

Adverse Childhood Experiences, Demographics, and Protective Factors Among Children in Seattle & King County, WA



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Introduction

- Adverse Childhood Experiences (ACEs) are stressful or traumatic events that occur during childhood and may include events such as abuse, neglect, household dysfunction, violence, and parent divorce or death.
- ACEs have previously been associated with poor mental and physical health later in life.
- Individual, family and community protective factors have the potential to buffer the negative health impacts of ACEs.
- The results from this survey will help to measure ACEs within King County's diverse communities along with factors that have the potential to buffer the negative health impacts of ACEs.
- These results will be used to identify opportunities to build upon existing strengths and protective factors in King County's diverse communities to protect against the lasting impacts of ACEs.

Objectives

- To assess the prevalence of ACEs within King County, WA and among subgroups in order to identify children at higher risk of experiencing ACEs
- To determine if children with higher levels of ACEs have different levels of protective factors when compared to children with fewer ACEs

Methods

- The Best Starts for Kids Health Survey (BSKHS) is a randomized cross-sectional study of children's well-being administered to 5,947 parents and guardians in King County, Washington in late 2016.
- Survey results were weighted by child race / ethnicity, child age, number of children in household, child sex, and respondent educational attainment in order to more accurately represent the population of King County.
- Questions assessing ACEs exposure were modeled from The National Survey of Children's Health (NSCH). In adult surveys, adults are asked to reflect on their own exposure to ACEs, including child abuse and neglect. BSKHS and NSCH omit these questions because of parent / caregiver report.
- Because previous studies have noted a dose-response relationship with ACEs and health this measure of ACEs was separated into 2 or more vs less than 2.
- Children are characterized as flourishing and resilient if their parent or guardian responded with "yes" for each of the following measures:
 - Child shows interest and curiosity in learning new things (all ages)
 - Child is affectionate and tender (0-5 years)
 - child bounces back quickly when things don't go their way (0-5 years)
 - Child smiles and laughs a lot (0-5 years)
 - Child works to finish tasks they start (K-5th grade)
 - Child stays calm and in control when faced with a challenge (K-5th grade)

