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Jasmine Kim Collard  
*Andrews University*, [jasminek@andrews.edu](mailto:jasminek@andrews.edu)

Melissa Ponce-Rodas  
*Andrews University*, [ponce@andrews.edu](mailto:ponce@andrews.edu)

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### Cover Page Footnote

Jasmine K. Collard, School of Social and Behavioral Sciences, Andrews University. Melissa Ponce-Rodas, School of Social and Behavioral Sciences, Andrews University. This research was supported in part by a grant from The Office of Creative Scholarship and Research. Correspondence concerning this article should be addressed to Jasmine K. Collard, School of Social and Behavioral Sciences, Andrews University, Berrien Springs, MI 49104. Contact: [jasminek@andrews.edu](mailto:jasminek@andrews.edu)

# Exploring Adverse Childhood Experiences in Racial and Ethnic Groups: Findings from a Diverse University Sample

Jasmine K. Collard & Melissa Ponce-Rodas

*Andrews University*

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## **Abstract**

Studies to examine how adverse childhood events impact adult health have been pioneered by Vincent Felitti (1998) and replicated time and time again. However, the extant literature has given little attention to the role of culture in experiencing Adverse Childhood Experiences (ACE's) and understanding their impact. In the few studies examining racial differences, White children have been found to have a lower ACE score compared to non-White children (Maguire-Jack, Lanier, & Lombardi, 2019), and Black and Hispanic children have been exposed to two or more adversities than their White counterparts (Slopen, et. al., 2016). Mersky and Janczewski (2018) also found significant ethnic differences in their sample. The current study aims to add to this growing body of work by examining ACE's among students from diverse ethnic backgrounds, in a private, religious, university sample. Results show there is no statistically significant difference between the racial groups when it comes to individual ACEs as well as the *ACEs total score*. The mental health variable was the only ACE where there was found significant differences amongst the racial groups. Implications for culturally informed prevention and early intervention implications for various stakeholders, such as schools and health care settings will be discussed.

*Keywords:* Adverse Childhood Experiences, Culture, Racial/Ethnic differences, Race, Ethnicity, Adversities

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## **Literature Review**

Adverse Childhood Experiences (ACEs) have emerged as a new way to understand psychosocial determinants of health. The original study by Felitti and colleagues focused on ten ACEs: Emotional abuse and neglect, physical abuse and neglect, substance abuse, divorce, sexual abuse, domestic violence, mental illness in household, and whether a family member has spent time in prison (Felitti et al., 1998). Literature states that most adults report at least one ACE in the United States, and individuals with an ACE history are statistically more likely to be exposed to multiple ACEs (Green et al., 2010). Felitti and colleagues also found that negative childhood experiences were associated with decreased levels of adult mental and physical wellbeing, with the number of ACEs experienced having a significant relationship with chronic health conditions (1998).

Despite the growing body of literature pertaining to ACEs, only a few studies have examined whether racial groups differ in types of ACEs experienced (Maguire-Jack et al., 2019). Natalie Slopen and colleagues (2016) found that compared to White children, Black and Latinx children were more likely to have experienced two or more ACEs. In Felitti's (1998) study, it is reported that 20% of Black adults and 19% of Latinx adults experienced three or four ACEs, while 13% of White adults and 5% of Asian adults fell into this category (Felitti et al., 1998; Maguire-Jack et al., 2019).

It is also important to note that many factors impact the prevalence of abuse and neglect, and these factors differ among racial groups (Mersky & Janczewski, 2017). Black men are

significantly more likely to be incarcerated than White men in their lifetime (Petit & Western, 2004). Black individuals are also more likely to experience domestic/partner violence compared to White individuals (Cho, 2012; Sumnar et al., 2015). Black and Latinx people have similar rates of poverty and are more likely to be impoverished (Drake & Rank, 2009; Lopez & Cohn, 2011). Divorce and marital instability are more common amongst Black couples than White and Hispanic couples (Raley, Sweeney & Wondra, 2015). Compared to White children, Black and Latinx children are more likely to experience community violence as well as resource deprivation and social isolation (Garcia et al., 2017; Lee, 2000). Furthermore, a plethora of nationally representative studies have found major depression is more common amongst White individuals compared to Black individuals (Grant et al., 2004; Hasin & Grant, 2015).

