

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



Adverse Childhood Experiences (ACEs) impact health over one's 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 six 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.

Findings from the 2022 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 your parents separated or divorced?

ADVERSE CHILDHOOD EXPERIENCES

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

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 2022. 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 In addition, the Centers for Disease Control and Prevention released findings from the 2011-2020 Behavioral Risk Factor Surveillance System, which reports that 63.9% of U.S. adults have had at least one ACE and 17.3% experienced four or more ACEs.³

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/>

³ Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. *MMWR Morb Mortal Wkly Rep* 2023;72:707–715. DOI: <http://dx.doi.org/10.15585/mmwr.mm7226a2>



Table 1. Percentage of Adults with 1 or More and 4 or More ACEs in 2022

	1 or More ACEs 2019 Santa Barbara CHNA	1 or More ACEs 2022 Santa Barbara CHNA	4 or More ACEs 2019 Santa Barbara CHNA	4 or More ACEs 2022 Santa Barbara CHNA	California Benchmark** 1 or More ACEs
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	
Overall	69.4 (64.7, 74.0)	64.5 (59.7, 69.4)	24.6 (20.3, 28.9)	20.6 (16.3, 24.8)	45.0%
Male	67.3 (60.5, 74.0)	62.2 (54.4, 69.9)	23.9 (17.7, 30.0)	19.1 (12.2, 26.0)	
Female	71.7 (65.4, 78.1)	66.4 (60.3, 72.5)	25.4 (19.4, 31.4)	21.7 (16.4, 27.1)	
Hispanic	67.9 (60.1, 75.7)	62.0 (51.2, 72.8)	24.0 (17.1, 30.9)	25.7 (16.9, 34.6)	
Non-Hispanic White	74.6 (69.1, 80.0)	62.7 (57.2, 68.2)	27.2 (21.1, 33.3)	15.8 (11.4, 20.1)	
Other	54.6 (36.6, 72.5)	76.9 (64.9, 88.9)	15.5 (3.2, 27.8) †	28.9 (13.6, 44.1)	
Age 18-44	66.3 (58.8, 73.9)	68.1 (59.7, 76.5)	21.4 (15.1, 27.6)	26.1 (18.2, 34.0)	
Age 45-64	74.2 (66.9, 81.6)	66.1 (57.5, 74.6)	33.7 (25.9, 41.6)	23.2 (15.6, 30.7)	
Age 65+	70.7 (63.4, 77.9)	57.9 (50.6, 65.3)	18.8 (11.0, 26.6)	10.0 (5.3, 14.8)	
< High School	70.4 (58.3, 82.5)	63.6 (45.1, 82.1)	25.8 (13.8, 37.8)	32.2 (14.0, 50.4)	
High School Grad	75.9 (65.8, 86.0)	51.8 (36.1, 67.6)	33.4 (21.6, 45.3)	12.7 (4.5, 21.0) †	
Some College	75.7 (67.9, 83.5)	69.8 (61.2, 78.4)	27.3 (19.7, 35.0)	27.2 (18.2, 36.2)	
College Grad	58.0 (50.0, 66.1)	65.1 (59.2, 70.9)	15.9 (10.7, 21.0)	15.4 (11.0, 19.8)	
<\$35,000	74.2 (66.8, 81.7)	57.1 (44.3, 69.9)	28.5 (20.5, 36.5)	25.7 (14.9, 36.4)	
\$35,000-\$74,999	67.6 (56.7, 78.5)	63.6 (52.5, 74.7)	28.0 (17.8, 38.2)	26.4 (16.2, 36.6)	
\$75,000 or greater	66.8 (59.0, 74.6)	67.3 (61.7, 72.9)	22.1 (15.7, 28.6)	16.9 (11.8, 22.0)	

**No 2030 Healthy People Target available. The 2022 Let's Get Healthy California Goal is used as a benchmark here.

†Unreliable estimate (Relative Standard Error >0.3)

Health Disparities: ACEs

Overall, the county remains well above the target set by the Let's Get Healthy California task force for adults reporting one or more ACEs at 64.5% compared to the target of 45.0%. Though not statistically significant, those that are not Hispanic or White report the highest percentage of one or more ACEs at 76.9%. 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 those with race/ethnicity classified as Other, those age 18-44, and those with less than a high-school education.