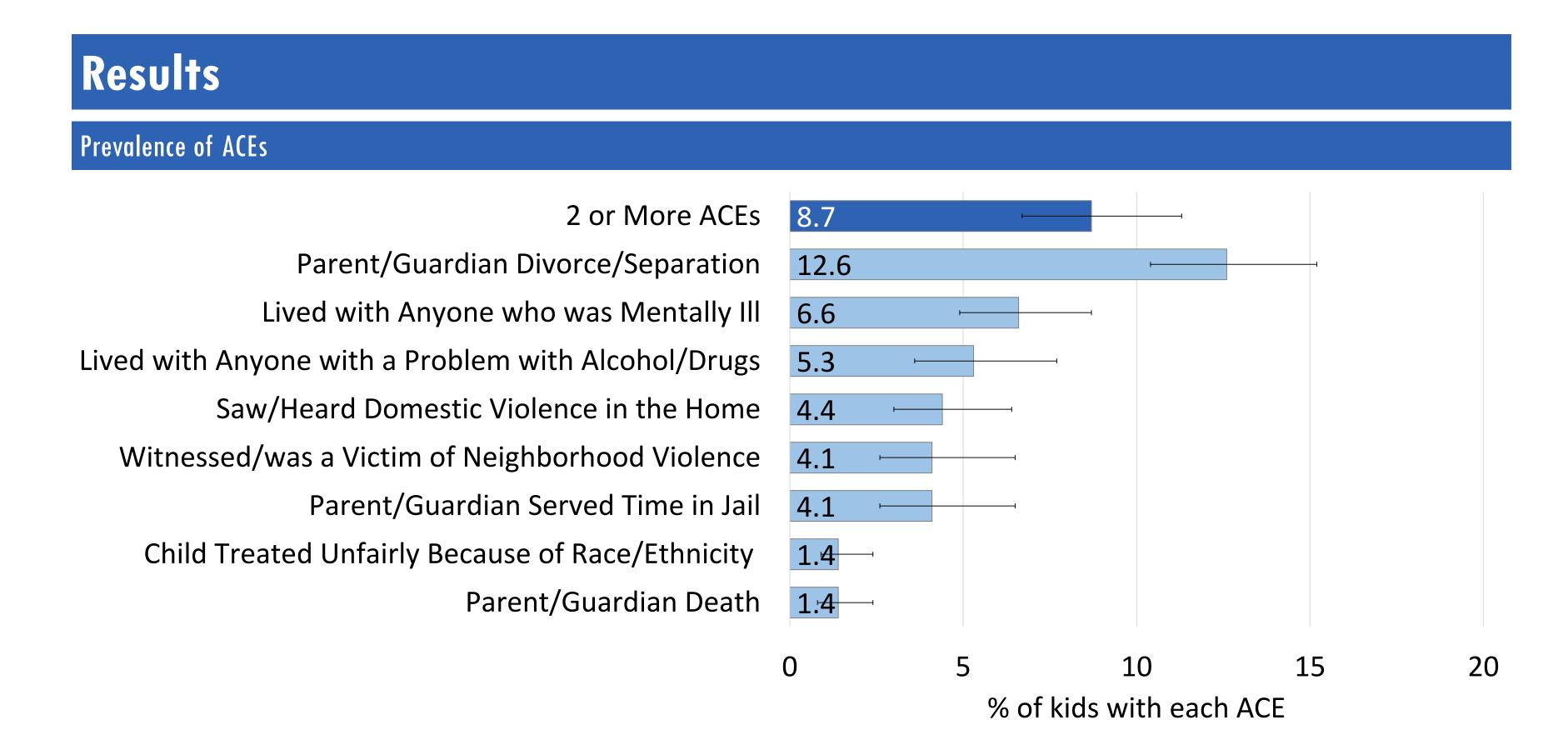


Figure 1 Percent of King County children aged 0-11 years experiencing specific adverse childhood experiences as reported by respondent. 95% confidence intervals included. Best Starts for Kids Health Survey 2017

Conclusion

The majority of King County children (8.7%) have fewer than two ACEs. While this is promising news, American Indian and Alaska Native communities seem to be experiencing a higher prevalence of ACEs than other communities. Children in lower-income households also have a higher prevalence of ACEs than other children. Children with ACEs do not differ in their prevalence of many individual, family, and community factors which may help to buffer the negative impacts of ACEs.

While this study was robust, administration over the next several years will help to increase the sample size – which will make estimates more precise. Other limitations of this data include that all measures were collected via adult (parent, guardian, grandparent, etc.) report, which may not be entirely free from bias. We speculate that our numbers are an underreport of the true prevalence because of this.

Future community programming should focus on continuing to build these factors, especially among children and communities which may be at higher risk of ACEs and their negative health outcomes.

