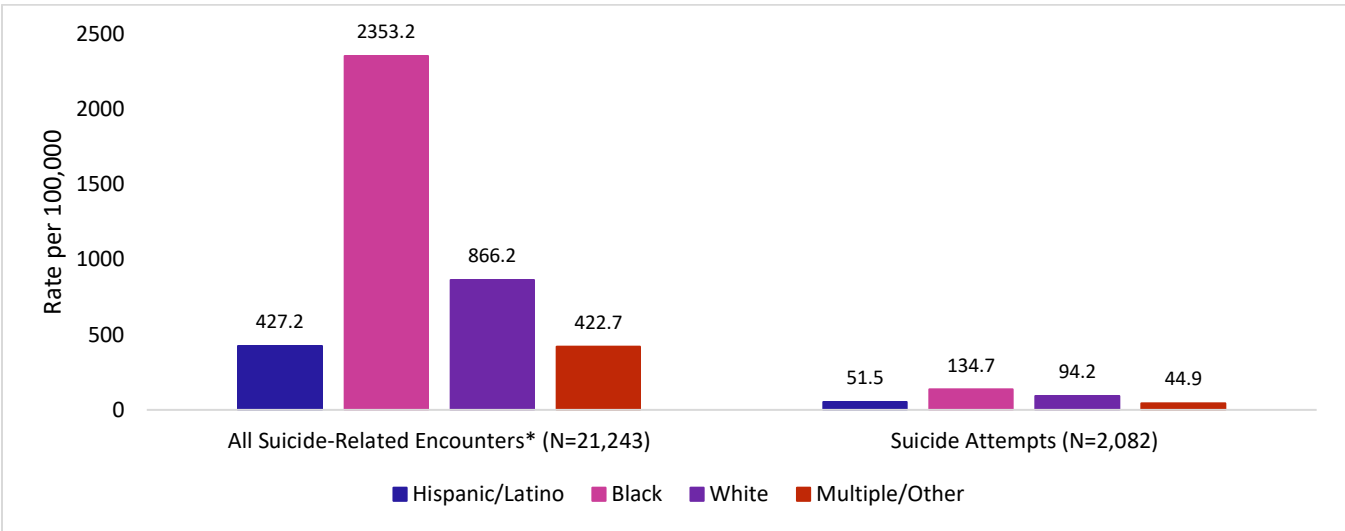
**All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.*

Figure 29. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 adults (ages 18+) in Nevada, 2025, by sex



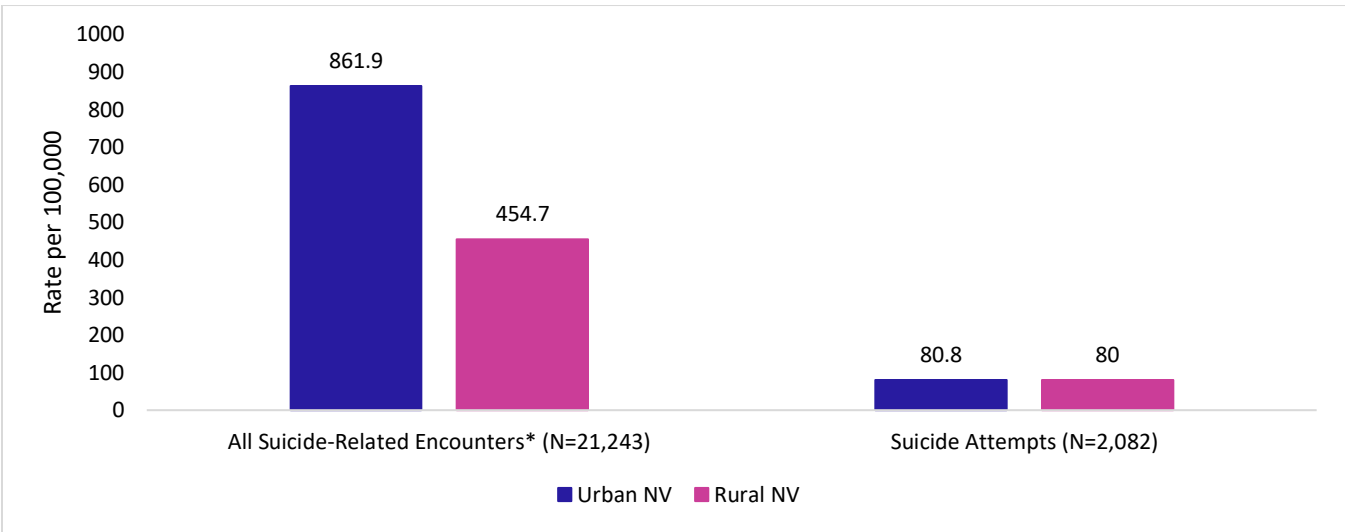
**All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.*

Figure 30. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 adults (ages 18+) in Nevada, 2025, by race/ethnicity



*All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.

Figure 31. Rate of suicide-related emergency department encounters (including self-harm, suicide ideation, and suicide attempt) per 100,000 adults (ages 18+) in Nevada, 2025, by urbanicity



*All suicide-related encounters include encounters related to suspected self-harm, suicide ideation, and suicide attempt.

