



Adverse Childhood Experiences (ACEs): Trends among Identity Youth Participants

Overview

Established 1998, Identity's mission is to create opportunities for Latino youth and families to believe in themselves and realize their highest potential. Identity assists more than 3,500 in-school and out-of-school youth and their families who live in high-poverty areas of Montgomery County, MD and who are most at-risk for poor academic and economic life outcomes. Identity supports its clients' successful transition to adulthood by providing a continuum of school-based, community-based and summer services that reduce their risk factors, increase their protective factors, strengthen their social and emotional well-being and support their academic and economic achievements.

In recent years, an increasing amount of research has become available related to Adverse Childhood Experiences (ACEs), including 2011-12 data from the National Survey of Children's Health (NSCH). The NSCH data presents Identity with a unique opportunity to compare national and state averages of ACE rates among children to ACE rates reported by Identity youth participants. Although the research methodologies used by NSCH and Identity differ, a comparison can provide information about general trends of ACE rates experienced in youth populations.

Key trends include the following:

- Identity youth are exposed to ACEs at higher rates than U.S. and Maryland youth (≤ 17 years);
- Identity youth are exposed to multiple (3+) ACEs at higher rates than US and Maryland youth (≤ 17 years);
- Identity youth have increased exposure to five of the six ACEs measured in both Identity and NCHS methodologies; and
- Identity survey data demonstrate correlations between Identity youth exposed to ACEs and those reporting the following risk factors: poor school connectedness, negative academic outlook, and low emotional well-being.

Methodology

Caution should be used in interpreting findings presented in this brief, as methodological approaches, sample sizes, and definitions of ACEs differ between the Identity data set and the NSCH data set. Identity data on the prevalence of ACEs among participating youth were derived from two sources: a self-reported, baseline survey that asks youth about *current* adverse experiences, and 2) case worker files that track data related to economic hardship and reports to Child Protective Services (CPS). The sample size included 714 Latino youth between 6th and 12th grade.

ACE rates among children in the U.S. and Maryland are derived from nationally representative data collected by the National Survey of Children's Health (NSCH) from 2011—2012. The NSCH was administered by telephone to parents, asking them to consider if their child had *ever* been exposed to an adverse experience. The US sample size included 95,677 parents; the Maryland sample size included 2,181 parents.



With respect to the factors defining an ACE, in both analyses, a total of nine ACEs were included, of which the following six were common:

- Parent/guardian divorce or separation
- Parent/guardian death
- Parent/guardian serving time in jail or prison
- Witnessing household violence
- Being treated or judged unfairly due to race/ethnicity
- Experiencing economic hardship

Unique adverse experiences captured in Identity’s data included: extended separation from a parent due to immigration, being the victim of bullying at school, and reporting to Child Protective Services. Unique adverse experiences captured in NSCH data included: witnessing or being the victim of neighborhood violence, living with anyone who was mentally ill or suicidal, and living with anyone who had a problem with alcohol or drugs.

What are adverse childhood experiences (ACEs)?

Adverse childhood experiences (ACEs) are events or chronic conditions in a child’s environment, family or social structure that cause intense stress and disrupt healthy physical and psychological development.¹ While the precise approach to measuring ACEs varies from study to study, ACEs are typically described as six to ten common difficult experiences that vary from economic hardship to emotional, physical and sexual abuse.² Commonly discussed ACEs include exposure to parent/guardian incarceration, substance abuse or mental illness of a family member, witnessing or being the victim of physical abuse, witnessing or being the victim of neighborhood violence, sustained economic hardship, and emotional or physical neglect.³

What impact do ACEs have on youth and adults?

Children who experience one or more ACE are more likely to struggle with a variety of physical and emotional problems throughout childhood and adolescence.⁴ Children who experience even one ACE are twice as likely as children who experience no ACEs to experience poor overall physical health.⁵ Exposure to multiple ACEs is associated with increased likelihood of poor dental health, low engagement in school, behavioral difficulties, and trouble concentrating.^{6 7} Furthermore, exposure to even one ACE in childhood is associated with perpetration of interpersonal violence in adolescence,

¹ Kalmakis, Karen A., and Genevieve E. Chandler. “Adverse Childhood Experiences: Towards a Clear Conceptual Meaning.” *Journal of Advanced Nursing* 70.7 (2014): 1489–1501. onlinelibrary.wiley.com.