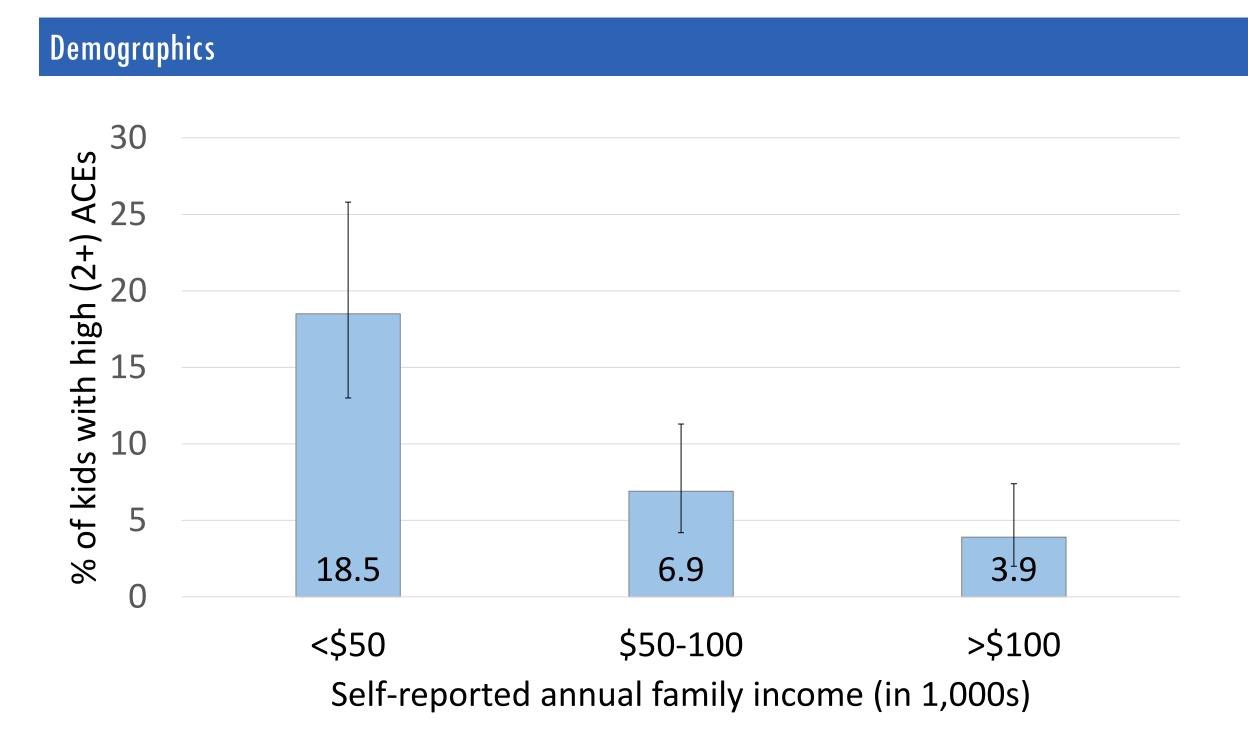


Figure 2 Percent of children aged 0-11 who have high (2 or more) adverse childhood experiences among income categories. 95% confidence intervals included. Best Starts for Kids Health Survey 2017