Figure 1. 2022 Percentage of Adults Reporting 1 or more and 4 or more Adverse Childhood Experiences by Demographic Group

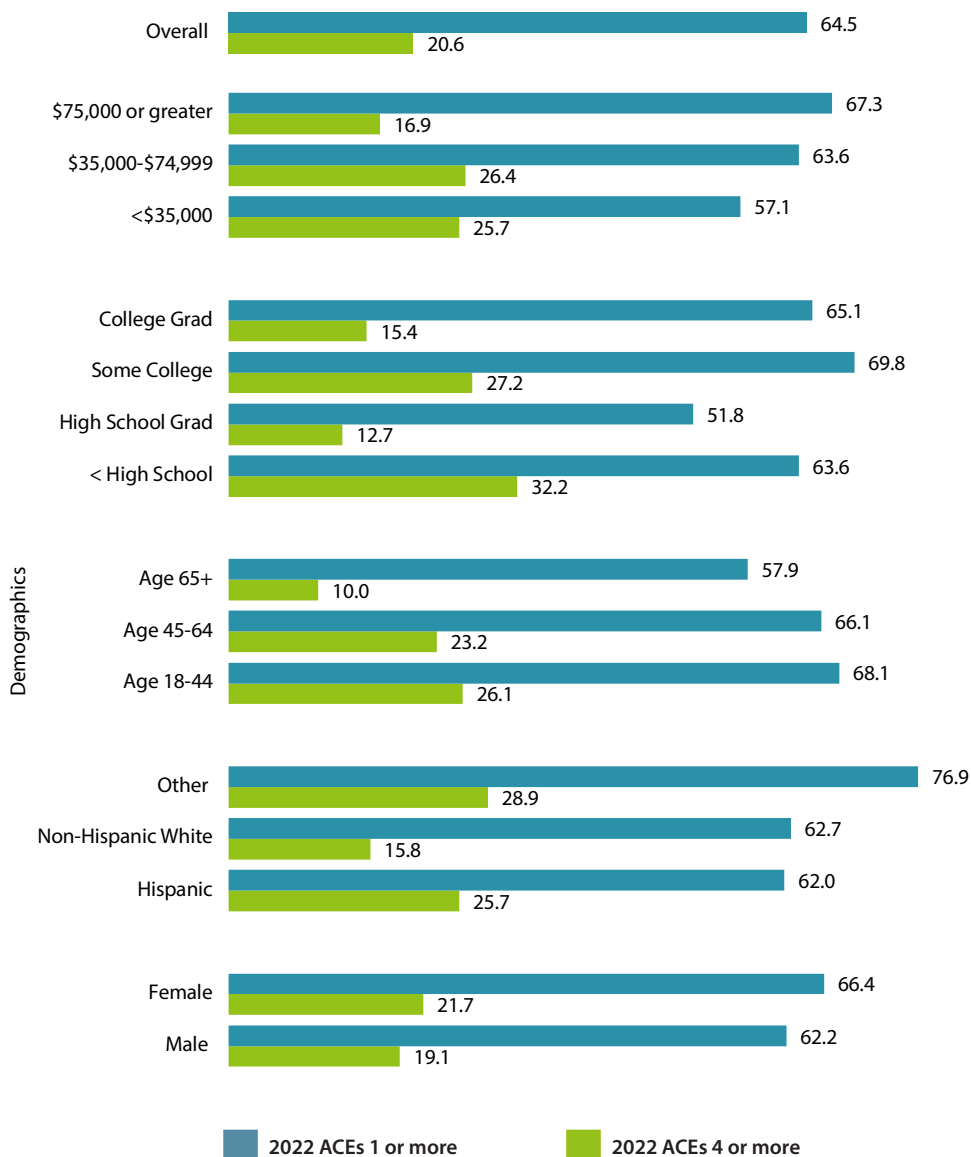
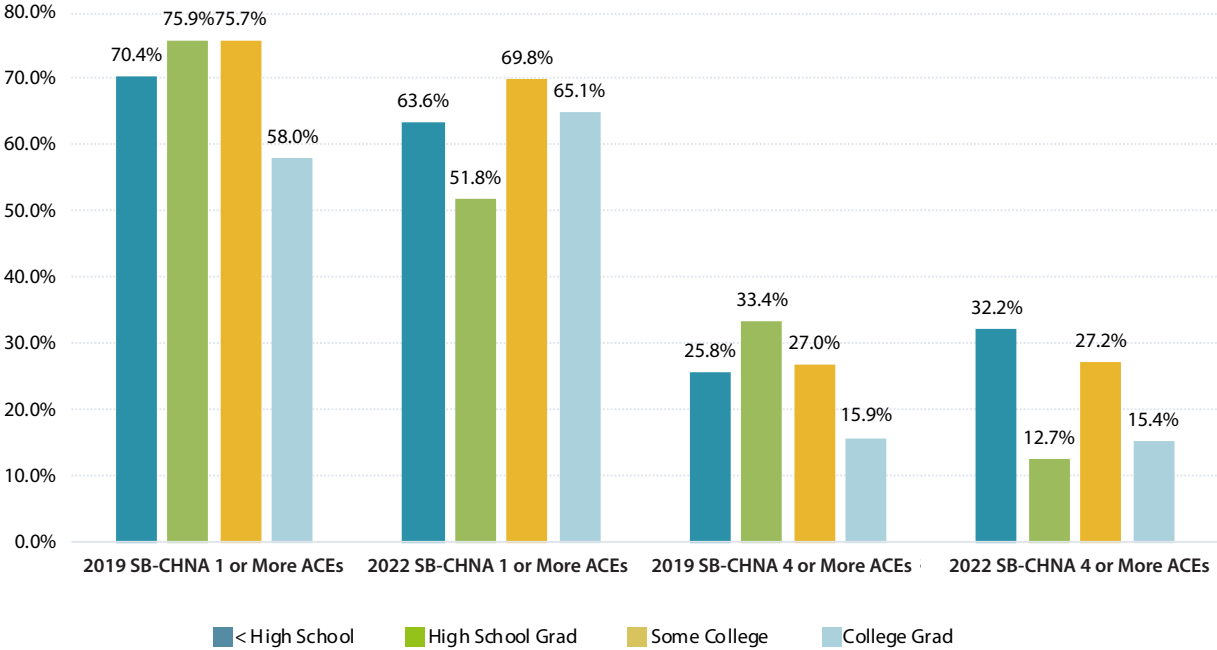


