



Health Indicator Profile: **Adverse Childhood Experiences (ACEs) and Resilience**

Adverse Childhood Experiences impact health over the life course and have negative effects on social, behavioral, mental, and physical health. ACEs are defined as stressful or traumatic experiences occurring before the age of 18, such as abuse, neglect, substance use, divorce, and/or domestic violence. ACEs have been linked to premature death with those experiencing 6 or more ACEs dying 20 years earlier than those without any ACEs.¹

Resilience is the positive adaptation to adversity and reduces or eliminates the long-term negative effects associated with experiencing adversity in childhood.

ADVERSE CHILDHOOD EXPERIENCES

We defined ACEs responses in two ways:
1) when the respondent reported 1 or more ACEs and
2) when the respondent reported 4 or more ACEs.



¹ Brown DW, Anda RF, Tiemeier H, et al. Adverse childhood experiences and the risk of premature mortality. *Am J Prev Med.* 2009;37(5):389-396. doi:10.1016/j.amepre.2009.06.021

Findings from the 2019 Santa Barbara County CHNA

Measure: Adverse Childhood Experiences

Adverse Childhood Experiences are based on the following 11 questions (all of which are to be answered with how often the event occurred before the age of 18 years old):

1. Did you ever live with someone who was depressed, mentally ill, or suicidal?
2. Did you live with anyone who was a problem drinker or alcoholic?
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?
5. Were you parents separated or divorced?
6. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
7. Not including spanking, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually,
10. OR ever try to make you touch them sexually,
11. OR force you to have sex?

The 2022 Let's Get Healthy California Goal is used as a benchmark for comparing the current prevalence of ACEs in Santa Barbara County in 2019. The Let's Get Healthy CA Goal was set by The Let's Get Healthy California Task Force, started in 2012 by a coalition of California leaders in health and healthcare from the public and private sectors.

² Let's Get Healthy California Task Force Final Report. December 19, 2012. Accessed: September 3, 2020. <https://letsgethealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/>

Table 1. Percentage of adults with ACEs and low resilience in 2019

	1 or more ACEs 2019 Santa Barbara CHNA	4 or more ACEs 2019 Santa Barbara CHNA	2022 Let's Get Healthy CA Goal for ACEs
	% (95% CI)	% (95% CI)	
Overall	69.4 (64.7, 74.0)	24.6 (20.3, 28.9)	45%
Male	67.3 (60.5, 74.0)	23.9 (17.7, 30.0)	
Female	71.7 (65.4, 78.1)	25.4 (19.4, 31.4)	
Hispanic	67.9 (60.1, 75.7)	24.0 (17.1, 30.9)	
Non-Hispanic White	74.6 (69.1, 80.0)	27.2 (21.1, 33.3)	
Other	54.6 (36.6, 72.5)	15.5 (3.2, 27.8) †	
Age 18-44	66.3 (58.8, 73.9)	21.4 (15.1, 27.6)	
Age 45-64	74.2 (66.9, 81.6)	33.7 (25.9, 41.6)	
Age 65+	70.7 (63.4, 77.9)	18.8 (11.0, 26.6)	
< High School	70.4 (58.3, 82.5)	25.8 (13.8, 37.8)	
High School Grad	75.9 (65.8, 86.0)	33.4 (21.6, 45.3)	
Some College	75.7 (67.9, 83.5)	27.3 (19.7, 35.0)	
College Grad	58.0 (50.0, 66.1)	15.9 (10.7, 21.0)	
<\$35,000	74.2 (66.8, 81.7)	28.5 (20.5, 36.5)	
\$35,000-\$74,999	67.6 (56.7, 78.5)	28.0 (17.8, 38.2)	
\$75,000 or Greater	66.8 (59.0, 74.6)	22.1 (15.7, 28.6)	

† Unreliable estimate (Relative Standard Error >0.3)

Health disparities: ACEs

Overall the county is well above the target set by the Let's Get Healthy California task force. Though not statistically significant, females more than males and non-Hispanic Whites more than Hispanics report at least 1 ACE. Education appears most related to ACEs in that those with college education report significantly less ACEs than those with a high school level of education.

Most impacted demographic subgroups include Non-Hispanic whites, those age 45-64 and those with a high-school education (see figures below).