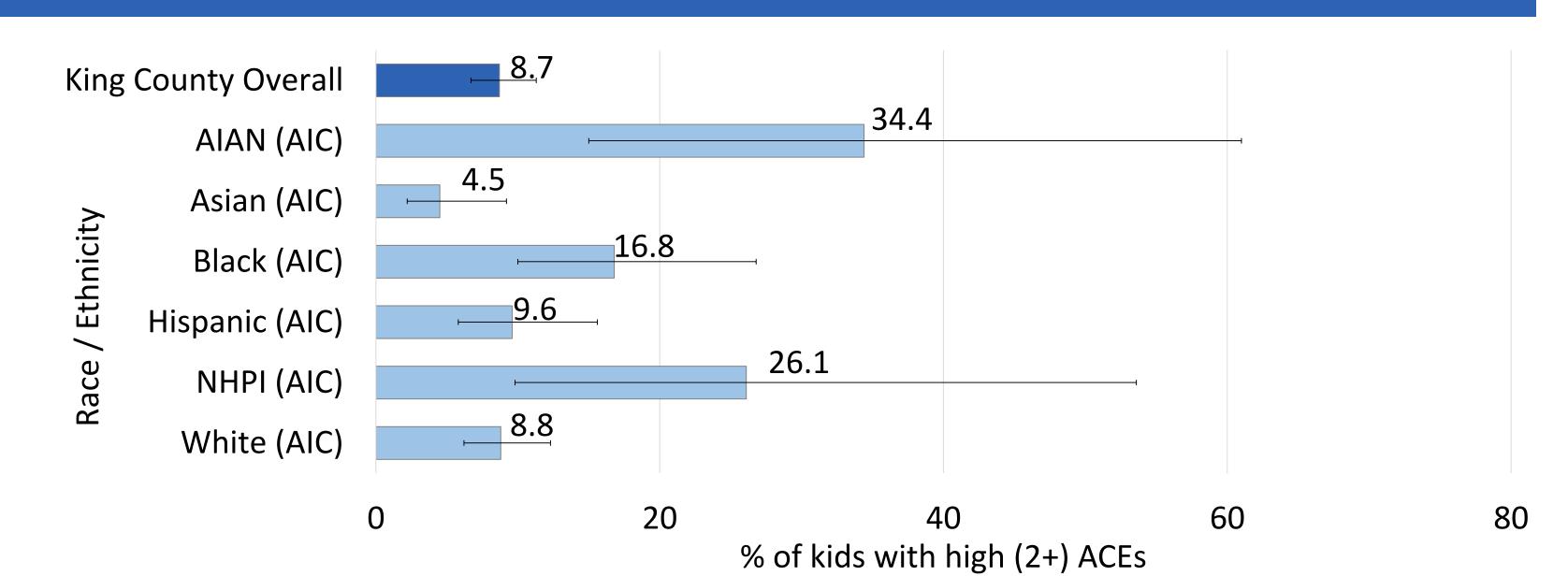


Figure 3 Percentage of children aged 0-11 who have high (2 or more) adverse childhood experiences within racial groups. AIAN = American Indian / Alaska Native. NHPI = Native Hawaiian / Pacific Islander. AIC = The racial groups are defined as anyone who identifies with that race alone or in combination with other races. Therefore, the groups are not mutually exclusive, and multiracial children are counted in multiple groups. 95% confidence intervals included. Best Starts for Kids Health Survey 2017