Figure 2: Percentage of Adults Experiencing 1 or more and 4 or more ACEs by Education Level in 2019 and 2022



Factors and Health Outcomes Associated with ACEs

Only depression was significantly related to reporting four or more ACEs when controlling for demographics. Those that reported being told by a healthcare professional that they had depressive disorder sometime during their life had four-times greater odds of reporting four or more ACEs when compared to those reporting no history of depressive disorder.

Table 2. Odds Ratio Estimates for Four or more ACEs by Significant Related Factor

Significant Related Factor	Point Estimate	95% Confidence Limits	
Depression	4.1	2.2	7.6

Note: The degrees of freedom in computing the confidence limits is 1142.

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 twenty-fifth percentile.

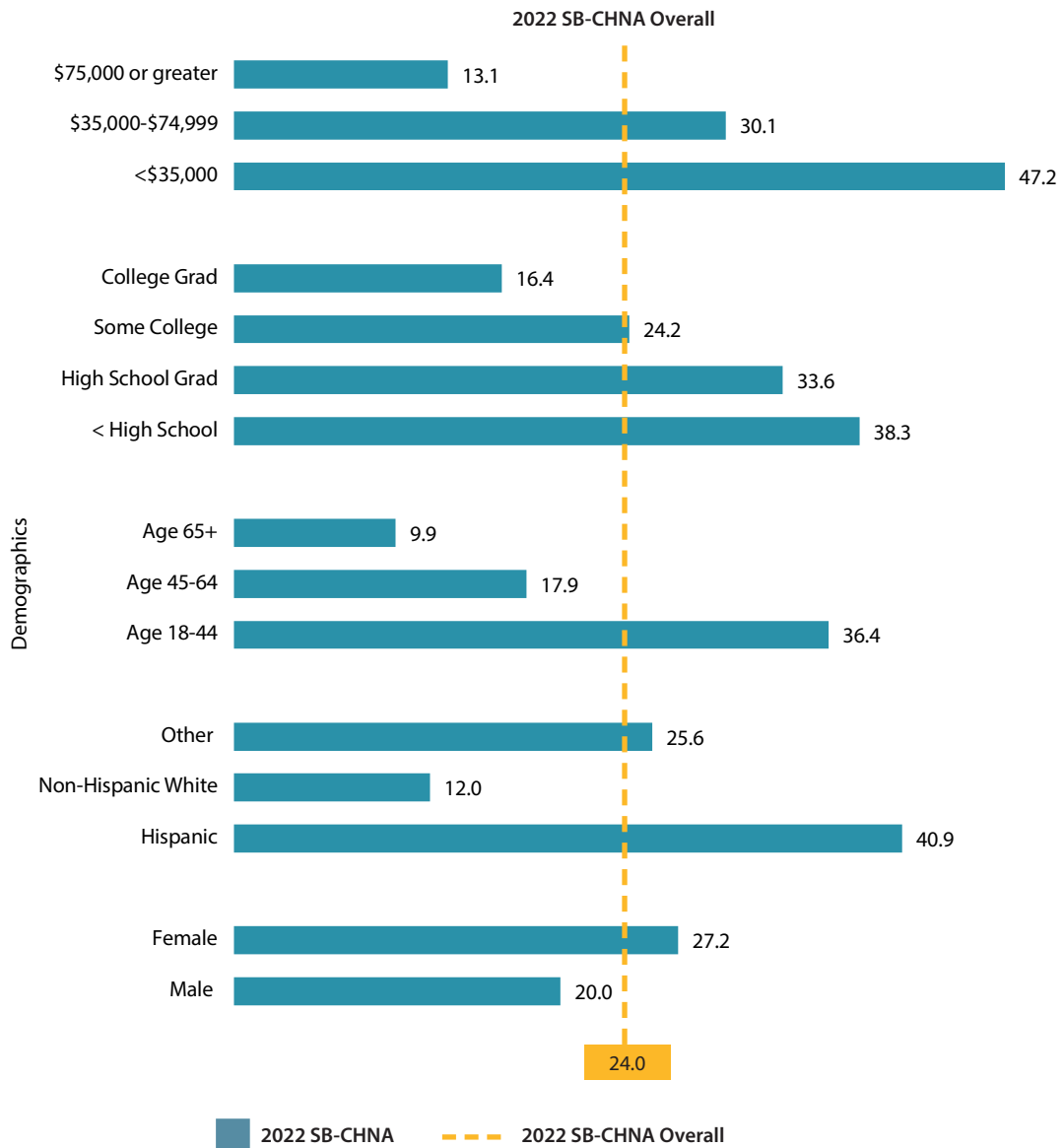
RESILIENCE

- 1) I am able to adapt when changes occur.
- 2) I tend to bounce back after illness, injury or other hardships.

Table 3. Percentage of Adults Reporting Low Resilience in 2019 and 2022

	2019 Santa Barbara CHNA	2022 Santa Barbara CHNA
	% (95% CI)	% (95% CI)
Overall	20.1 (15.8, 24.8)	24.0 (19.9, 28.1)
Male	15.6 (10.1, 21.2)	20.0 (13.6, 26.3)
Female	24.2 (17.8, 30.7)	27.2 (21.8, 32.5)
Hispanic	26.6 (19.2, 34.4)	40.9 (32.1, 49.7)
Non, Hispanic White	14.8 (9.6, 20.0)	12.0 (8.8, 15.3)
Other	23.8 (5.5, 42.2)	25.6 (14.2, 37.1)
Age 18, 44	23.1 (16.0, 30.2)	36.4 (28.9, 43.8)
Age 45, 64	21.3 (14.3, 28.3)	17.9 (11.2, 24.6)
Age 65+	10.9 (5.5, 16.3)	9.9 (6.6, 13.2)
< High School	34 (21.7, 46.2)	38.3 (21.1, 55.4)
High School Grad	22.1 (11.5, 32.8)	33.6 (20.8, 46.5)
Some College	18.3 (10.9, 25.7)	24.2 (16.9, 31.5)
College Grad	13.4 (7.1, 19.8)	17.1 (12.3, 21.9)
<\$35,000	30.9 (22.8, 39.0)	47.2 (36.6, 57.8)
\$35,000, \$74,999	15.4 (6.2, 24.5)	30.1 (20.8, 39.5)
\$75,000 or greater	12.1 (5.7, 18.4)	13.1 (8.9, 17.3)