Figure 1. Percentage of adults reporting 1 or more and 4 or more Adverse Childhood Experiences by demographic group

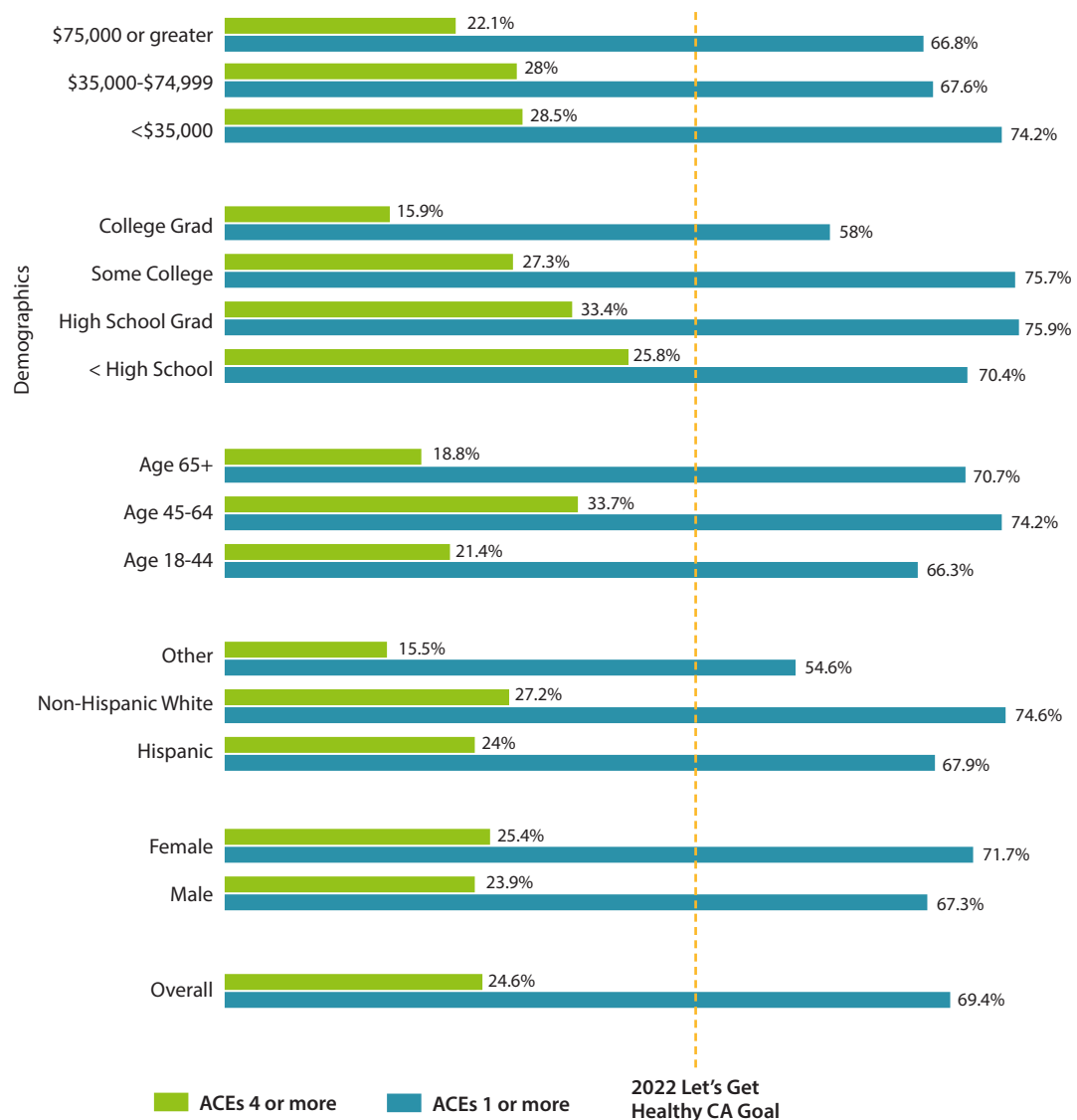
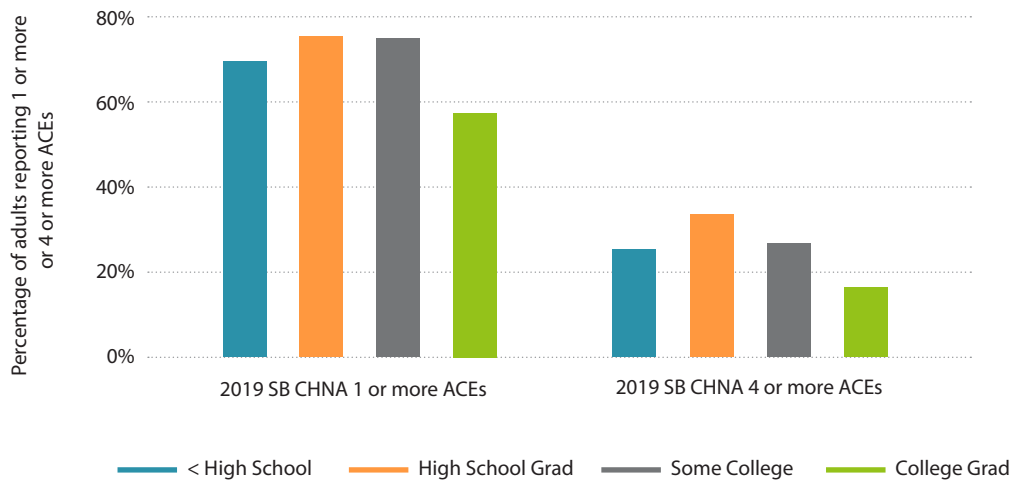