² Felitti, Vincent J. et al. “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.” *American Journal of Preventive Medicine* 14.4 (1998): 245–258. www.ajpmonline.org.

³ “Fact Sheet: Adverse Childhood Experiences and the Well-Being of Adolescents.” *Child Trends*. N.p., 30 July 2014. Web. 26 Feb. 2016.

⁴ Ibid.

⁵ Flaherty EG, et al. “Effect of Early Childhood Adversity on Child Health. - PubMed - NCBI.” N.p., n.d. <<http://www.ncbi.nlm.nih.gov/pubmed/17146020>>. 26 Feb. 2016.

⁶ Bright, Melissa A., et al. “Adverse Childhood Experiences And Dental Health In Children And Adolescents.” *Community Dentistry & Oral Epidemiology* 43.3 (2015): 193-199 7p. CINAHL. Web. 26 Feb. 2016

⁷ Fact Sheet: Adverse Childhood Experiences and the Well-Being of Adolescents.” *Child Trends*. N.p., 30 July 2014. Web. 26 Feb. 2016.



including bullying and fighting, as well as self-directed violence such as self-injury and suicide attempts. Exposure to multiple ACEs magnified this effect: for each additional ACE, risk of violence toward self or others increased 35% to 144%.⁸

The negative impacts of ACEs perpetuate into adulthood. Adults who experienced ACEs as children are more likely to experience a variety of physical health, psychological health and behavioral impacts in adulthood.⁹ Physical impacts of exposure to ACEs include poor overall health, obesity, sexually transmitted disease, and increased incidence of chronic diseases such as ischemic heart disease, cancer, chronic lung disease, and liver disease.¹⁰ Psychological and behavioral health consequences include depression, suicide attempts, alcohol and drug abuse, smoking, and multiple sexual partners.^{11 12 13} The prevalence of these negative impacts increases in proportion to the number of ACEs experienced in childhood, with a greater number of ACEs corresponding to higher risk.¹⁴

Exposure to multiple ACEs in childhood is also associated with increased likelihood of chronic parenting stress later in life.¹⁵ Chronic parenting stress is in turn associated with negative child outcomes such as delayed or impaired mental, behavioral and motor development.^{16 17} Given that parenting stress has been shown to adversely impact child outcomes, multiple ACEs in childhood present risks not just for the individual exposed, but for their children as well.¹⁸

What trends do we see related to ACEs among Identity’s youth population?

Analyses of Identity’s data set demonstrate a number of key trends related to adverse childhood experiences among the youth Identity serves. First and foremost, Identity youth are exposed to ACEs at higher rates than U.S and Maryland youth [Figure 1]. More specifically, nearly 8 in 10 Identity participants are exposed to ACEs before the end of high school. This finding highlights the possibility that Identity students will be more likely to struggle with a variety of physical and emotional problems throughout childhood, adolescence and beyond.¹⁹

8 Duke, Naomi N. et al. “Adolescent Violence Perpetration: Associations With Multiple Types of Adverse Childhood Experiences.” *Pediatrics* 125.4 (2010): e778–e786. pediatrics.aappublications.org. Web.

9 Felitti, Vincent J. et al

10 Felitti, Vincent J. et al

11 Felitti, Vincent J. et al

12 Felitti, Vincent J. et al

13 Dube SR, et al. “Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide throughout the Life Span: Findings from the Adverse Childhood Experiences... - PubMed - NCBI.” N.p., n.d. Web. 26 Feb. 2016.

14 Felitti, Vincent J. et al

15 Steele, Howard, et al. "Adverse Childhood Experiences, Poverty, And Parenting Stress." *Canadian Journal Of Behavioural Science / Revue Canadienne Des Sciences Du Comportement* 48.1 (2016): 32-38. PsycARTICLES. Web. 26 Feb. 2016.

