



Adverse Childhood Experiences (ACEs) in the SWPH Region

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Contents

Contents	3
Summary	1
Adverse Childhood Experiences (ACEs)	2
Parent Characteristics	3
Health Status & Behaviours	6
Childhood Experiences	9
Conclusion	12
References	13
Data sources	14
Appendix A	Error! Bookmark not defined.

Summary

Adverse childhood experiences (ACEs) are considered risk factors for poor health outcomes if they are experienced in childhood, especially if more than one is experienced. These experiences can include parental characteristics as well as behaviours such as separation or divorce, substance abuse, and abuse and neglect.

Overall, more parents in the SWPH region report certain characteristics or behaviours indicative of ACEs compared to parents across Ontario. Most significantly, nearly 12% more local parents report having either a mood or anxiety disorder (24.1% versus 12.5%, respectively), 5% more reported having consulted with a mental health professional (20.4% versus 15.4%, respectively), and there has been a larger increase in the number of lone-parent families in the SWPH region (5.9% versus 3.9%, respectively) whom also have a lower median-income (after-tax) compared to lone-parent families in Ontario.

The data highlights the importance of mitigating the impact of ACEs in our community in order to decrease the risk for long-term physical, mental, and social well-being of local children.

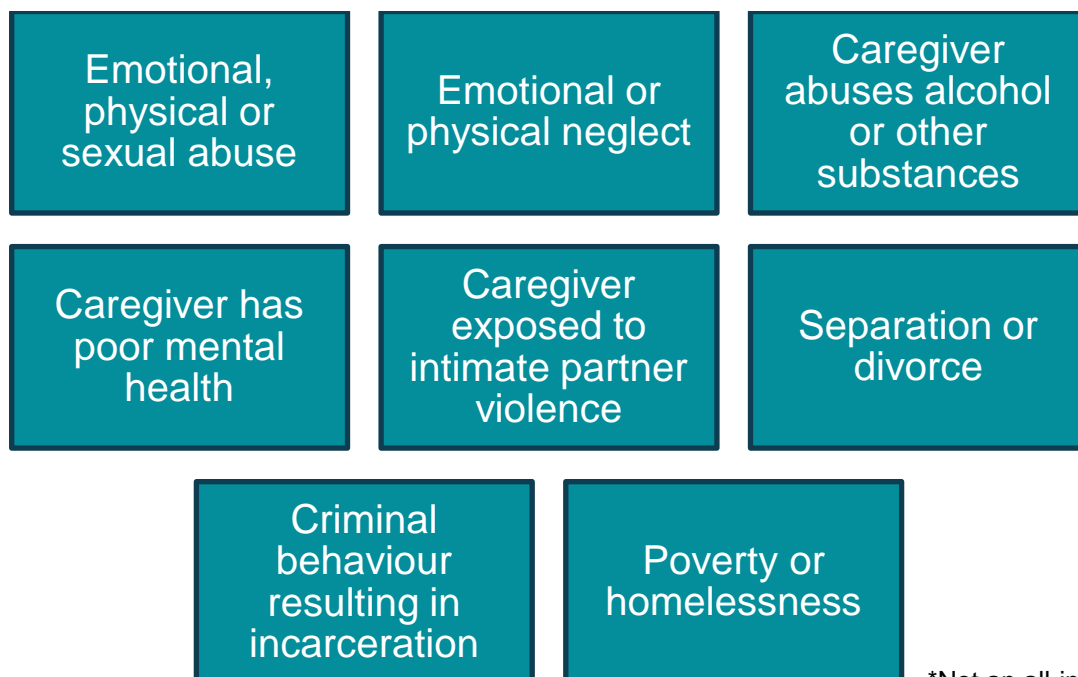
Adverse Childhood Experiences (ACEs)

What are Adverse Childhood Experiences?

Adverse childhood experiences (ACEs) are potentially traumatic or stressful events that occur in childhood and adolescence (within the first 18 years of life). They are also risk factors for poor health outcomes, especially if a child experiences more than one.^{1,2} These experiences can either be prolonged over time or they can be a single occurrence. They can be the result of parental characteristics (i.e. lack of education, unemployment, or low-income status) as well as specific experiences either witnessed or experienced by the child (i.e. violence or neglect) (**Figure 1**). ACEs can be associated with many lasting negative impacts; however, they may be mitigated by positive interpersonal experiences with family and friends and by building resilience and other protective factors.¹⁻³

Figure 1.