Figure 2. Percentage of adults experiencing 1 or more or 4 or more ACEs by education level in 2019



Factors and health outcomes associated with ACEs

Those that reported being told by a healthcare professional that they had anxiety sometime during their life had 4 times greater odds of reporting 4 or more ACEs when compared to those reporting no history of anxiety.

Table 2. Odds ratio estimates for 4 or more ACEs by significant related risk factors

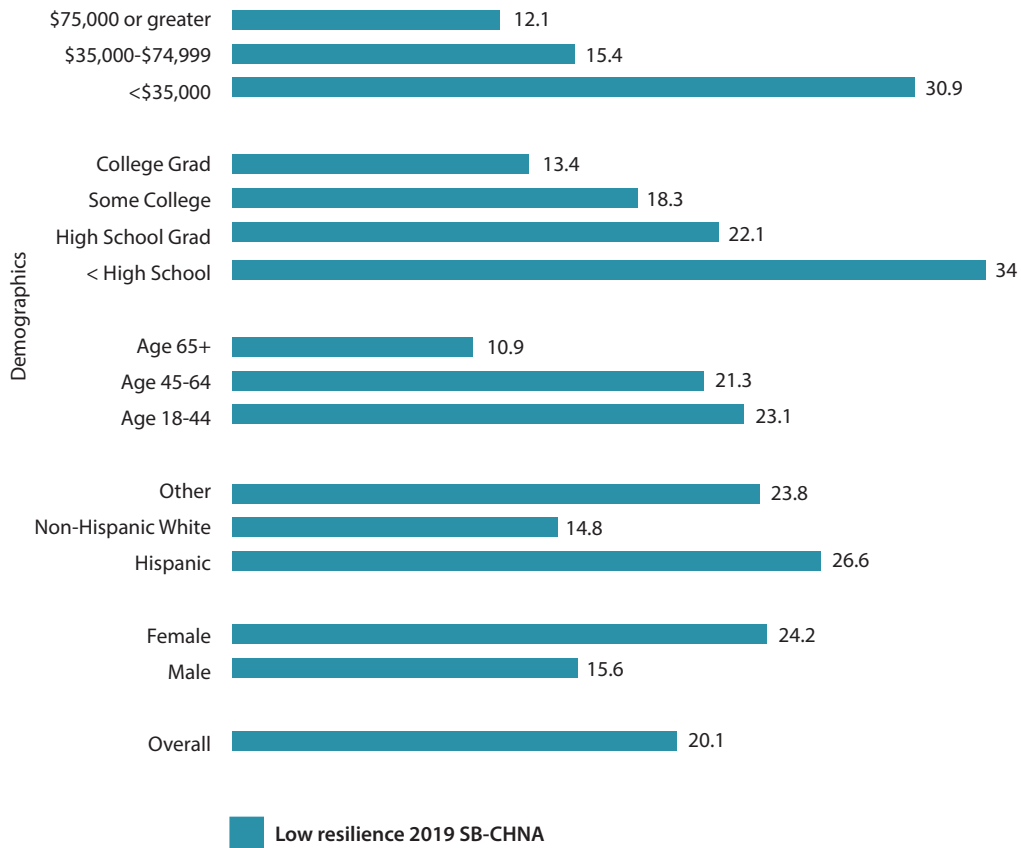
Significant related risk factor	Point estimate	95% confidence limits	
Anxiety	4.1	2.3	7.1

Note: The degrees of freedom in computing the confidence limits is 772.

Measure: Resilience

Resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC 2), which is comprised of two items: 1) I am able to adapt when changes occur and 2) I tend to bounce back after illness, injury, or other hardships. The response options for each item are not true at all, rarely true, sometimes true, often true, or true nearly all the time. A resilience score is calculated by summing the two items, and low resilience is defined as those that scored in the lowest 25 percentile.