16 Huang, C. Y., Costeines, J., Kaufman, J. S., & Ayala, C. (2014). Parenting stress, social support, and depression for ethnic minority adolescent mothers: Impact on child development. *Journal Of Child And Family Studies*, 23(2), 255-262. doi:10.1007/s10826-013-9807-1

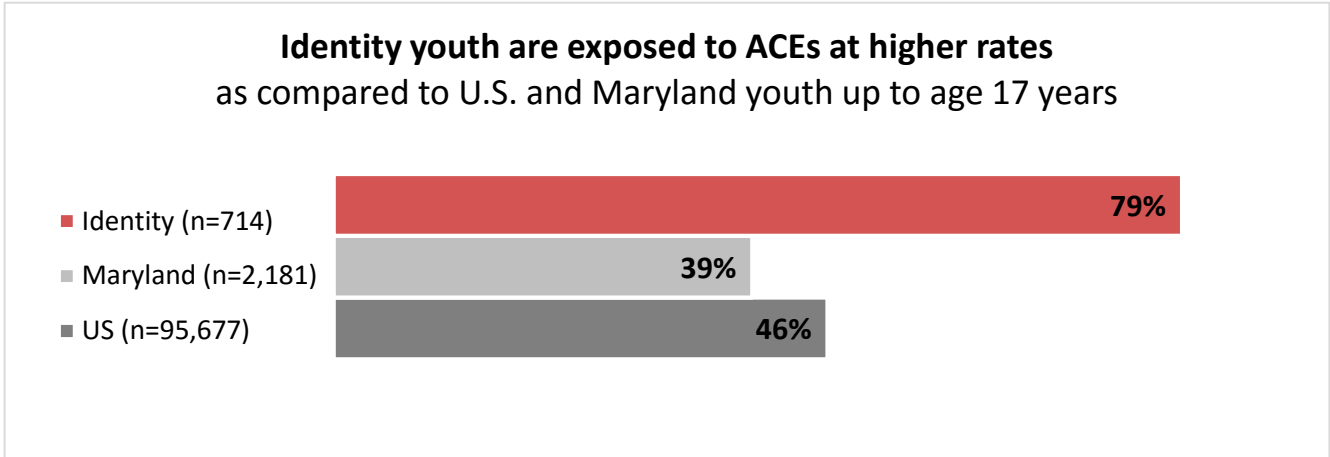
17 “Stress Has Lasting Effect on Child’s Development.” National Urban Child Institute. N.p. Web. 26 Feb. 2016.

18 Steele, Howard, et al

19 Ibid.

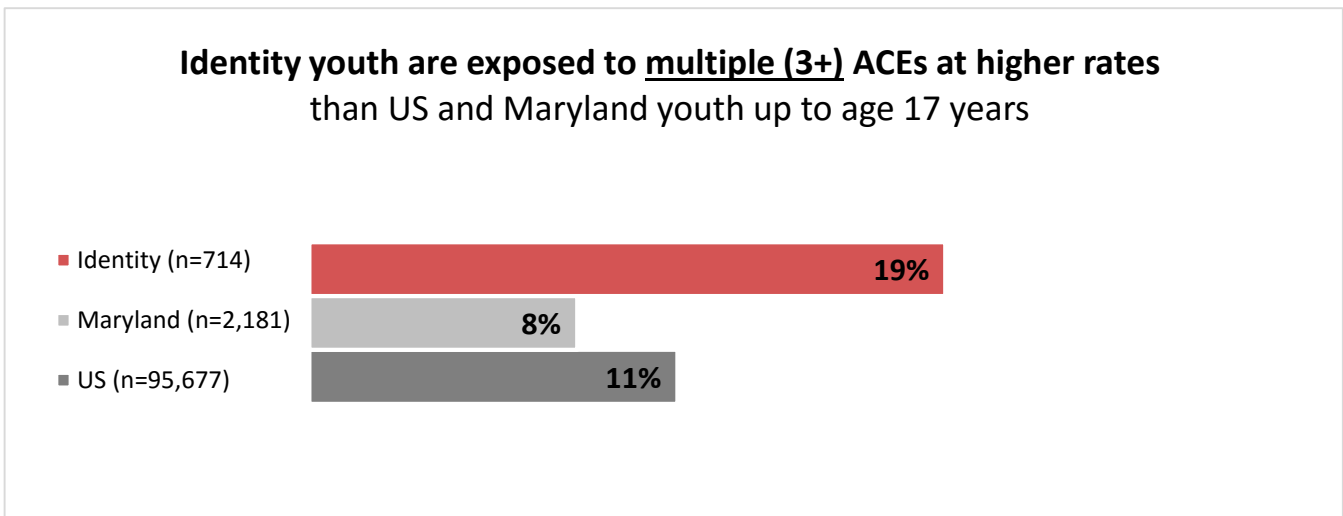


Figure 1



Furthermore, a higher percentage of Identity youth are exposed to three or more ACEs, as compared to U.S. and Maryland youth [Figure 2]. As previously described, research indicates that the prevalence of negative physical, psychological and behavioral impacts of ACEs *increase in proportion to the number of ACEs* experienced in childhood, with a greater number of ACEs corresponding to higher risk.²⁰