Substance Use Encounters

Figure 32. Number of substance use emergency department encounters among adults (ages 18+) in Nevada, 2025

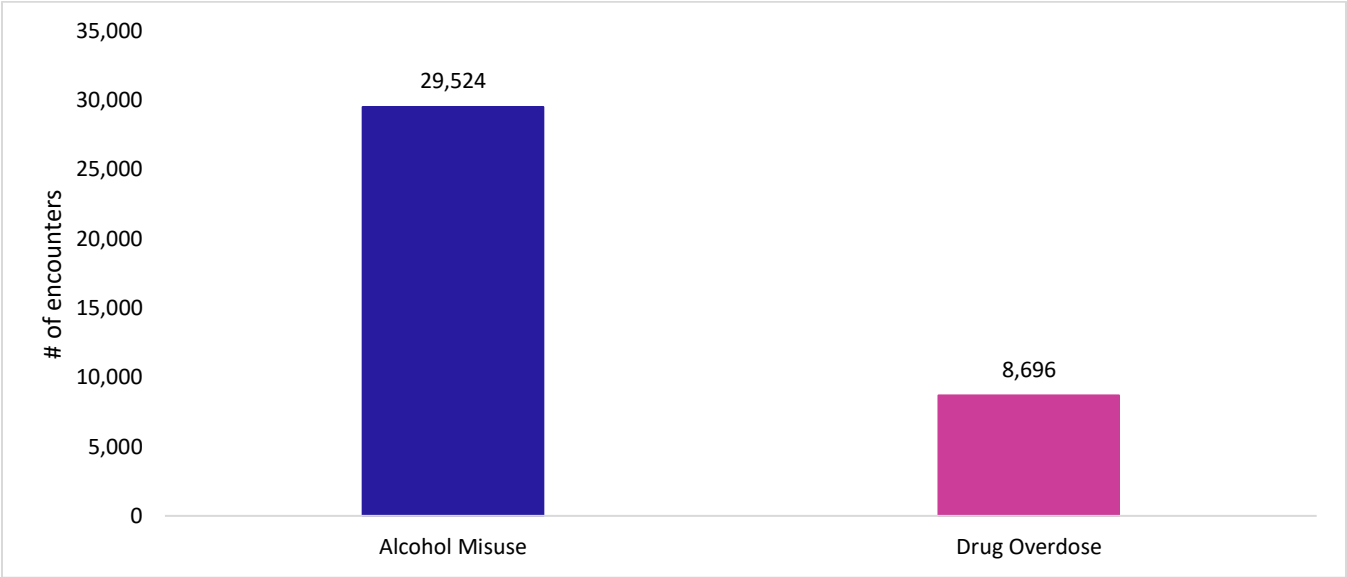


Figure 33. Number of substance use emergency department encounters among adults (ages 18+) in Nevada, 2025, by month

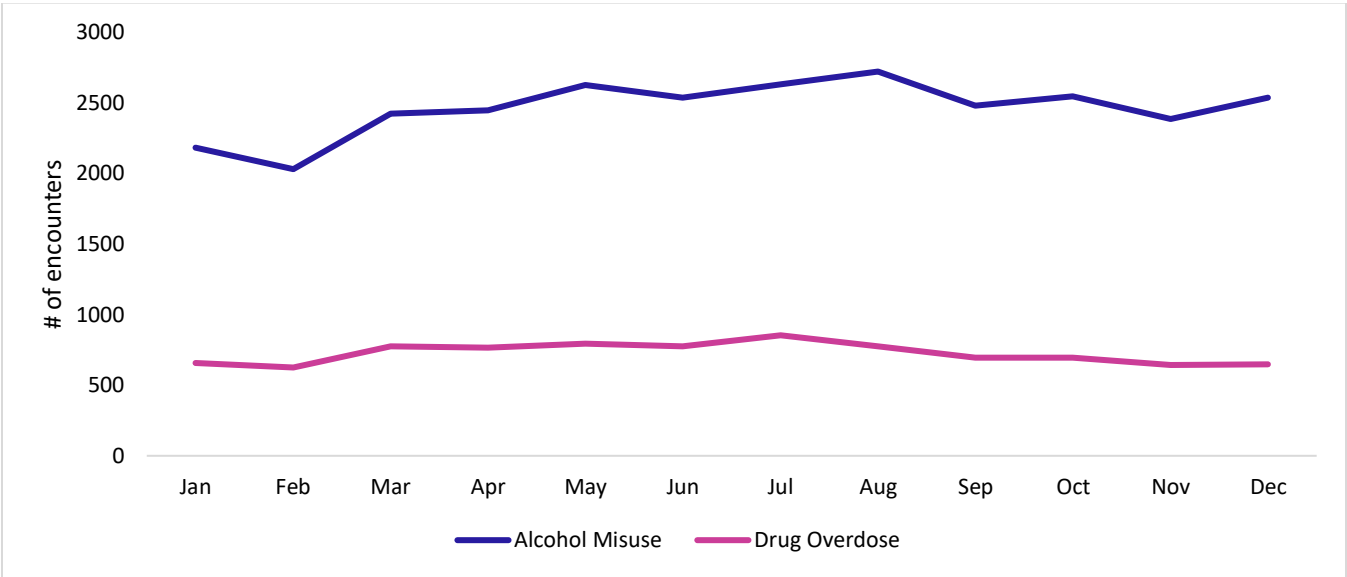


Figure 34. Rate of substance use emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025

