

BACKGROUND

Adverse childhood experiences (ACEs) are chronic or severely stressful experiences that occur before 18 years of age, such as abuse, neglect, and violence within the home.^{1,2} Increased exposure to ACEs is associated with poor physical, mental, and psychosocial health outcomes across the lifespan.³ In a nationally representative sample of US children, the 2011-2012 National Survey of Children's Health estimated the prevalence of having two or more ACEs to be 23%.⁴ Data regarding the prevalence of ACEs among Latino immigrant children, however, appears to be limited.

OBJECTIVES

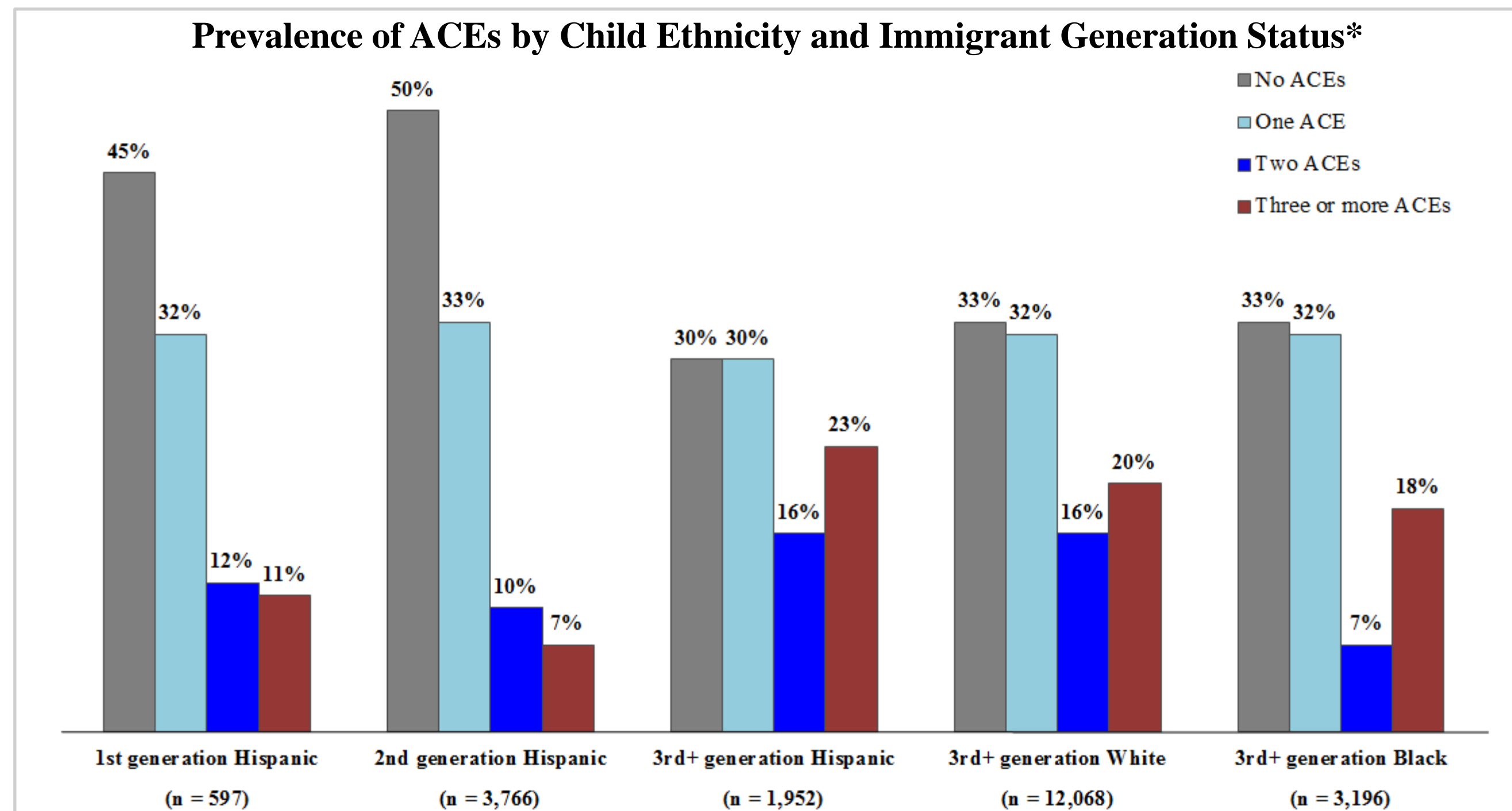
To use data from the 2011-2012 National Survey of Children's Health to:

