



Preventing & Addressing
Adverse Childhood Experiences (ACES)
in Hispanic & Latino Communities

A Guide for Hispanic & Latino Faith Leaders



New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PREPARED BY

Christina Mancebo-Torres, MPH

www.pttcnetwork.org/newengland

SAMHSA
Substance Abuse and Mental Health
Services Administration



New England PTTC

Acknowledgement

This product is developed by Christina Mancebo-Torres under the 2023 New England Prevention Technology Transfer Center (PTTC) Research and Design (RAD) Fellowship Program. The New England PTTC and this program are supported by SAMHSA of the U.S. Department of Health and Human Services (HHS). The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government. SAMHSA Cooperative Agreement #5H79SP081020-05.



About the Author

Christina A. Mancebo-Torres, MPH

Christina recently joined Casa Esperanza, Inc. as their new Director of Research. Prior to starting this role, she served the National Hispanic & Latino Prevention Technology Transfer Center (PTTC) as a Program Specialist. Christina is also the co-founder of Centro de Ayuda y Esperanza Latina, a Massachusetts-based nonprofit serving the needs of Hispanic and Latino communities in Southeastern Massachusetts, Florida, and the Dominican Republic. Christina believes in the importance of building resilient and thriving communities that can see and move beyond the systems that have oppressed them. Christina lives in Southeastern Massachusetts where she spends as much time as possible with her family, and often travels to the Dominican Republic to work on trauma-informed community development projects that are very close to her heart.



Language Matters

Words have power

Please note that this guide uses specific terms as it relates to Hispanic and Latino communities. While many people have self-identified using a variety of terms, including Hispanic, Latino, Latine, Latinx, Chicano, etc., this guide will use the term "Hispanic and Latino communities." As people from Hispanic and Latino communities do not look one particular way, we invite others to also support members of their community to self-identify in the way that best fits them on a personal level.

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

This toolkit will also use the recommended practice of person-first language when discussing people who use substances or have substance use disorders, people who have experienced trauma and adverse childhood experiences (ACES), and people who have mental health disorders. Stigma keeps communities vulnerable to these issues, and also limits access to treatment and other supportive services.

Land Acknowledgement

The New England PTTC acknowledges that we are all on the traditional lands of native people. In Augusta, Maine, the PTTC works from the ancestral lands of the Abenaki People, part of the Wabanaki Confederacy. We have a responsibility to acknowledge our Indigenous connections and the histories of Indigenous land dispossession. We encourage you to learn more about the stewards of the land you live and work on by working with your native neighbors, and by visiting <https://native-land.ca/>





Table of Contents

a guide for Hispanic & Latino Faith Leaders

- 1** Overview
- 2** Introduction
- 3** Adverse Childhood Experiences
- 4** The Impact of Adverse Childhood Experiences on Hispanic and Latino Communities
- 5** The Role of Faith-Based Organizations in Addressing Adverse Childhood Experiences
- 6** Intervention and Prevention of Adverse Childhood Experiences





Overview

This is a guide for faith leaders looking to reach and impact Hispanic and Latino communities in the areas of mental health and substance misuse prevention. This guide is meant to educate leaders about Adverse Childhood Experiences (ACES), the impact these experiences have on Hispanic and Latino communities, the role of faith-based organizations in addressing this issue, and specific ways in which faith leaders can prevent and intervene on ACES in their own communities.

This guide is **not** a one-size-fits-all approach to reducing the impact of ACES in Hispanic and Latino communities. Communities should be engaged in authentic ways in the planning, implementation, and evaluation processes necessary to provoke social change.





Introduction

Substance misuse is an issue that has negatively impacted communities of all ages, demographic backgrounds, and geographical locations. Substance misuse, as well as other mental health concerns, have been linked to potentially traumatic experiences occurring during childhood, also known as Adverse Childhood Experiences or ACEs. Some adversity in life is common and expected, but these experiences are much more than regular adversity.

Unfortunately, the prevalence and impact of these more severe experiences impact some groups more than others. Hispanic and Latino communities are one subpopulation particularly vulnerable to the impact of ACEs, including negative mental health, substance misuse, and physical health outcomes.

Due to current lacks in service access, as well as cultural factors like stigma and trust, faith leaders tend to be on the front lines of addressing behavioral health needs in Hispanic and Latino communities. This resource is an important tool in preparing faith leaders to work within their communities to support those struggling with the impacts of ACEs, as well as prevent them in the future. The ultimate goal of this resource is to help build more resilient communities in an effort to reduce the impacts of ACEs and other types of trauma, including poor mental health and substance misuse.