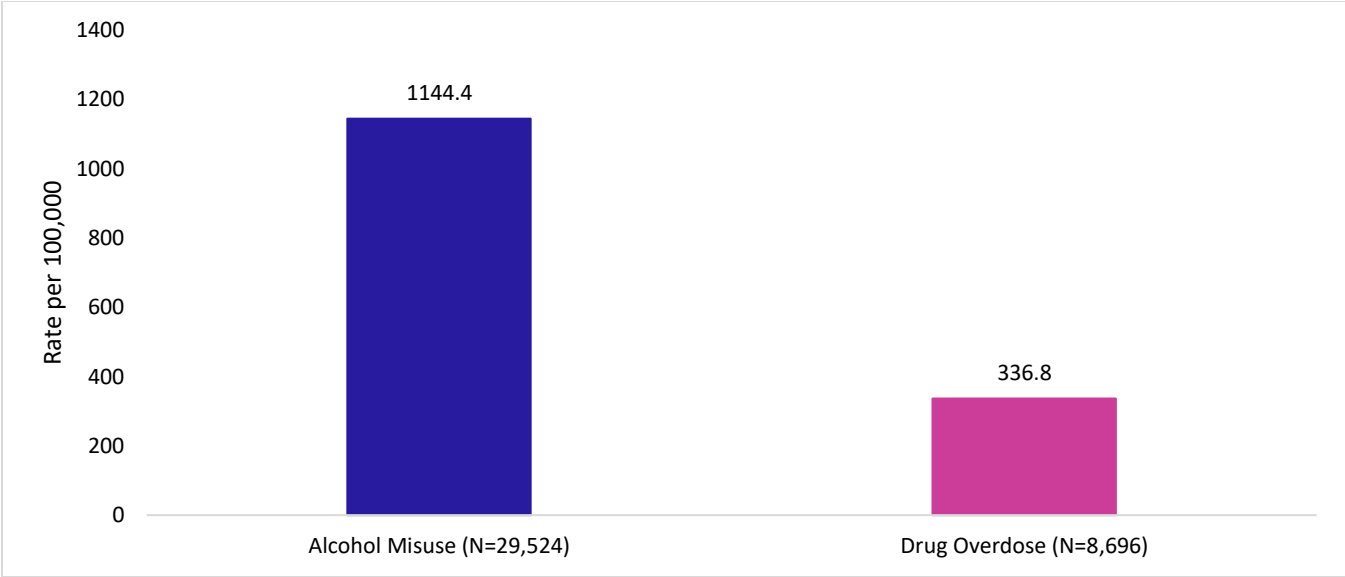


Figure 35. Rate of substance use emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by sex

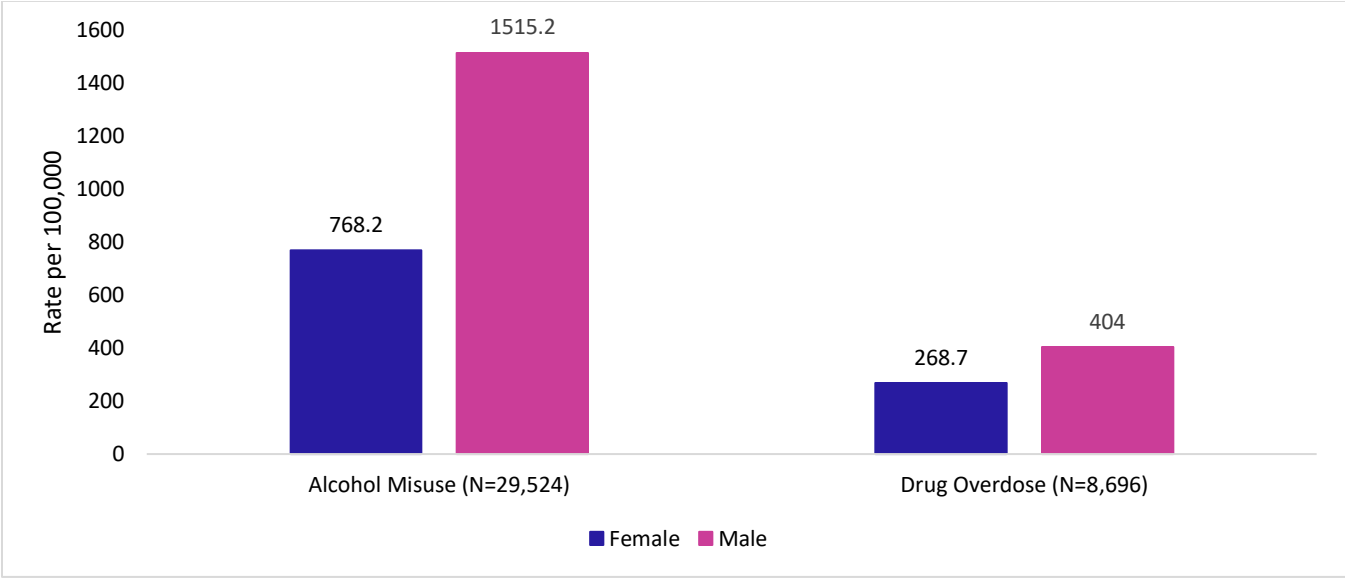


Figure 36. Rate of substance use emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by race/ethnicity