Examples of most common adverse childhood experiences (ACEs)



*Not an all-inclusive list

These lasting negative impacts can materialize in a variety of poor health outcomes in adulthood such as **physical outcomes** (i.e. heart disease, obesity), **mental health outcomes**

(i.e. depression, suicide), **behavioural risk factors** (i.e. substance use), and can affect **educational attainment or work performance** (i.e. lack of education, absenteeism).³

ACEs and Public Health

Given the evidence of lasting health effects, ACEs are of great public health concern. One key role of public health is in the implementation of upstream interventions to mitigate the risk of these traumatic experiences once they have occurred, as well as preventing them from occurring. This can be achieved through a variety of activities and could include providing recommendations for local programs in the community to support mental and emotional well-being once experiences have occurred or by promoting safe, stable, nurturing relationships and environments for children.⁴

ACEs in the Southwestern Public Health Region

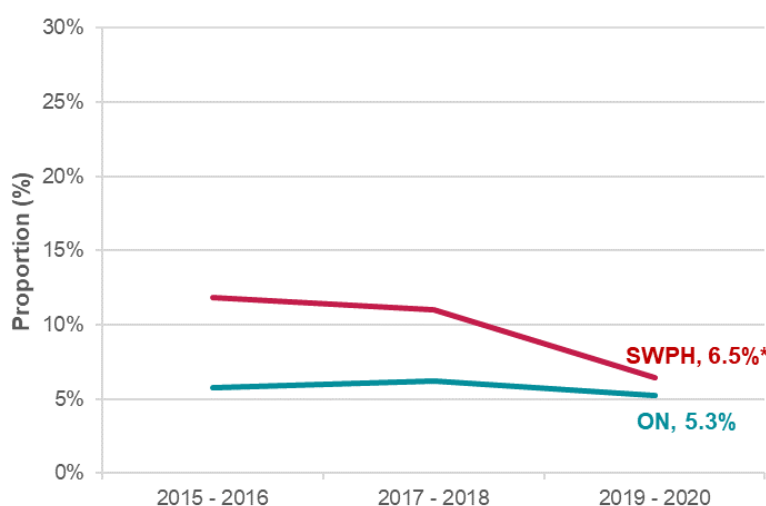
Parental Characteristics

Marital Status

Over time, the proportion of parents in the SWPH region who reported being separated or divorced decreased significantly, dropping by nearly 50%. Although there was also a decrease in Ontario, it was marginal in comparison (**Figure 2**).

Figure 2

Over time, fewer parents in the SWPH region reported being separated or divorced.



Data source: 
Canadian Community
Health Survey
(CCHS), StatsCan,
2015/16, 2017/18,
2019/20

*Interpret with caution due to small numbers

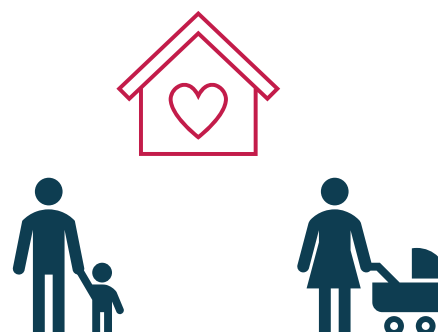
Single Parent Households

The number of households in the SWPH region that consisted of a one-parent family (regardless of the gender of the parent/guardian) increased between 2016 and 2021. This is due in part to the population increase in the region, as the number of two-parent families also increased, but the percentage increase was slightly higher for one-parent households. Further, the increase was a little higher locally compared to Ontario (**Table 1**).