Goal

To build more resilient communities in an effort to reduce the impacts of adverse childhood experiences and other types of trauma, including poor mental health and substance misuse.



Adverse Childhood Experiences



According to the Centers for Disease Control and Prevention (CDC), Adverse Childhood Experiences (ACEs) are "potentially traumatic events that occur in childhood (0-17 years)." ¹

Some examples of potentially traumatic events include:

- Experiencing violence, abuse, or neglect, including emotional abuse or neglect
- Witnessing violence, including domestic violence
- Having a family member with mental health or substance misuse issues in the home
- Having a family member who was incarcerated
- Experiencing parental separation, which may be due to divorce, incarceration, immigration, or other circumstances

ACEs were studied in a landmark study, known as the CDC-Kaiser ACE Study, which included data collection between 1995 and 1997 from more than 17,000 individuals in Southern California. ²

This study found that while ACEs are common across all populations, some groups are more vulnerable to ACEs due to social and economic factors. Overall, close to two-thirds of individuals reported at least one ACE, while more than 20% reported three or more.

Figure 1 shows the relationship between personal and social factors, adverse childhood experiences, and health outcomes. There is a correlation between ACEs, health risk behaviors, disease, and death.

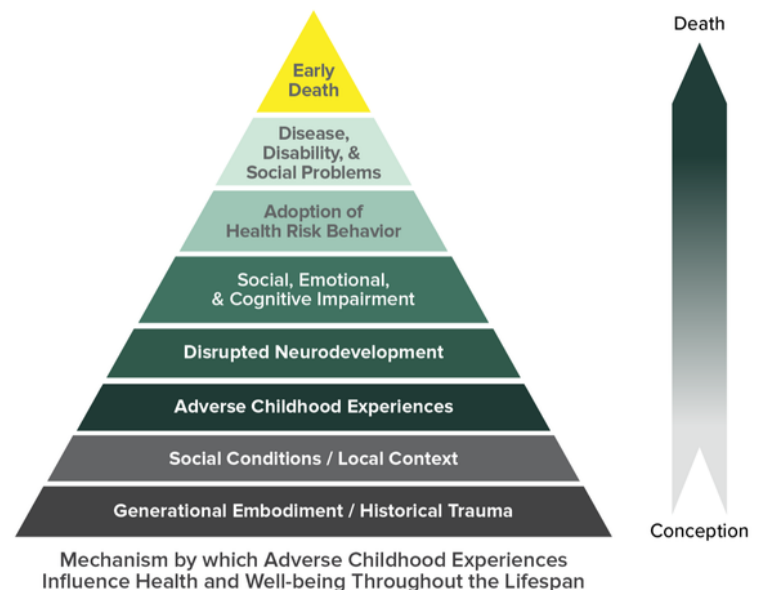


Figure 1. The ACE Pyramid. CDC





The Lasting Impacts of ACEs

As part of the CDC-Kaiser ACE Study, participants were given a score based on how many experiences that had during childhood. The study found that individuals with a higher ACE score were more likely to experience negative health outcomes. The outcomes experienced can vary depending on the person, and may include:

- Injury
- Poor Mental Health Outcomes
- Poor Maternal Health Outcomes
- Infectious Diseases
- Chronic Diseases
- Substance Misuse
- Limited Educational and Economic Opportunities ¹