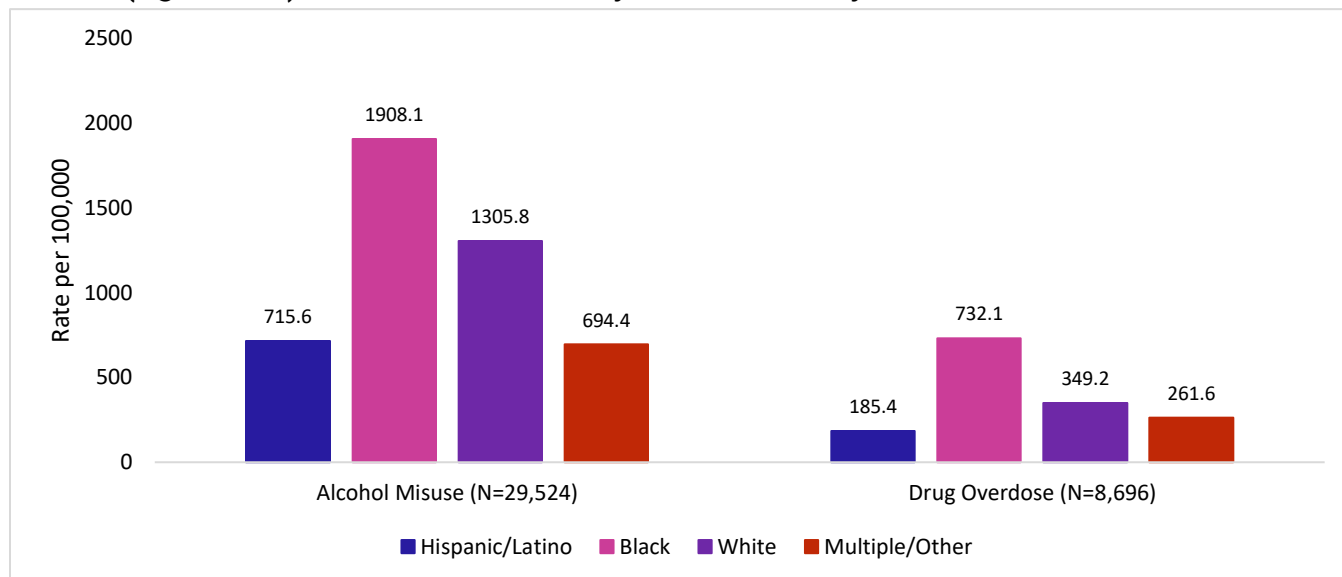
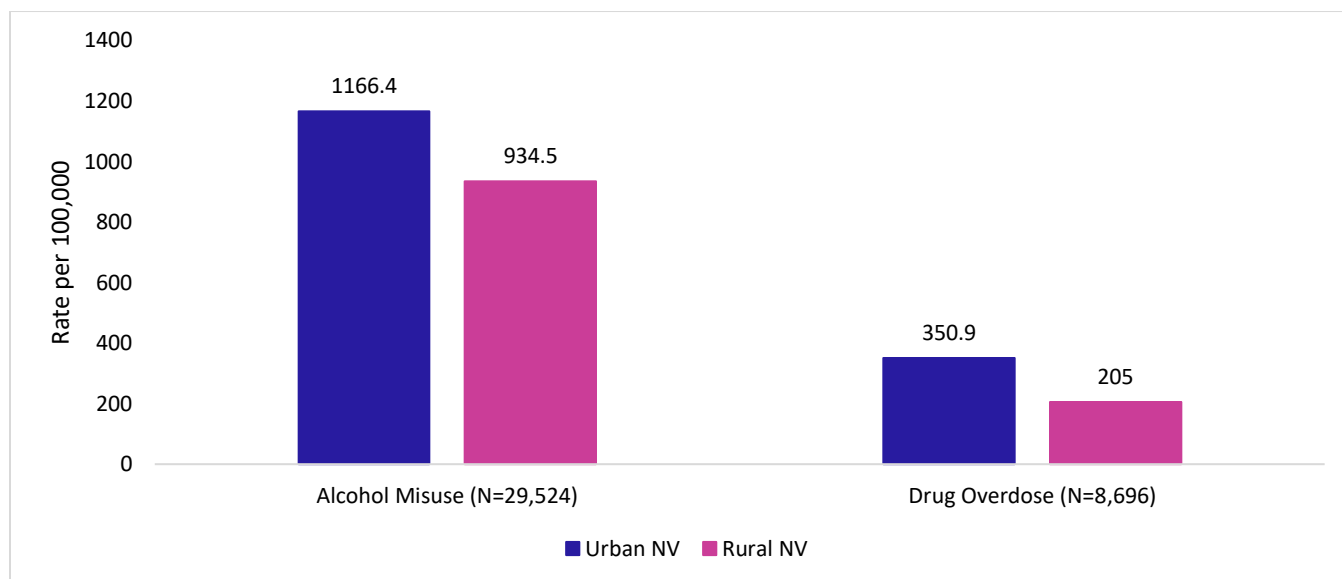


Figure 37. Rate of substance use emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by urbanicity



Violence-Related Encounters

Figure 38. Number of violence-related emergency department encounters among adults (ages 18+) in Nevada, 2025