Figure 4. Percentage of adults reporting low resilience by demographic group



Health disparities: Resilience

Low resilience is most prevalent amongst females, those without a high school diploma or GED, Hispanics, and those that reside in households that report an income of less than \$35,000 per year. However, the only statistically significant observed disparity in low resilience is between the highest and lowest income brackets.

Findings from the 2019 Santa Barbara County Listening Tour

Acknowledging trauma

Inherent in the Listening Tour discussions about mental health and substance use patterns are stories of trauma. Mental health service providers attested to the importance of measuring Adverse Childhood Experiences as a baseline for providing trauma-informed care. Listening Tour participants identified vulnerable populations experiencing trauma and adversity: foster youth living in unstable homes and Latinx community members who experienced the traumatic process of immigration and who continue to experience fear while living in a xenophobic social context.

Listening Tour participants underlined the role of one's home-life during childhood as an important factor to consider when providing behavioral healthcare services.

“And finally, I think one of the things we haven’t talked about yet is the effects of trauma on the brain. And I think what we’re finding is kids with high ACEs scores...We find those foster youth and kids who’ve come from hard places are way more susceptible to substance abuse and mental health issues. So, when we help our foster youth, we do teach them a lot of skills, but I think they’re highly susceptible especially those who haven’t been adopted, haven’t had a forever home, but still are in the system in their teenage years are much more susceptible to these things.” –Service provider

Early intervention among families

Healthcare professionals note that **early intervention** is key and **providing mental healthcare to both adults and children** is important.

“But when somebody is living with that in their family, they’re getting trickle down to the children and young children. They might be on the other end of somebody acting out from drug addiction. They can become abusive; they might, they don’t even always know what they’re doing. But you’re creating traumatized children. So, if you can work with the children early on...How can we minimize damage? And how can we support those that will be on the other end of this? It’s about resiliency, too. And if you can help people become more resilient, when they’re younger, then they’re going to get exposed to things, but they are not going to cripple them for life, make them become an addict. So, there’s family treatment, it has to be a big part of it.” –CH administrator

“But there are many cases with these situations, which begin with the father or mother or both and end up affecting children. Now, many parents do not want to ask for help, because I have witnessed, for the children, because then they say that you are going to make a record for the children. You are going to make a record for them and then, where are we taking those children? They are being victims of the mental health of their parents or victims of the emotional problems of their parents.” –Latinx community member

Impacts of discrimination and racism

During an interview, a Latinx service provider referred to the trauma inflicted on Latinx people who arrive in the United States as “the grief of immigration.” She noted that this grief is carried in daily life. In addition, Listening Tour participants in numerous groups (those convened with service providers and others held with Latinx community members) brought up how Latinx community members are experiencing elevated levels of **stress, fear, and anxiety in a xenophobic social context**.

“So, we are a county with a significant immigrant population, and if not first generation, second or third generation, and so I think that comes with an increased likelihood of children experiencing adverse childhood events. Whether that’s the actual act of immigrating themselves and traumas that may come with that, or whether it’s anxiety about someone in their family being deported or, yeah, just heightened tensions in the political climate. So, I think there’s a lot of traumas that can come out of living that experience at any generation.” –Service provider

Others in the Latinx community may elect to not seek care because they are **distrustful of the medical system**, fearing that seeking treatment would lead to sharing their information and making them a target for deportation. This has the potential of making a difficult situation worse, since untreated mental health issues in parents could lead to Adverse Childhood Experiences. One Latinx community member stated:

“There are many cases with these situations, which begin with the father or mother, or both, and end up affecting children. Now, many parents do not want to ask for help, because I have witnessed, for the children, because then they say that you are going to make a record for the children. You are going to make a record for them and then, where are we taking those children? They are being victims of the mental health of their parents or victims of the emotional problems of their parents.”

Other people living with trauma can come to accept their experience as a new normal and may not seek care, leaving their condition to go untreated.

“We’re seeing it not only within the families we serve, but in our staff who are members of the Latino community. So, it’s untreated trauma. Whether it’s violence at home, some kind of childhood trauma, other average childhood experiences, it’s pervasive. And it’s so pervasive that that’s it’s normalized. So, people aren’t really seeking treatment.” –Service provider

Conclusions

Listening Tour participants call for **trauma-informed care** to be provided by healthcare professionals. Those in the behavioral healthcare community recommend the skills-based **community resilience model** as a good path to follow. In addition, **family advocates and peer advocates** are seen as critical liaisons to help care-seekers navigate the healthcare system.