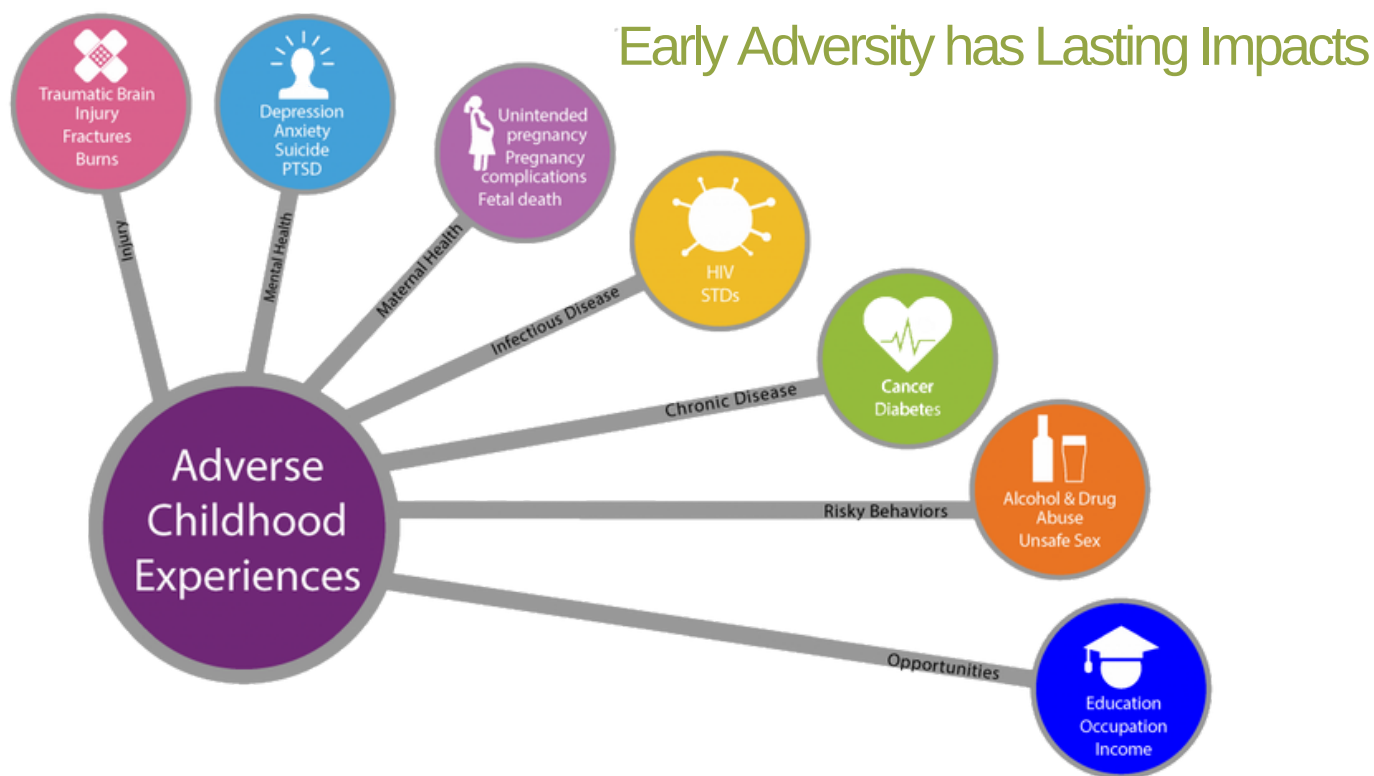


Figure 2. CDC





The Connection

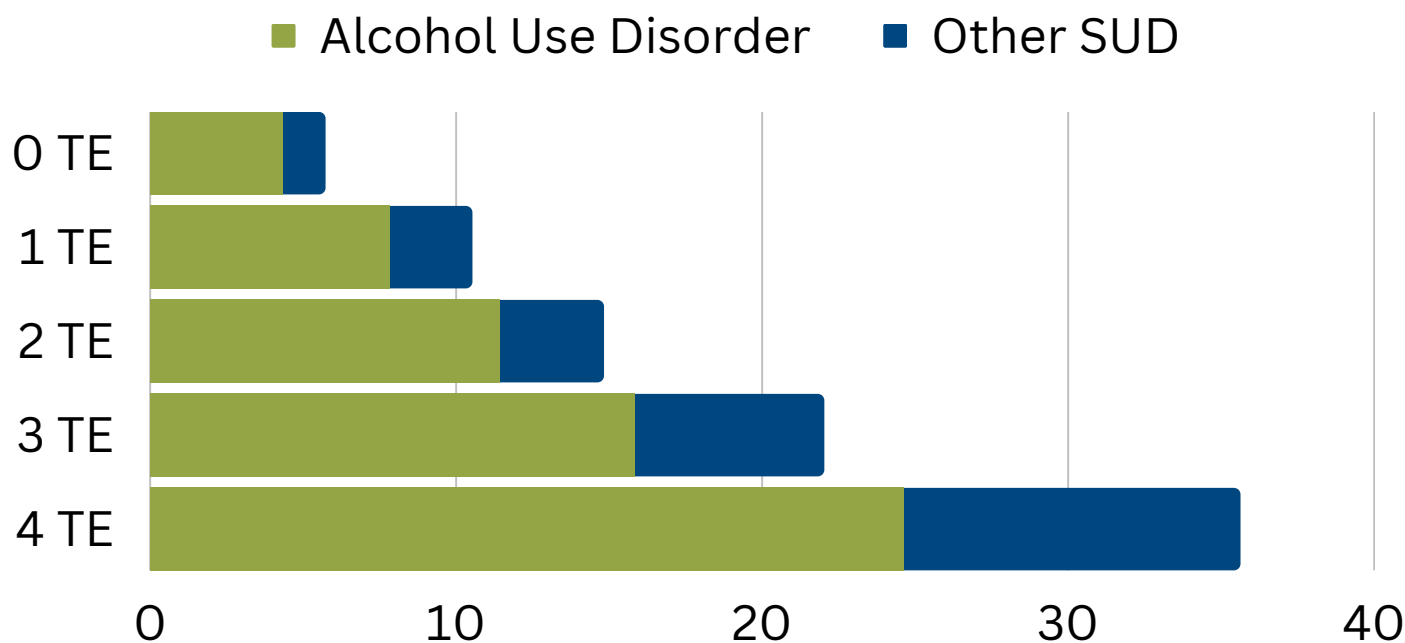
Between Trauma & Substance Use Disorder

While trauma can occur at any time during one's life, **youth are particularly vulnerable** to the impacts of trauma because their brains and resiliency skills are still developing.

The World Health Organization conducted the World Mental Health Survey (n=65,165), which showed:

- 71.0% had experienced at least one traumatic event (>80% in the US)
 - One-third experienced three or more traumatic events