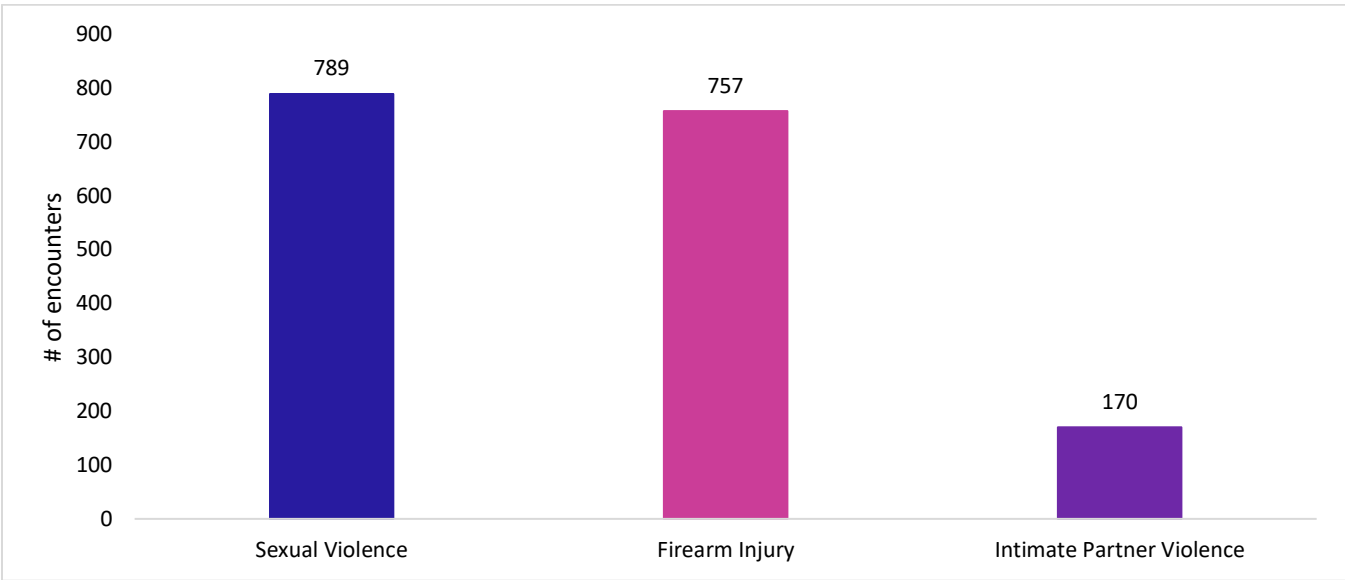


Figure 39. Number of violence-related emergency department encounters among adults (ages 18+) in Nevada, 2025, by month

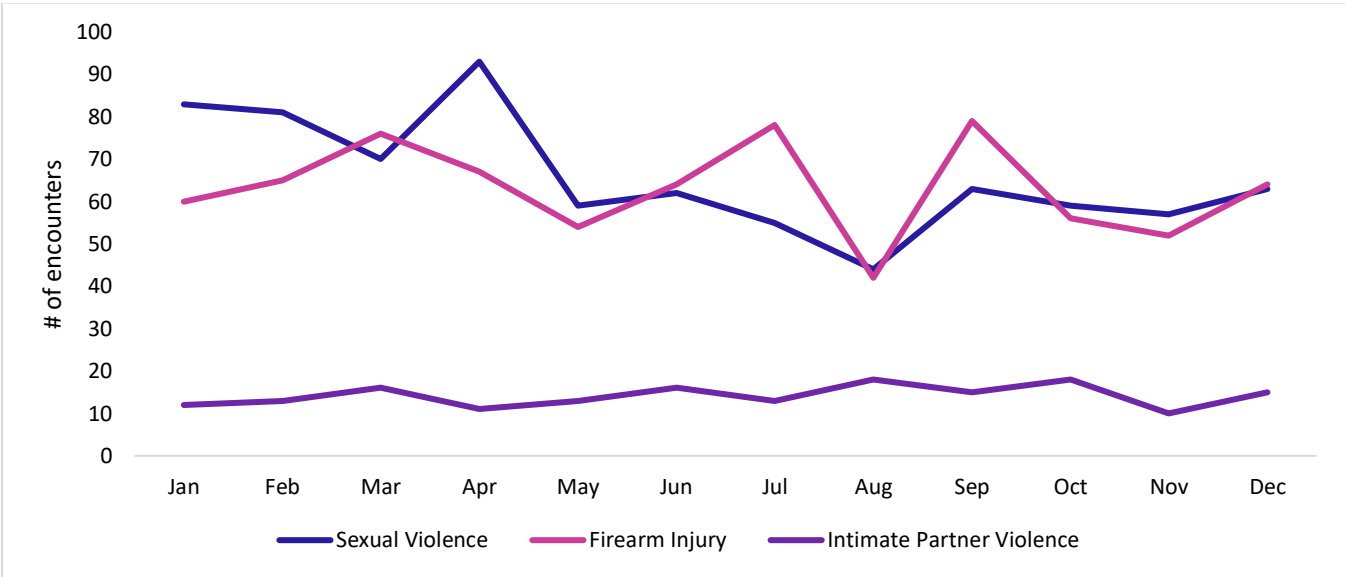


Figure 40. Rate of violence-related emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025