Table 1. Percent (%) increase in the number of single-parent households between 2016 and 2021

Geography	Per cent increase*
Ontario	3.9%
Southwestern Public Health	5.9%

*between 2016 and 2021 StatsCan census

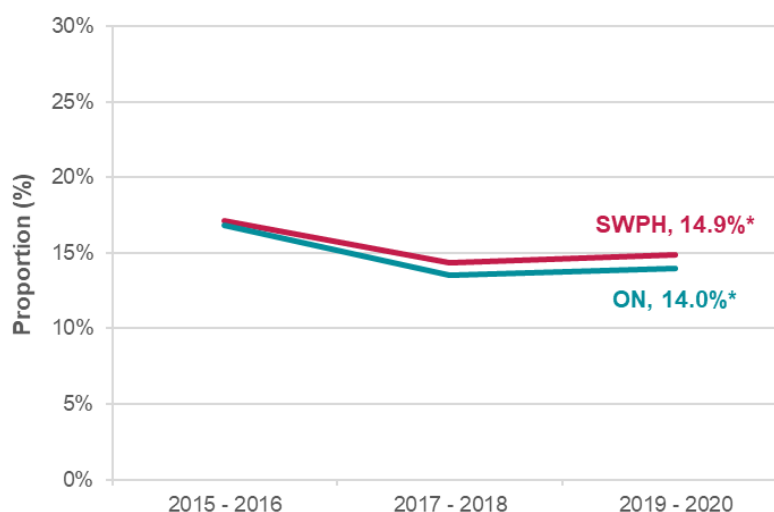


Educational attainment

Low parental education, often also associated with low income, may impact parenting methods which may increase the risk of the parent exposing their child(ren) to one or more ACEs.⁵

Since 2015/16, the proportion of parents in the SWPH region who reported not having at least a secondary school education has remained relatively stable, with a slight decrease into 2019/20 (17.2% in 2015/16 versus 14.9% in 2019/20) (**Figure 3**). This is comparable to the province.

Figure 3
The proportion of parents in the SWPH region who reported having less than a secondary school education has stayed relatively stable over time, comparable to Ontario.



*Interpret with caution due to small numbers

Median household Income

Living in a household that is at or below the poverty line is associated with an increased risk of experiencing various ACEs, which is often also associated with parents who have less than a secondary school education.⁶

In the SWPH region, there were increases in the median household income (after tax) among both one and two-parent households, with one-parent households seeing the larger increase. Overall, the percent increases in Oxford and St. Thomas Elgin were comparable to Ontario. One-parent households had a larger percent increase in household income between 2015 and 2020 (16 – 19% across geography) compared to two-parent households (8 – 13% across geography).



Data source:
Statistics Canada.
2016 & 2021
Census of Canada





Median household income (after tax) of both one- & two-parent households in SWPH lower compared to ON

In 2020, the median household income for one-parent households in Oxford County was \$63,600 and it was \$60,000 in Elgin St. Thomas, which was lower compared to \$65,000 (after tax) in Ontario (**Table 2**).

Of Note: Given that this data comes from the Canadian Census, this may include families who qualified for income supplement programs during the COVID-19 pandemic (between March 15, 2020 and May 7, 2022). These supplements could have had an impact on this income data.⁷

Table 2. Median income (after-tax) in dollars (\$) in 2020, by geography

1 Parent Household 		2 Parent Household 	
Oxford:		Oxford:	
63,600		110,000	
Elgin St. Thomas:		Elgin St. Thomas:	
60,000		108,000	
Ontario:		Ontario:	
65,000		118,000	

Health Status & Behaviours

Self-perceived mental health status

In 2019/20, the proportion of parents in the SWPH region who reported their self-perceived mental health as fair or poor was nearly 2x the proportion of parents in Ontario (17.9% versus 10.2%, respectively). Unfortunately, this couldn't be compared over time because the sample sizes of the parent subgroup were too small to report on for the 2015/16 and 17/18 cycles of the CCHS.

