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Racial and ethnic differences in the prevalence of adverse childhood experiences: Findings from a low-income sample of U.S. women

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ABSTRACT

Despite great interest in adverse childhood experiences (ACEs), there has been limited research on racial and ethnic differences in their prevalence. Prior research in the United States suggests that the prevalence of ACEs varies along socioeconomic lines, but it is uncertain whether there are racial/ethnic differences in ACE rates among low-income populations. This study examined the distribution of ACEs in a sample of 1523 low-income women in Wisconsin that received home visiting services. Participants ranging in age from 16 to 50 years were coded into five racial/ethnic groups, including Hispanics and four non-Hispanic groups: blacks, whites, American Indians, and other race. Following measurement conventions, ten dichotomous indicators of child maltreatment and household dysfunction were used to create a composite ACE score. Five other potential childhood adversities were also assessed: food insecurity, homelessness, prolonged parental absence, peer victimization, and violent crime victimization. Results from bivariate and multivariate analyses revealed that, while rates of adversity were high overall, there were significant racial/ethnic differences. Total ACE scores of American Indians were comparable to the ACE scores of non-Hispanic whites, which were significantly higher than the ACE scores of non-Hispanic blacks and Hispanics. Whites were more likely than blacks to report any abuse or neglect, and they were more likely than blacks and Hispanics to report any household dysfunction. The results underscore the need to account for socioeconomic differences when making racial/ethnic comparisons. Potential explanations for the observed differences are examined.

1. Introduction

It is well established that adverse childhood experiences (ACEs), including various forms of child maltreatment and household dysfunction, are common and consequential. Studies in the United States have repeatedly shown that most adults report at least one ACE, and that most adults with an ACE history have been exposed to multiple ACEs (e.g., Chapman et al., 2013; Felitti et al., 1998; Kessler et al., 1997). Research also has revealed that the risk of morbidity and mortality rises with increased exposure to ACEs (Brown et al., 2009; Green et al., 2010). Given their widespread prevalence and impact, ACEs have major public health implications (Anda, Butchart, Felitti, & Brown, 2010). For example, if ACEs are unequally distributed in society, their surveillance may shed light on health disparities by detecting groups and communities that are at a disproportionate risk of health and mental health problems.

Despite growing academic and public interest in ACEs, there has been limited research on racial and ethnic differences in their

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prevalence. This gap is surprising considering the keen attention that has been paid to racial/ethnic variation in rates of child abuse and neglect. Raw, unadjusted analyses of state and national child protective service (CPS) data often show that white children are less likely than their black and Hispanic counterparts to be reported to CPS and verified as victims of child maltreatment (Drake & Jonson-Reid, 2011; Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013; Sedlak et al., 2010). Analyses of nationally representative survey data also indicate that white children have a lower risk of exposure to maltreatment and harsh punishment (Hussey, Chang, & Kotch, 2006; Regalado, Sareen, Inkelas, Wissow, & Halfon, 2004; Taillieu, Afifi, Mota, Keyes, & Sareen, 2014).

It is also widely recognized that many factors increase the risk of abuse and neglect, and that these factors are not equally distributed among racial/ethnic groups. For example, racial/ethnic differences in rates of child maltreatment are at least partly due to socioeconomic differences between groups (see Putnam-Hornstein et al., 2013). Yet, the interrelations between race/ethnicity, socioeconomic status, and maltreatment risk are complex and may vary by maltreatment type. For instance, survey research suggests that the prevalence of child sexual abuse does not differ significantly by race/ethnicity or socioeconomic status (Putnam, 2003). Conversely, child neglect rates are known to vary across racial/ethnic groups and levels of family and neighborhood poverty (Jonson-Reid, Drake, & Zhou, 2013; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). However, child neglect also manifests in multiple forms, which complicates its connections to race/ethnicity and poverty. Some evidence suggests that blacks are more likely than whites to report experiences of physical neglect, but that whites are more likely than blacks to report emotional neglect (Hussey et al., 2006; Scher et al., 2004). The underlying reasons for these differences are unclear, due partly to the persistent dearth of research on child neglect (Cohen, Menon, Shorey, Le, & Temple, 2017; Wolock & Horowitz, 1984).