Figure 3. 2022 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 2022 Santa Barbara County Listening Tour

Through the 2022 Santa Barbara County Listening Tour, participants discussed how experiences with trauma and stress impacted youth. Findings included the necessity for early intervention for both youth and their families, the increase in traumatic and stressful experiences after COVID, and the impact of youth violence. Mental health service providers identified vulnerable populations experiencing trauma: foster youth living in unstable housing, children who have had the traumatic experience of being sex trafficked, and parents who have experienced trauma that is then generationally passed down.

Early Intervention for Youth and Families

Healthcare providers highlighted the **need for universal screenings** in Santa Barbara County schools and **implementation of large-scale interventions** derived from the screenings. Specifically, providers recommended a wraparound services approach supporting families with strategies and resources for children with ACEs. In addition, providers illuminated the importance of timely referrals for families with high ACEs scores.

You know, we do vision and hearing screenings in kindergarten, second, fifth and eighth grade. And we need to do universal screening for ACEs and for behavioral screening that would include depression, anxiety and other things from an early age. And that goes along with ... educating so that parents know what to do. If a parent gets screened for vision, we automatically hand them a referral if they don't have services. And when they take that referral, they get served right away, or within a few weeks, they don't wait months. – Mental Health Service Providers

Connectedly, providers point out the added challenge of meeting the needs of youth when families are also struggling. This calls attention to the necessity of **providing services to both youth and families** to strengthen community resiliency.

And it just builds on what each family is already going through. Like, in some families, there's some trauma, like generational trauma, that's just added to what's going on with the schools, and we're missing a lot of pieces of the puzzle on how to support mental health challenges and youth and their families. – Countywide School Provider



COVID-19 Increasing Needs

Community members interviewed pointed out the connection between students “flying under the radar” during the COVID-19 pandemic and consequently now being faced with an **increase in needs that are considered to be higher risk** than prior to the pandemic.

When we think of ACEs and students who have high ACEs scores, I think those populations are definitely at higher risk. You know, I know there's a lot of students kind of flying under the radar after COVID that are starting to surface now. And we're seeing these like greater needs, that are at higher risk. A lot of my foster youth that we work with are typically at higher risk. – Countywide School Provider

Impact of Violence

Participants recount the trauma inflicted on youth through various forms of violence present in our community. This trauma increased the challenge of working with youth and providing adequate resources. Participants note that **violence is ever present** and affects the interactions of youth and the services they have received.

So in addition to treating kids who have experienced physical abuse, sexual abuse, neglect, physical or emotional neglect, and emotional abuse, what we see most frequently is kids who are living in a home where domestic violence is occurring. Kids living in homes where the parent has a substance abuse problem, or a parent with a mental health disorder, and bullying at school. – Mental Health Service Providers

This one is hard to swallow for some people, but our sex-trafficked children are extremely challenged. They are so damaged just from the traffic experience. And then you put mental health on top of it. And they're very, very challenging to deal with. They're very, very street savvy. They're very, very high-risk and very good at escape mechanisms. Because these children and most of them are girls, they have had a hard life, and some of them are 15 years old or younger. I had a 12-year-old one day that was trafficked by her parents. So that group is very challenging. – Mental Health Service Providers

In addition to the increase in children experiencing the impacts of substance use and domestic violence, mental health providers also report an increase in violence in the schools.

A lot of increase in gender issues, body dysmorphia, self esteem, anxiety, depression, a lot of violence, and school community violence has increased. – Mental Health Service Providers

Conclusion

Listening Tour participants call for an increase in **early intervention and universal ACEs screening**. There was also a call for **parent education** trainings that work together with families to build on their strengths. Finally, it is important to acknowledge the **impact of COVID-19 and community violence** in the increased need for and type of services that address ACEs.