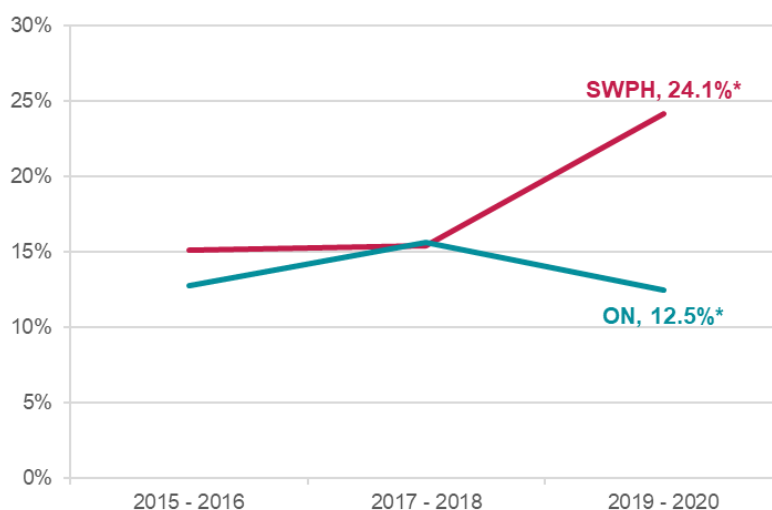
Has a mood or anxiety disorder

Whether a parent reported having a mood or anxiety disorder was asked separately in the survey and then later combined during data analysis. Examples of disorders included are depression, bipolar, mania, or dysthymia (mood) and phobia, obsessive-compulsive disorder (OCD), or panic disorder (anxiety). It's important to note that anxiety and mood disorders were self-reported and may not have been diagnosed by a healthcare professional.

In 2019/20, over 2x more parents in the SWPH region reported having either a mood or anxiety disorder compared to parents across Ontario (24.1% versus 12.5%, respectively). This difference was substantially higher compared to the previous CCHS cycles in 2015/16 and 2017/18, where the local proportion was comparable to the provincial proportion (**Figure 4**).

Figure 4

The proportion of parents in the SWPH region who reported having either a mood or an anxiety disorder increased substantially in 2019/20 yet decreased in Ontario.



*Interpret with caution due to small numbers

One category of mental health condition did not have a bigger impact on this number than another, as the proportion of parents in the SWPH region reporting a mood or an anxiety disorder separately was roughly the same (not shown).

Mental health needs not met

In 2019/20, the proportion of parents in the SWPH region reporting that they had mental health needs that were not met in the previous 12 months was slightly higher compared to Ontario (5.7%* versus 4.9%, respectively).

Consulted a mental health professional

In 2019/20, more parents in the SWPH region also reported having consulted a mental health professional in the last 12 months than parents in Ontario. About 1 in 5 (or 20.4%*) local parents reported seeing a mental health professional in the last 12 months (compared to 15.4%).

Consulting a mental health professional could be seen as a proxy for mental illness and represent a risk factor, but at the same time, this could also represent a protective factor if parents who recognized they were struggling with their mental health sought support.

Any substance use in the last 12 months

Having a parent or guardian who abuses legal substances such as alcohol and cannabis or who uses illicit drugs of any kind, can be associated with children developing a substance use problem themselves in addition to other poor mental health outcomes.⁸



In 2019/20, as much as three quarters (75.4%) of parents in the SWPH region reported regularly consuming alcohol in the last year, which was comparable to parents in Ontario.



Fewer parents in the SWPH region reported using cannabis^μ compared to parents in Ontario since 2017/18. Following legalization, the proportion of local parents reporting cannabis use increased from 8.2%* in 2017/18 to 20.1% in 2019/20. This percent increase was similar among parents in Ontario (11.9%* to 23.7%, respectively).

^μ more than once in the past year

*Interpret with caution due to small numbers

Alcohol abuse, cannabis use, or illicit drug use

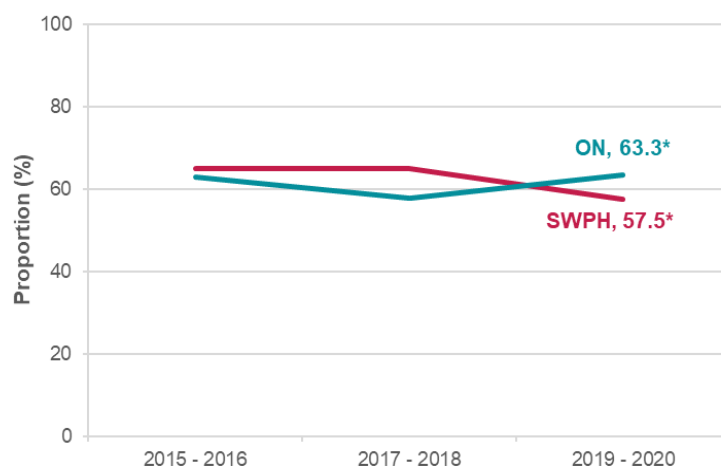
Parents in the SWPH region who reported being either regular alcohol drinkers, cannabis users or other illicit drug users (illicit drug use was only included in the 2015/16 and 2017/18 proportions in the following graph) were grouped together to take a look at collectively, who is using substances.

