**Adverse Childhood Experiences - Texas, 2002**

Michelle L. Cook, MPH and Shanta R. Dube, PhD, MPH

**Introduction**

In the mid-1980's, Kaiser Permanente conducted a weight loss program which had a high dropout rate. To understand why, Kaiser Permanente conducted detailed life interviews of 286 individuals.

- Researchers discovered that sexual abuse was common among dropouts and that abuse precipitated obesity.
- As a follow-up, Kaiser Permanente, the Centers for Disease Control and Prevention, and Emory University conducted an Adverse Childhood Experiences (ACES) study. The ACES study included about 17,000 participants.
- Results showed that childhood abuse and household dysfunction led to health risk behaviors (e.g., smoking, severe obesity, and physical inactivity) and chronic diseases (e.g., diabetes) later in life, starting in adolescence and extending into adulthood.
- Traditionally behaviors are viewed as public health problems, but they may also be coping mechanisms.

**Objectives**

- To examine the demographic characteristics of those Texas adults who experienced abuse, household dysfunction, or both during childhood.
- To describe the adult health behaviors, health indicators, and chronic conditions that are associated with ACES.

**Methods**

- The Texas Behavioral Risk Factor Surveillance System (BRFSS), is a statewide telephone survey of the non-institutionalized, civilian population who lived in a household with a residential phone line.
- Seventeen questions on ACES were added to the 2002 Texas BRFSS Survey.
- Data were managed in SPSS (v. 13.0) and analyzed in SUDAAN S0.1.
- Estimates were weighted to adjust for the probabilities of selection and a post-stratification weighting factor that adjusted for the distribution of Texas adults by age and sex at the state level.
- All reported estimates are age-adjusted.

**Prevalence**

<table>
<thead>
<tr>
<th>ACEs Category</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other</th>
<th>Asian</th>
<th>All</th>
<th>% 95% CI 95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Dysfunction</td>
<td>46.4</td>
<td>45.5</td>
<td>43.7</td>
<td>41.6</td>
<td>38.3</td>
<td>43.3</td>
<td>(41.6 - 45.0)</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>31.0</td>
<td>29.9</td>
<td>28.6</td>
<td>28.0</td>
<td>28.2</td>
<td>28.7</td>
<td>(27.6 - 29.8)</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>19.3</td>
<td>25.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Treatment Violently</td>
<td>18.4</td>
<td>20.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Behavior in Household</td>
<td>54.2</td>
<td>53.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Table 1: Prevalence of Any Adverse Childhood Experiences (Age-Adjusted) 2002 Texas BRFSS*

**Discussion**

The data from the 2002 Texas BRFSS provides further evidence of the association between the joint contribution of childhood abuse and household dysfunction and their cumulative impact on public health problems, such as current health related quality of life, smoking rates, and obesity.

The findings strongly suggest a need for increased awareness, through the development of new programs that include educational materials and campaigns with information about the importance of preventing these types of adverse childhood experiences.

In addition, programs and interventions must also include approaches designed to help individuals develop better positive coping strategies that address the all too common stressors of abuse, domestic violence, and related adverse experiences in childhood.

**References**