Figure 2



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Identity youth are exposed to five of the six commonly reported ACEs in greater percentages than U.S. and Maryland youth. The only ACE for which Identity youth had lower exposure was parent/guardian serving time in jail. For the remaining five commonly reported ACE's, Identity youth had higher exposure than U.S. and Maryland youth [Figure 3]. Among Identity's uniquely measured ACEs, over one-third of Identity's youth (38%) have been separated from one or both parents due to immigration and 3% of the youth have received child protective services (CPS) referrals.

In addition, analyses of Identity's data set demonstrate correlations between Identity youth exposed to ACEs (1-2 ACEs and/or 3+ ACEs) and those who reported various risk factors. More specifically, the students exposed to ACEs also reported poor school connectedness, negative academic outlook, and low emotional well-being [Figure 4].



Figure 3

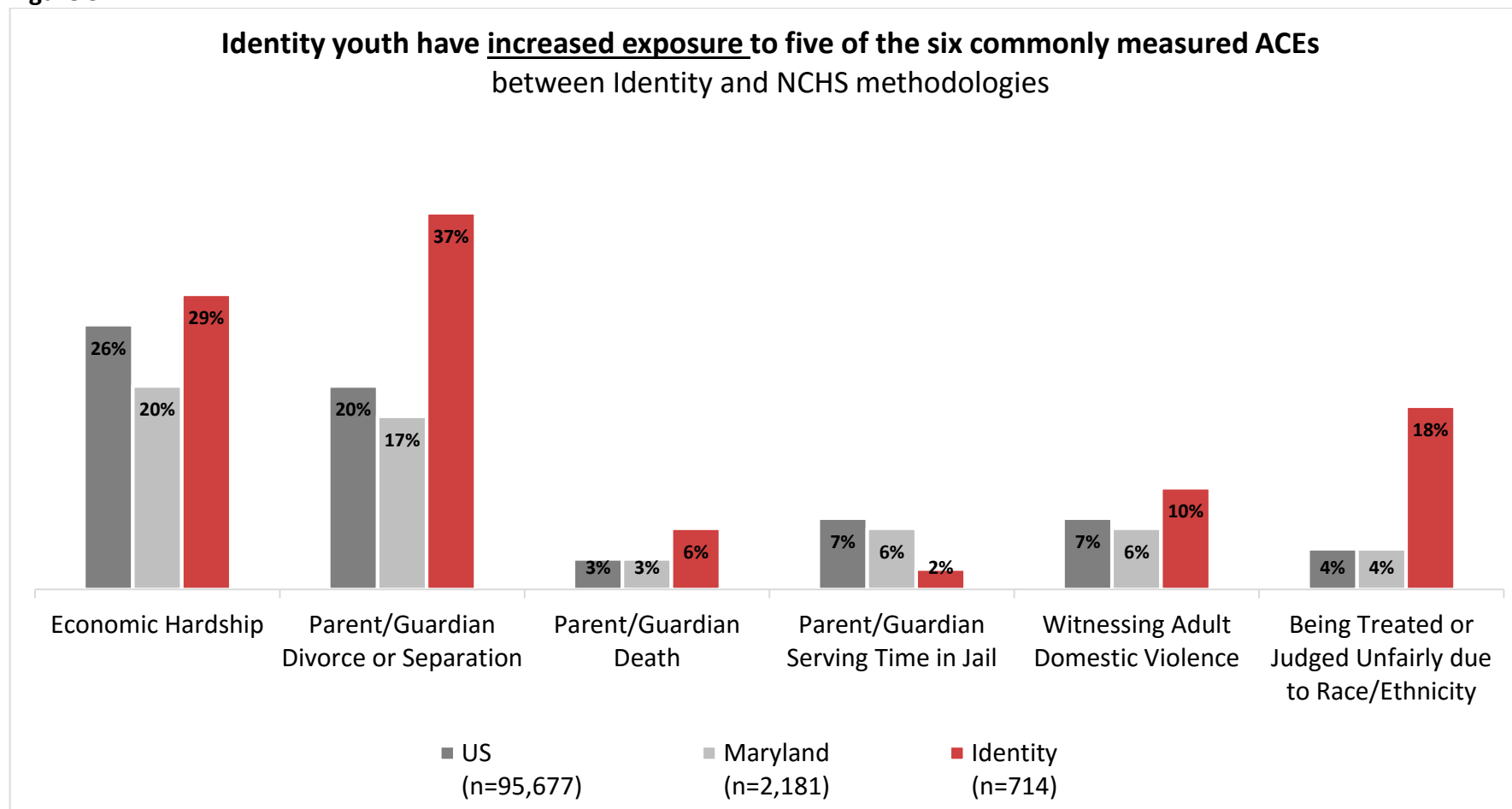
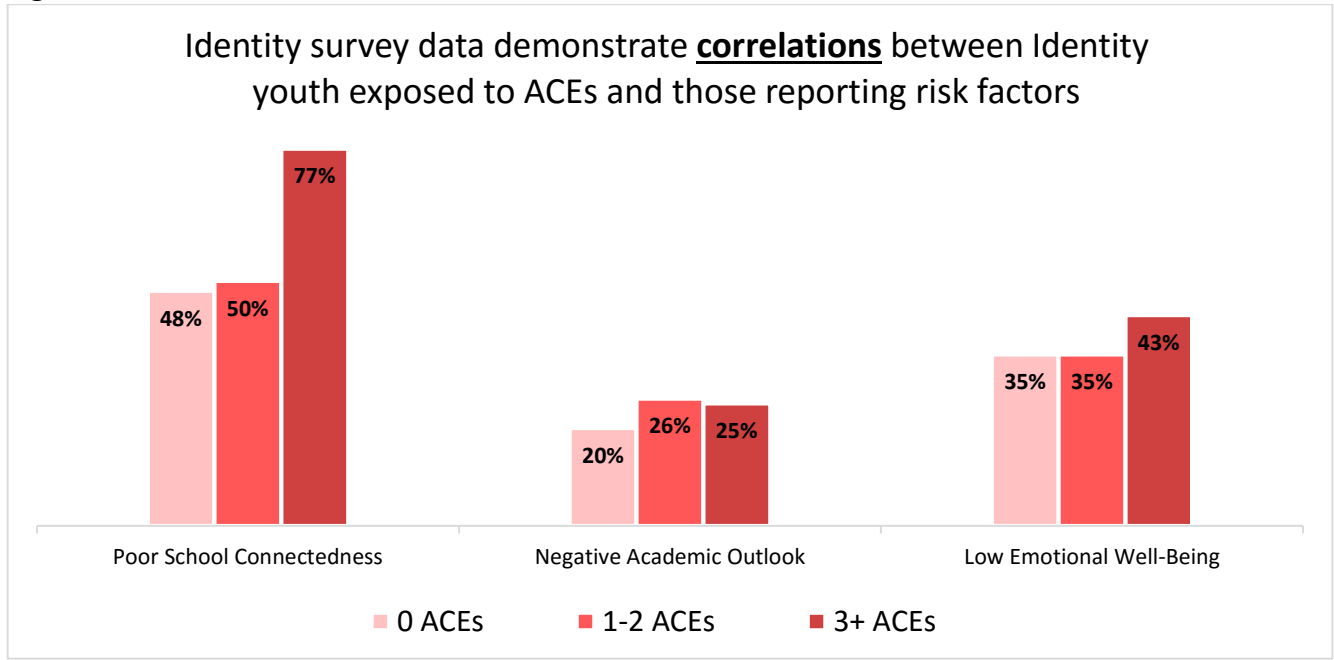




Figure 4



Discussion

Although differing methodological approaches to the research on adverse childhood experiences create limitations for rigorous data analyses, the data provides insights into the prevalence of ACEs among Identity youth as generally compared to U.S. and Maryland youth populations. Identity staff might respond to these trends through increased education for staff, partners, and funders on the significant role that ACEs play in the lives of many of their youth. In doing so, Identity can continue to enhance their training and youth development approaches to best support the physical health, psychological health, and behavioral impacts associated with exposure to ACEs.