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National and State Data On ACE Risk and Resilience: The Call for Mind/Body Interventions

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Abstract Text:

Purpose

Adverse child and family experiences and toxic stress have been shown to affect child health and development, including brain development, physical and mental health, and development of adult disease. The inclusion of adverse child and family experiences (ACEs) in the 2011/12 National Survey of Children's Health allows for in-depth analysis of the prevalence and associations of ACEs, health status and functioning, and family well-being.

Methods

New data in the 2011-12 National Survey of Children's Health allow for the first time a picture of the experiences and needs of children related to adverse childhood events, child resilience and family connectedness and stress. Additionally, the 2007 National Health Interview Survey allows summarization of findings on mind-body methods for children and suggests potential underuse of these methods to promote child, youth, and family well-being and to improve the efficiency and effectiveness of conventional medical care.

Results

Nationally, 22.6% experiencing two or more adverse experiences, with states ranging from 16.3%-32.9%. Children who live below the poverty line are over 3.5 times more likely to have two or more ACEs, and adverse experiences are more prevalent among older children as youth have a longer period of time to accumulate adverse experiences. There is a strong association between ACEs, youth resilience and parental aggravation. Children age 12-17 with two or more ACEs are over twice as likely to have a parent with high levels of parenting stress and less likely to exhibit resilience than children with no adverse experiences. Strong associations also exist between ACEs, school performance, health care quality, and family well-being.

Research evidence is supporting the growing consensus that mind-body and mindfulness-based methods are relevant to healthy child developmental and lifelong health, particularly in response to toxic stress and trauma. Mind-body and mindfulness-related methods have the potential to (1) ameliorate the negative psychological, social and biologic impacts of toxic stress, adverse childhood events and trauma; and (2) promote strengths, resilience, self-regulation, school and work readiness and positive lifelong health behaviors among all children.

Nationally, 4.7% of children use mind-body therapy, representing 3 million children. Of these, over one-third (36.1%) use multiple types of mind-body therapy. Children with emotional, mental or behavioral conditions have the highest rates of mind-body therapy utilization (14.0%); however, with only one-in-seven utilizing this type of service, evidence suggests that there is a dramatic underuse of mind-body methods.

Conclusion

Given the high prevalence of adverse child and family experiences and emerging evidence to support mind-body interventions, it is imperative to integrate relationship centered care and mind-body methods

for these children. With the evidence linking adverse childhood experiences, trauma, and development over the life course, it is imperative to think about life trajectory and improving health and well-being of our future generations.

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