### **Current Study**

The current study aims to add to this growing body of work by assessing racial differences in individual ACEs as well as the *total ACE score*. A paired samples t-test will be used to compare each ACE variable with *Race* - all racial groups put into one variable - to find any statistically significant differences, as well as using several descriptive measures to compare each racial group with each ACE variable. Correlation will also be used to examine whether the *total ACE score* and *Race* are significant. The current study hypothesizes that there will be significant differences in the types of ACEs experienced by the different racial groups as well as a significant correlation between the *total ACE score* and ethnic identity.

### **Methodology**

*Sampling procedure.* Data for this study were drawn from a total sample size of 660 university students who participated in a university wide risk survey. During the Spring of 2018 designated proctors for the survey attended classes throughout the campus to administer the

study. Participants had the option to partake in the survey through an online or a hard copy format.

### *Demographics*

Participants in our study were university students attending a private, religiously affiliated university in the Midwest region of the United States. Participants were primarily female ( $N = 397$ ; 60.2%). The age of the participants ranged from 18 to 59, with the majority being 19 years old (22%). Participants reported their current class standing as Freshmen (22%), Sophomore (23%), Junior (19%), Senior (18%), Graduate/Professional (17%), other (1%) and less than 1% reported as “not seeking a degree”. Furthermore, participants reported their religious affiliations as Seventh Day Adventist (89%), other Christian (7%), none (4%) and other religion (1%).

### **Measures**

#### *Adverse Childhood Experiences.*

ACE data was collected from the risk survey. Participants were asked ten dichotomous questions (yes/no) which asked them to recall experiences during their childhood (younger than 18 years of age) of physical abuse, sexual abuse, emotional abuse, household substance abuse, domestic violence, mental illnesses, divorce, and crime. Upon answering these questions, a *total ACE score* ranging from 0 to 10 was created that indicated the number of adversities reported by each participant.

#### *Race and Ethnicity.*

Data collection for participants’ racial/ethnic identity were in the demographic portion of the survey. Of the participants, 29% reported identifying as White (non-Hispanic) ( $N = 188$ ),

19% as Asian ( $N = 127$ ), 15% as African American ( $N = 97$ ), 14% as Latinx ( $N = 94$ ), 11% as Multi-ethnic ( $N = 69$ ), 7% as other ( $N = 45$ ), and 6% as West Indian ( $N = 37$ ).

## Results

Table 1 shows the proportion of the different ACEs among ethnic groups as well as the total number of ACEs. The majority of Asian and Multi Ethnic children experienced no ACE exposure, whereas almost half of White, Latinx and African American individuals and close to a third of West Indian individuals had no exposure to ACEs. Furthermore, over 50% of African American, West Indian and Latinx individuals experienced one or more ACEs. Almost 40% of Latinx and individuals who identify as *Other* experienced two or more ACE's. It should be noted that although there are differences in percentages, ethnic origin/identity was not significantly correlated with the ACEs total score, with a significance level of 0.167.

When checking individual ACEs with race/ethnicity, there were no significant correlations except for the ACEs variable concerning mental health at a .001 level. White children had significantly higher exposure than all other ethnicities. As shown in Table 1, 24% of White children had a household member with a mental illness, depression, or who had attempted suicide. Stigmas or a cultural reluctance to seek help when dealing with the mind and the problems therein might explain the discrepancy in reported ACE levels between ethnic groups.

With the ACE variable concerning divorce, Latinx and African American children had the highest percentage with over a third having experienced parental divorce as a child. Close to 20% of all ethnic groups show that they have experienced swearing, insult, or humiliation from a parent or related adult.

An alarming 18% of Latinx and individuals who identify as *Other* had an adult or person at least 5 years older touch, fondle, or have them touch their body in a sexual way or try to or

actually have oral, anal, or vaginal sex with the individual. Twice as many African American, Latinx, and Multi-ethnic individuals experienced pushing, hitting, and grabbing to the point of marks or injury from a parent or adult in the household compared to White and Asian children, and three times as many individuals who identify as *Other* experienced the ACE aforementioned.