Nearly 58% of parents in the SWPH region reported being either regular alcohol drinkers or using any cannabis or other illicit drugs in 2019/20 (**Figure 5**). This was less than the local

proportion in 2015/16 and 2017/18 (64.8% and 65.0%, respectively), and was lower compared to the province (63.6%), which increased in 2019/20 (**Figure 5**).

Figure 5

In 2019/20, over half of parents in the SWPH region reported being either regular alcohol drinkers or using cannabis or any other illicit drug.



*Interpret with caution due to small numbers

Childhood Experiences

Violence in Childhood

Since the long-term negative effects on a child who experiences either violence (domestic violence occurrences between parents or guardians/other adults) or abuse and neglect in the home are well documented, these types of situations are also significant ACEs.⁹

The 2019/20 cycle of the CCHS included a module regarding physical and sexual abuse, including a question about whether respondents had experienced one parent or guardian hit the other or hit another adult. There are also several questions relating to personal experiences of both physical and sexual abuse and how many times they were experienced.

All of the questions in this module were asked of respondents over the age of 25 and were framed by the frequency of the event before the age of 16.

Intimate partner violence

Although we do not have any local data available for rates of intimate partner violence, Canadian data suggests that intimate partner violence (police-reported) is increasing over time.¹⁰ As of 2022, the rate of intimate-partner violence across Canada was approximately 344.0 per 100,000, with females having a rate more than 4x higher than males.¹⁰ This can be used as a general estimate of the local situation in lieu of local data.

Witnessed domestic violence

Domestic violence (or family violence) includes different forms of physical and emotional abuse intended to control or manipulate someone in the home (including an intimate partner, a child, or anyone else who may be living in the family home).¹¹

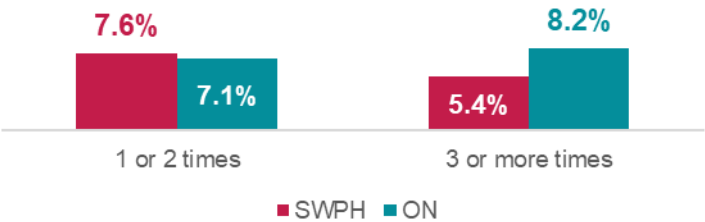


Data source:
Canadian Community
Health Survey
(CCHS), StatsCan,
2019/20

SWPH residents over the age of 25 reported having seen or heard any one of their parents, stepparents or guardians hit each other or another adult at home with a higher frequency compared to Ontario. In 2019/20, 8.2% of local residents reported witnessing domestic violence at least 3 times compared to 5.4% across Ontario (**Figure 6**). This was a little higher compared to only 1 or 2 times, which was by more residents in Ontario (**Figure 6**).

Figure 6

More residents in the SWPH region reported witnessing a guardian hit another adult compared to residents of Ontario.



Experienced physical or sexual abuse

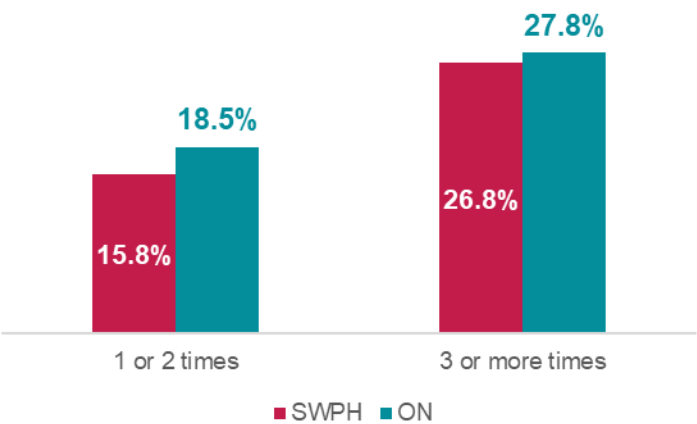
In 2019/20, nearly 20% of respondents over the age of 25 in the SWPH region reported experiencing either physical or sexual abuse by an adult before they were 16.

The proportion of SWPH residents who reported experiencing either physical or sexual abuse 1 or 2 times versus 3+ times was comparable to residents across Ontario (Figure 7).