Like child abuse and neglect, there is evidence of racial/ethnic variation in household dysfunction. Marital instability and divorce, for example, is more prevalent among blacks than non-Hispanic whites and Hispanics (Raley, Sweeney, & Wondra, 2015). Some research also indicates that, compared to white women, black and American Indian women are at an increased risk of being victims of domestic violence (Sumner et al., 2015; Tjaden & Thoennes, 2000). However, rates of domestic violence are higher in more socioeconomically disadvantaged samples (Cunradi, Caetano, & Schafer, 2002), and some studies have shown that racial/ethnic differences are negated or even reversed by controlling for socioeconomic status (Breiding, Black, & Ryan, 2008; Rennison & Planty, 2003). Similarly, it is undisputed that there are stark racial/ethnic disparities in imprisonment in the United States. Yet, it is unclear to what extent these disparities stem from group differences in poverty and other associated risks, systemic biases in policing and legal decision making, or actual racial/ethnic differences in criminal activity (Baumer, 2013).

Despite racial/ethnic disparities in income, wealth, and social position that favor whites, some indicators of dysfunction appear to be more likely to manifest in white households than in minority households. For example, several large, nationally representative studies have found that certain mental health problems such as major depression and substance use disorders are more prevalent among whites than blacks and Hispanics (Breslau et al., 2006; Grant et al., 2004; Hasin & Grant, 2015; Riolo, Nguyen, Greden, & King, 2005). These findings underscore the potential utility of the ACE framework as a means of measuring different forms of risk exposure across contexts and populations.

We are aware of only one study that has examined racial and ethnic differences in ACE rates while parceling out the confounding influence of economic status. Using data on nearly 85,000 participants from the National Survey of Child Health, Slopen et al. (2016) demonstrated that blacks and Hispanics were more likely than whites to have been exposed to two or more ACEs. However, when the analysis was restricted to the lowest income quartile in the sample, the pattern reversed—poor whites were significantly more likely than poor blacks and Hispanics to have been exposed to multiple ACEs.

The current study revisits the novel findings of Slopen and colleagues by assessing the racial/ethnic distribution of ACEs in a diverse sample of low-income women. In addition to whites, blacks, and Hispanics, we document the prevalence of ACEs among American Indians, a population that has received limited attention in the ACE literature. We examine 10 adversities that are customarily defined as ACEs, including five forms of child abuse and neglect and five forms of household dysfunction. Following measurement conventions in ACE research, we create a composite measure (i.e., ACE score) that signifies cumulative exposure to adversity. Building on recent advances in the field toward measuring a broader range of ACEs (Mersky et al., 2017; Finkelhor, Shattuck, Turner, & Hamby, 2014), we also examine racial/ethnic variation in five other major adversities: food insecurity, homelessness, prolonged parental absence, peer victimization, and violent crime victimization. Finally, to adjust for potential socioeconomic and contextual differences among racial/ethnic groups, we enter these five adversities plus participant age into multivariate models that estimate racial/ethnic group differences in abuse and neglect, household dysfunction, and total adversity.

2. Methods

2.1. Data and sample

Data for this investigation were drawn from a total population sample of 1523 women who participated in an evaluation of Wisconsin's Family Foundations Home Visiting (FFHV) program. Supported with federal funding from the Maternal Infant and Early Childhood Home Visiting program, FFHV is a statewide network of agencies that provide evidence-based home visiting services to low-income families. Wisconsin's FFHV program supports four home visiting intervention models: Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. While their curricula differ to some extent, the models are all designed to provide home-based services and referrals to community resources for multiple years to enhance maternal health, child development, and family functioning.

After obtaining consent from their clients at enrollment, home visiting program personnel routinely collect child, caregiver, and household data, which are used to inform service provision and program evaluation activities in Wisconsin. The data are recorded in