1. Estimate the prevalence of ACEs in Latino immigrant children in the US
2. Identify the types of ACEs most commonly faced by this population
3. Examine differences in the prevalence of ACEs by immigrant generation status

METHODS

- Secondary data analysis of the 2011-2012 National Survey of Children's Health, a telephone survey of parents/caregivers of a nationally representative sample of US children from birth to age 17
- Survey included nine-item inventory of ACEs
- To remove confounding effect of poverty, study sample limited to Latino immigrant children in households \leq 200% of federal poverty level
- Primary outcome: prevalence of ACEs, determined by positive responses to any of nine ACE items
- Primary predictor: immigrant generation status
- Descriptive statistics used to determine prevalence of ACEs and examine differences in ACE prevalence by immigrant generation status

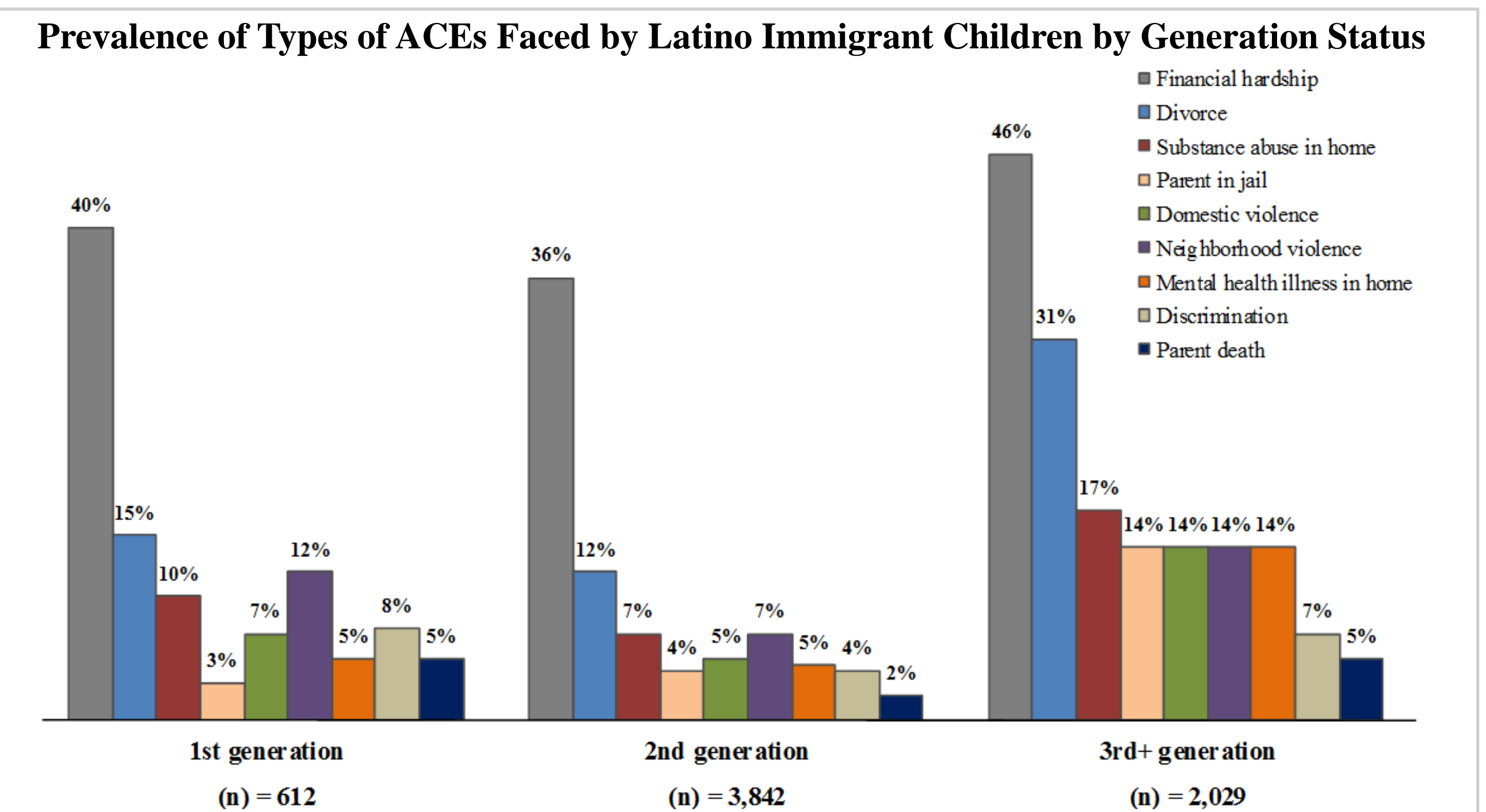
RESULTS



*Immigrant generation status defined as first-generation (foreign-born child with foreign-born parents), second-generation (US-born child with \geq 1 parent born outside US or foreign-born child with 1 foreign-born parent and 1 US-born parent), third-or-higher-generation (US-born or foreign-born child with both parents born in the US)

Of 22,297 children, 29% (n = 6,483) were Latino (9%, first generation; 57%, second generation; and 30%, third-or-higher-generation).