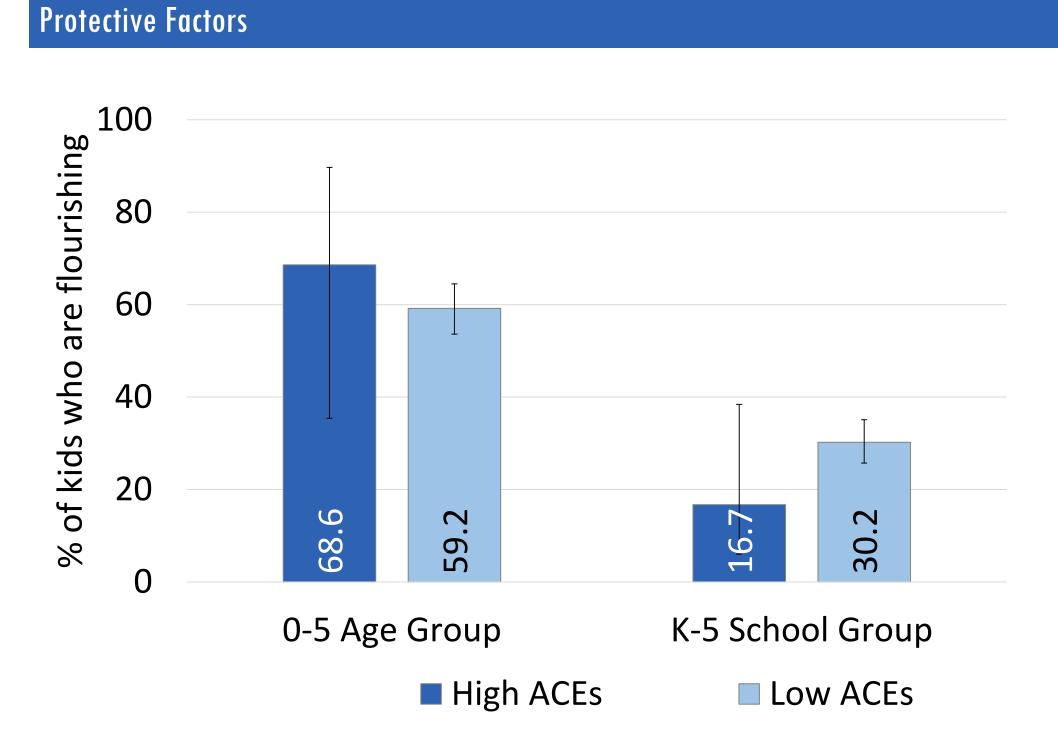


Figure 4 Percent of children aged 0-11 within high or low/no ACEs who are flourishing and resilient for all 3 (for grade school group) or 4 (for younger group) flourishing and resilient measures. 95% confidence intervals included. Best Starts for Kids Health Survey 2017

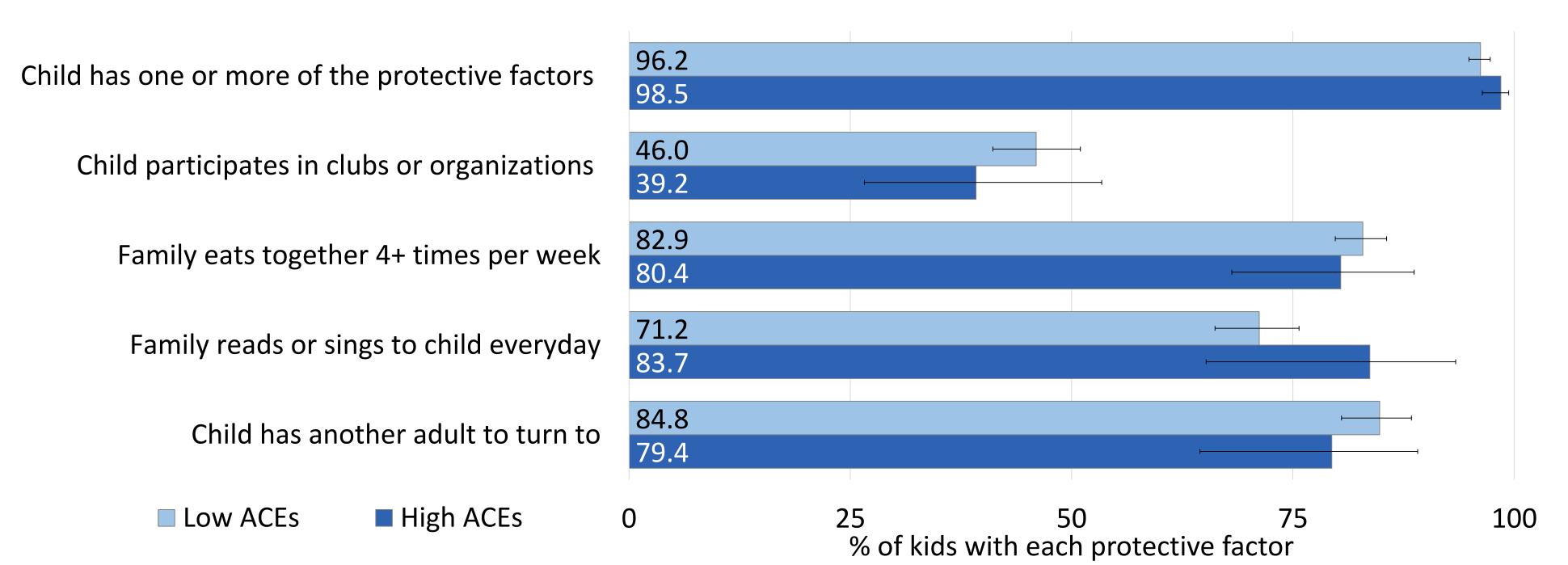


Figure 5 Percent of children aged 0-11 within high or low/no ACEs who have specified protective factors. 95% confidence intervals included. Best Starts for Kids Health Survey