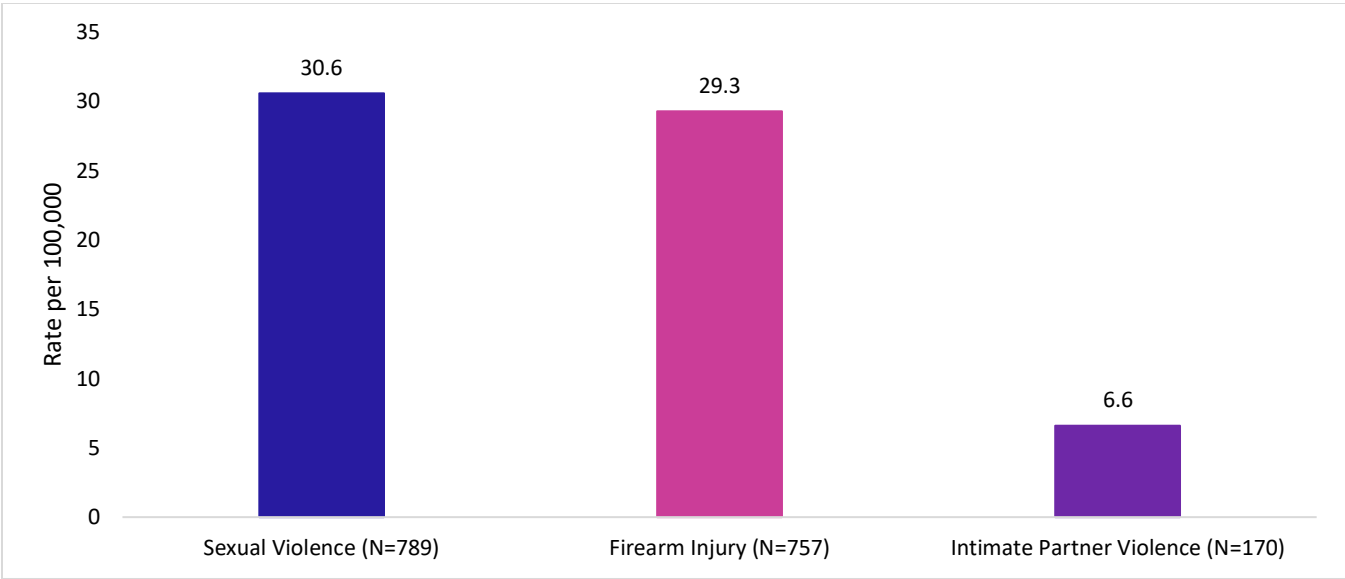


Figure 41. Rate of violence-related emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by sex

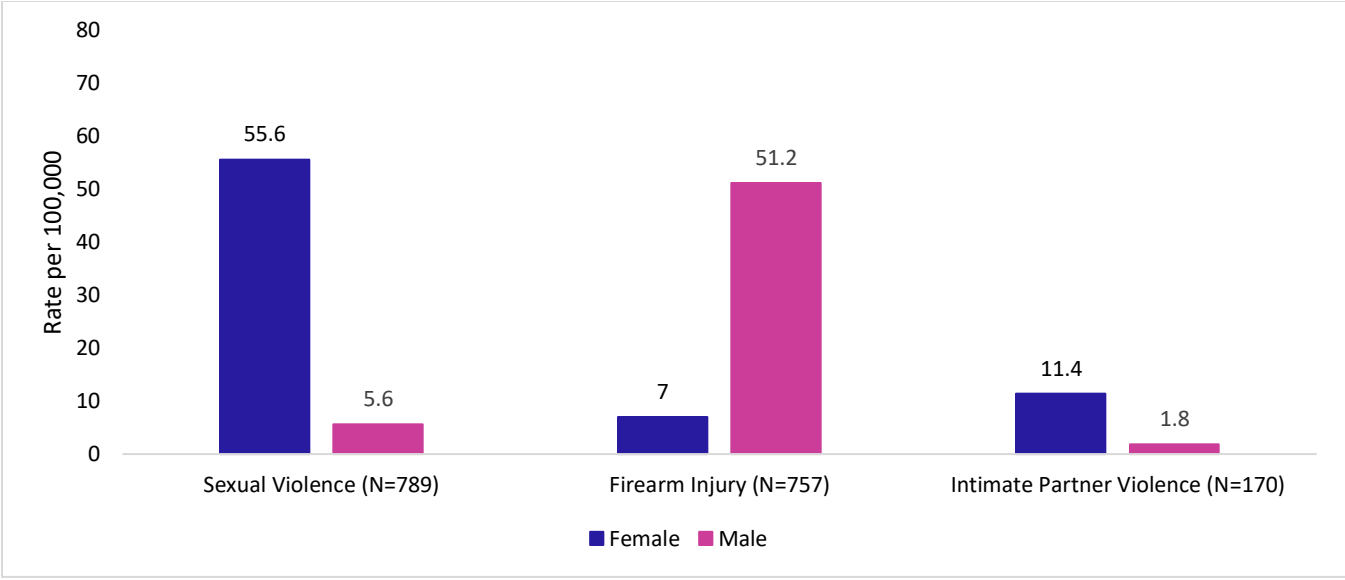


Figure 42. Rate of violence-related emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by race/ethnicity