- Twenty-five percent (n = 1692) of Latino immigrant children experienced \geq 2 ACEs.
- The prevalence of ACEs was highest among third-or-higher-generation children, particularly adolescents. The lowest prevalence was among second-generation children. These differences persisted when ACE prevalence was stratified by child age.
- The most common ACEs faced by all Latino immigrant children were financial hardship and divorce.
- Total and mean number of ACEs differed by child generation status [χ^2 (12) = 685.6, $p < .01$ among all groups; χ^2 (6) = 413.9, $p < .01$ among Latinos only].
- Mean number of ACEs was highest in third-or-higher generation Latino immigrant children (first-generation, 1.03 vs. second-generation, 0.81 vs. third-or-higher-generation, 1.60); F (2, 6312) = 225.01, $p < .01$.



The most common ACEs faced by Latino immigrant children across all generations are financial hardship and parental divorce.

Table 1. Characteristics of study sample (N = 22,297)

	Latino			Non-Latino White	Non-Latino Black	χ^2
	1st generation (n = 612) N (%)	2nd generation (n = 3,842) N (%)	3rd+ generation (n = 2,029) N (%)	3rd+ generation (n = 12,477) N (%)	3rd+ generation (n = 3,337) N (%)	
Child Age						
0 to 5	42 (6.9)	1595 (41.5)	904 (44.6)	4388 (35.2)	1135 (34.0)	490.39***
6 to 12	269 (44.0)	1538 (40.0)	719 (35.4)	4669 (37.4)	1282 (38.4)	
13 to 17	301 (49.2)	709 (18.5)	406 (20.0)	3420 (27.4)	920 (27.6)	
Child Gender						
Male	333 (54.4)	1991 (51.8)	1073 (52.9)	6465 (51.8)	1701 (51.0)	3.46
Female	279 (45.6)	1850 (48.2)	956 (47.1)	6004 (48.1)	1635 (49.0)	
Child Health Status						
Excellent/Very Good	316 (51.6)	2263 (58.9)	1657 (81.7)	10656 (85.4)	2607 (78.1)	1510.58***
Good	238 (38.9)	1208 (31.4)	294 (14.5)	1367 (11.0)	552 (16.5)	
Fair/Poor	58 (9.5)	369 (9.6)	78 (3.8)	448 (3.6)	177 (5.3)	
Health Insurance						
Yes	311 (50.8)	3494 (90.9)	1915 (94.4)	11629 (93.2)	3190 (95.6)	1571.72***
No	299 (48.9)	338 (8.8)	111 (5.5)	816 (6.5)	141 (4.2)	
Mother Education Level						
Less than high school	44 (7.8)	272 (7.7)	132 (7.2)	828 (7.3)	246 (8.1)	4.33
High School Graduate	95 (16.9)	645 (18.2)	331 (18.0)	2091 (18.3)	563 (18.6)	
More than high school	422 (75.2)	2624 (74.1)	1377 (74.8)	8493 (74.4)	2221 (73.3)	
Father Education Level						
Less than high school	35 (7.0)	225 (7.5)	108 (6.9)	733 (7.5)	226 (8.6)	5.83
High School Graduate	107 (21.5)	660 (22.0)	341 (21.7)	2153 (22.0)	560 (21.4)	
More than high school	355 (71.4)	2112 (70.5)	1120 (71.4)	6907 (70.5)	1835 (70.0)	

* $p < .05$; *** $p < .001$

CONCLUSIONS

- The prevalence of ACEs in Latino immigrant children is similar to the national prevalence for all US children; however, the prevalence of ACEs is significantly higher in later generation immigrant children.
- The particularly high prevalence among later generation Latino immigrant children is concerning given the known association of ACEs with poor health and developmental outcomes.
- These findings are consistent with the immigrant paradox.

IMPLICATIONS

- Further research is needed to understand what accounts for the generational differences in ACE prevalence and how best to care for at-risk Latino immigrant children.
- In particular, targeted ACE screening and guidance regarding care practices for Latino immigrant children with increased exposure to ACEs is needed.

REFERENCES

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