1 in 5
report experiencing
physical or sexual
abuse 1 or 2 times
before the age of 16

Figure 7

In 2019/20, over 15% of SWPH residents reported experiencing either physical or sexual abuse, similar to Ontario.

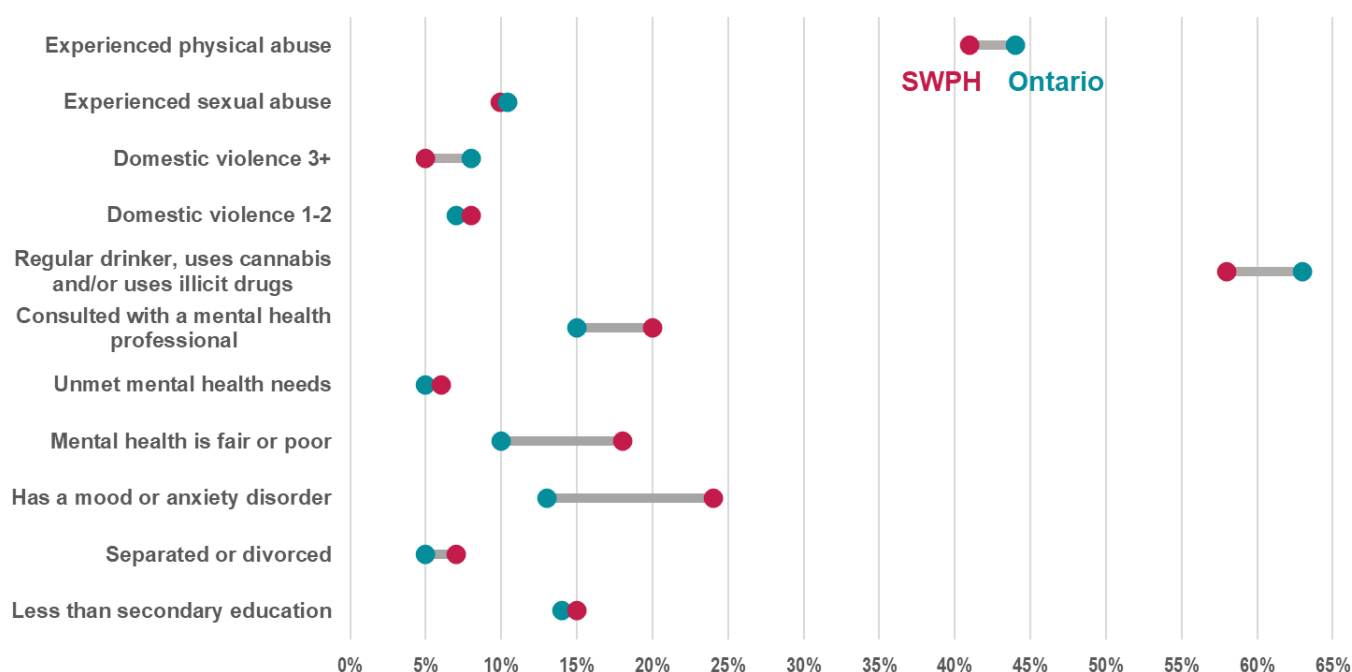


This data was also analyzed by the birth year of the respondents and they were grouped by generation: *baby boomers* (1964 & under), *gen X* (born between 1965 and 1979), and *millennials* (born between 1980 and 1995). In 2019/20, one significant finding regarding physical and sexual abuse was that the occurrence of sexual abuse was reported significantly less often among millennials compared to both baby boomers and gen x (6% versus 12% and 11%, respectively).

Comparing ACEs

Across the different risk factors for ACEs, local parents reported less favourable outcomes compared to parents across Ontario (**Figure 8**). Research suggests experiencing multiple ACEs increases a child's risk of negative health conditions and poor health behaviours,^{2,12} so this finding increases the importance of prevention work in our communities. SWPH can support efforts to mitigate the impacts of ACEs through strategies such as building resilience and increasing awareness of ACEs in our planned community activities.²

Figure 8. Adverse childhood experiences summary, SWPH vs. ON, 2019/20



Conclusion

Parents in the SWPH region are reporting various characteristics and behaviours indicative of exposure to ACEs for children in the community. This highlights the importance of mitigating the impact of ACEs in the community in order to decrease the risk for long-term physical, mental, and social well-being of local children.

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