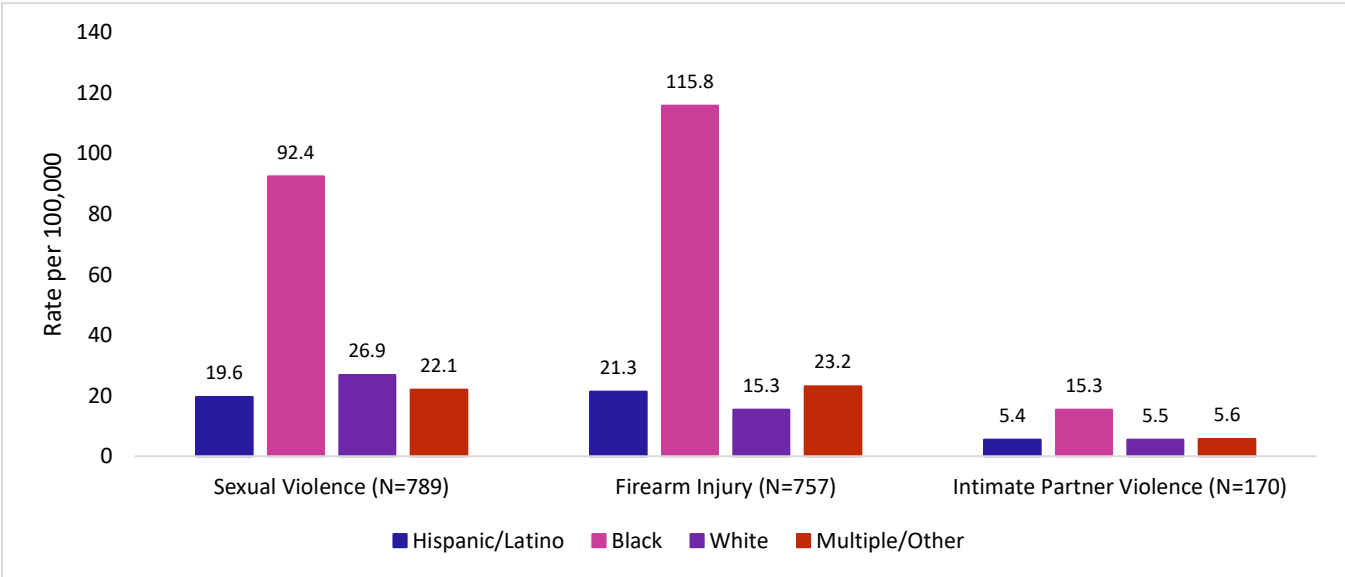
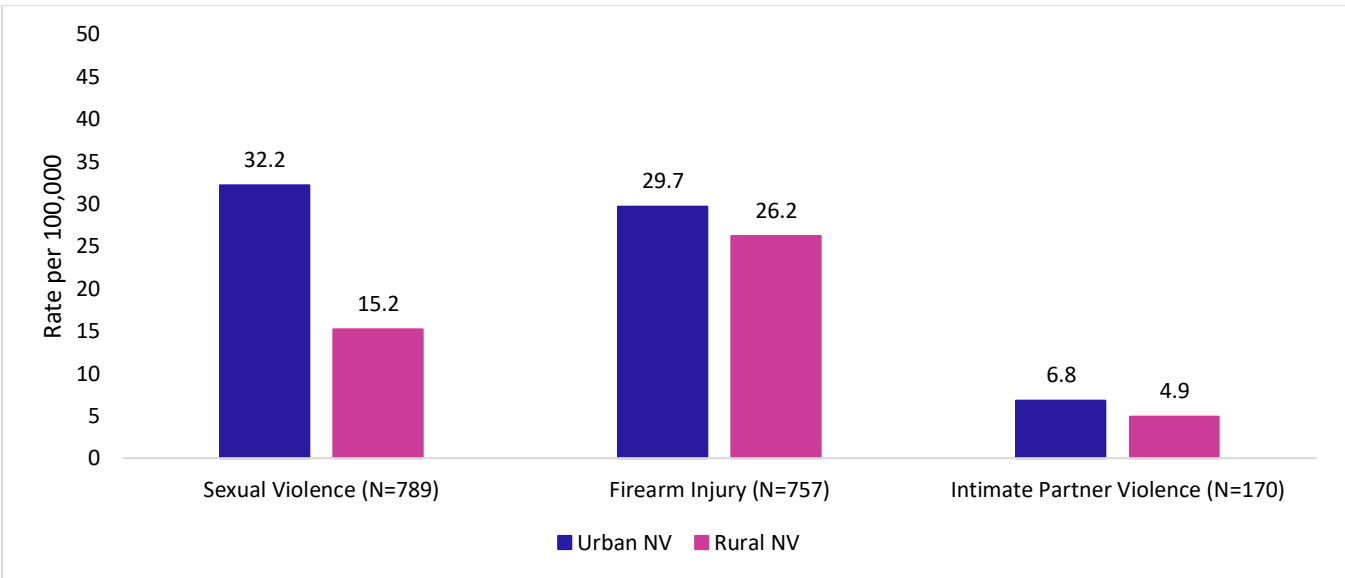


Figure 43. Rate of violence-related emergency department encounters per 100,000 adults (ages 18+) in Nevada, 2025, by urbanicity



Appendix 1

Table 1. Description of ACE indicators and potential outcomes of ACEs included in NSSP ACEs Dashboard.