Furthermore, nearly 20% of Multi-ethnic, African American, Latinx, and West Indian individuals felt unloved, or unimportant by a parent or adult in the household. All results apart from the mental health ACE variable were found to have no significant difference.

## **Discussion**

The initial hypothesis was that the different racial groups will show significant differences in their total ACE score and in individual ACEs as well. Supporting literature states that race was significantly associated with individual ACE exposure revealing lower exposure to specific ACE indicators among White children as compared to Black and Latinx children (Felitti et al., 1998). Furthermore, Slopen and colleagues (2016) found Black and Latinx children were more likely to experience two or more ACEs compared to White children.

In addition, our sample consisted of individuals attending a single denominational university. Of the participants, 89% identified as that denomination. Protective factors such as religiosity, family connections and more could have played a significant role in our results but were not measured for the current study.

Although the current study lacks significant findings it should be noted that the literature lacks cultural diversity regarding ACEs, which translates to ill-informed stakeholders such as schools and healthcare institutions when interacting with the various cultures. By adding to this growing body of work, the objective is for culturally informed prevention and early intervention implementations for the stakeholders aforementioned.



## **Conclusion and Future Studies**

In conclusion, the different races represented in our study have shown to not be significantly different in ACEs score and the individual ACEs, except for the *mental health* variable. It is important to notice that a plethora of studies have shown significant differences in races such as White, Black and Latinx children as it pertains to the experience of all ACEs. Furthermore, the literature suggests that measures of ethnic identity may be better predictors of issues, so future studies will include assessing ethnic identity and not just group affiliation. In addition, we will look at protective factors to see why our sample is showing different findings compared to the national data, as well as look into different variables from the risk survey to see if there are associations between other risk behaviors and individual ACEs.

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**Table 1.** Prevalence of ACEs Among Racial Groups

Variable	White	Asian	African American	Latinx	Multi-ethnic	West Indian	Other	Overall	<i>P</i>
Number of ACEs									0.17
0	53%	62%	45%	45%	56%	42%	39%	51%	
1	20%	23%	27%	15%	16%	33%	25%	22%	
2	11%	8%	12%	19%	3%	3%	19%	11%	
3	6%	3%	5%	11%	11%	9%	8%	7%	
4	5%	3%	4%	1%	6%	9%	0%	4%	
5+	6%	2%	5%	8%	6%	3%	8%	6%	
Individual ACEs									
Swear	17%	17%	20%	15%	19%	21%	16%	17%	0.94
Hit	8%	9%	14%	14%	15%	12%	21%	11%	0.38
Fondle	9%	9%	11%	18%	13%	15%	18%	12%	0.85
No love	16%	9%	17%	17%	19%	18%	16%	15%	0.39
Poverty	2%	2%	7%	3%	3%	3%	0%	3%	0.92
Divorce	19%	10%	32%	32%	22%	24%	18%	22%	0.45
Mental Health	24%	6%	7%	12%	19%	12%	8%	14%	<b>0.001</b>
Prison	4%	1%	4%	7%	6%	0%	8%	4%	0.47
Hit by Mother	4%	4%	2%	8%	8%	9%	8%	5%	0.29
Drink	11%	3%	8%	17%	5%	18%	11%	10%	0.25

*Note.* Bolded *p* values are statistically significant. Swear = parent or adult in the household swore, insulted or humiliated individual; Hit = parent or adult in household often pushed, grabbed, slapped or threw something at individual; Fondle = adult or person at least 5 years older touched, fondled, or had individual touch their body in a sexual way, or tried to or actually have oral, anal or vaginal sex with individual; No love = often felt unloved, unimportant or special from family members; Poverty = often felt there was not enough to eat, wore dirty clothes or felt unprotected; Divorce = parents were separated or divorced; Mental Health = household member had depression, was mentally ill or attempted suicide; Prison = household member went to prison; Hit by Mother = mother or stepmother often pushed, grabbed, slapped or threw something at individual; Drink = lived with anyone who was a problem drinker, alcoholic or used street drugs.