Topic	NSSP Syndrome*	Category of Experience	Description of Query	Population
Child physical abuse Child sexual abuse Child emotional abuse Child physical neglect Child emotional neglect	CDC Suspected Child Abuse and Neglect v1	Direct Experience of ACEs	This syndrome aggregates ED visits for all types of suspected child abuse and neglect, including suspected or confirmed physical, sexual, or emotional abuse; and physical or emotional neglect as perpetrated by parents, caregivers, or an authorized custodian of the child. Acts of violence perpetrated by peers, siblings, or intimate partners are excluded from the sCAN definition.	Children 0–17 years
Childhood sexual violence	CDC Sexual Violence v3	Direct Experience of ACEs	By restricting the sexual violence definition to children under the age of 18 years, this query monitors ED visits related to sexual violence experienced by children aged 0-17 years. The query measures childhood sexual violence broadly, including any perpetrator in the definition.	Children 0–17 years

Childhood firearm injury	CDC Firearm Injury v2	Direct experience of ACEs	This query measures ED visits among children aged 0-17 years injured by a firearm, which may be an indicator of family, peer, or community violence. This definition includes visits related to an initial encounter of a firearm injury presenting at an ED, including the following types: unintentional, intentional self-directed, assault, legal intervention, terrorism, and undetermined intent. This definition is intended to monitor firearm injury among victims aged 0-17 regardless of who perpetrated the violence. By restricting the broad CDC Firearm Injury v2 query to children aged 0- 17 years, this indicator measures childhood experience of firearm injuries.	Children 0–17 years
Childhood experience of homelessness	Homelessness v1	Direct Experience of ACEs	This query monitors visits involving children who are experiencing homelessness.	Children 0–17 years

Adult mental health conditions	CDC Mental Health v1	Household & Community Challenges Among Adults	This definition measures ED visits among adults with any mental health condition, including psychiatric screening. This includes visits where there are acute mental health crises (i.e., the sole or primary reason for the visit is only related to mental health) as well as visits where mental health conditions are present (defined as coded in the discharge diagnosis or mentioned in the chief complaint text) but may not be the sole reason for the visit.	Adults 18+ years
Adult suicide-related visits	CDC Suicide Related v1 CDC Suicide Attempt v2	Household & Community Challenges Among Adults	These definitions measure ED visits among adults experiencing a suicide-related outcome. The Syndrome Definition Committee (SDC) Suicide Related v1 definition can be used to provide a broad view of visits for suicide-related outcomes, including visits for self-harm, suicide ideation, and suspected suicide attempts. The CDC Suicide Attempt v2 definition includes visits just for a suspected suicide attempt.	Adults 18+ years

Adult drug overdose or alcohol misuse	CDC All Drug v2 CDC Alcohol v1	Household & Community Challenges Among Adults	These definitions measure ED visits among adults experiencing a suspected drug overdose (CDC All Drug v2) or who may be experiencing alcohol intoxication, or who have an alcohol use disorder (CDC Alcohol v1). The CDC All Drug v2 definition includes all types of suspected drug overdoses, regardless of substance. The CDC Alcohol v1 definition includes codes for alcohol use disorders as well as terms and codes for acute alcohol intoxication.	Adults 18+ years
Adult sexual violence	CDC Sexual Violence v3	Household & Community Challenges Among Adults	This query monitors ED visits related to sexual violence among adults. This query can be used to monitor visits for adult experiences of sexual violence in a community. The query measures sexual violence broadly, including any perpetrator in the definition.	Adults 18+ years

Adult intimate partner violence	CDC Intimate Partner Violence v2	Household & Community Challenges Among Adults	The purpose of this query is to capture visits related to intimate partner violence (IPV) among adults. By restricting the definition to adults, this query can be used to monitor visits for adult experiences of IPV in a community.	Adults 18+ years
Adult firearm violence	CDC Firearm Injury v2	Household & Community Challenges Among Adults	This query measures ED visits among adults injured by a firearm, which may be an indicator of family, peer, or community violence. By restricting the definition to adults, this query can be used to monitor visits related to adult firearm injuries in a community. This definition includes visits related to an initial encounter of a firearm injury presenting at an ED, including the following types: unintentional, intentional self-directed, assault, legal intervention, terrorism, and undetermined intent. This definition is intended to monitor firearm injury among victims aged 18+ regardless of who perpetrated the violence.	Adults 18+ years

Childhood mental health conditions	CDC Mental Health v1 CDC Anxiety Disorders v1 CDC Depressive Disorders v1 CDC Trauma and Stressor- related Disorders v1 CDC Eating Disorders v1	Potential Outcome of ACEs	There are five definitions in the dashboard that can be used to monitor visits related to mental health conditions among children. The CDC Mental Health v1 query aggregates visits for all types of mental health conditions and visits for psychiatric or mental health screening. This is the broadest query and is inclusive of those below. CDC Anxiety Disorders v1 can be used to monitor visits specific to anxiety disorders. CDC Depressive Disorders v1 can be used to monitor visits specific to depressive disorders. CDC Trauma & Stressor- Related Disorders v1 can be used to monitor visits specific to trauma and stressor-related disorders, including PTSD, acute stress reactions, and adjustment disorders. CDC Eating Disorders v1 can be used to monitor visits specific to eating disorders. Please note that all definitions capture visits with acute mental health crises (i.e., the sole or primary reason for the visit is only related to mental health) and visits where the mental health condition is present (defined as coded in the discharge diagnosis or mentioned in the chief complaint text) but may not be the sole reason for the visit.	For each definition, there are two queries by age: Children aged 5-11 Children aged 12-17
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Suicide attempts in youth	CDC Suicide Attempt v1	Potential Outcome of ACEs	This query measures ED visits among children 5-17 years presenting to a participating site with a suspected suicide attempt.	Children 5–17 years
Substance use problems in youth	CDC All Drug v2 CDC Alcohol v1	Potential Outcome of ACEs	This query measures ED visits among children 5-17 years presenting to a participating site with a substance use or alcohol problem.	Children 5–17 years

**Some syndromic surveillance queries undergo multiple iterations and have been improved or changed over time. Queries are often followed by an abbreviation (e.g., v1, v2) to indicate the version.*