- SUD in exposed adults was 14.5%
 - 5.1% in non-exposed
- Survey data showed a dose-response between trauma and substance use ²

SUD in Individuals with Self-Reported History of Traumatic Experiences

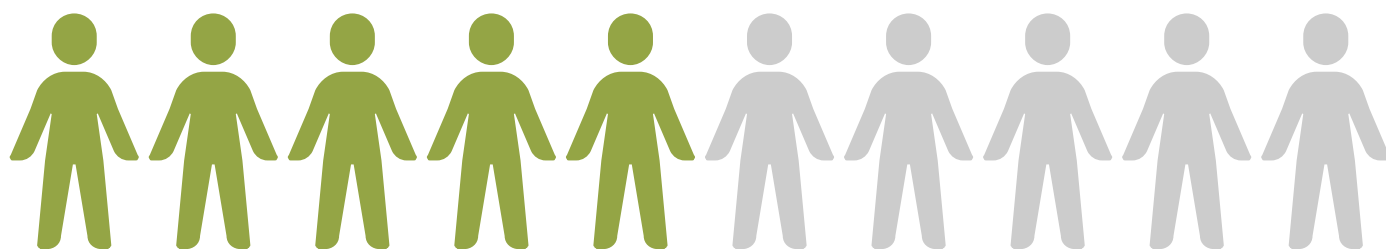




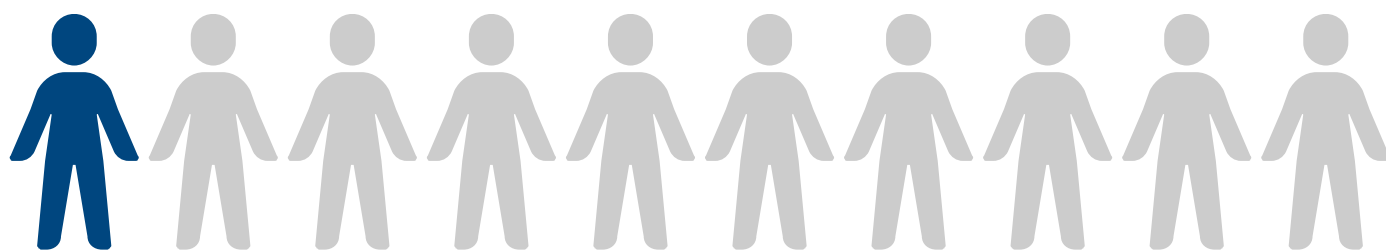
The Impact of ACES:

Hispanic & Latino Communities in the United States

How common are ACES in general?



*45% of children in the United States have experienced at least **one** ACE* ³



*One in ten children have experienced **three or more** ACES* ³





The Impact of ACES:

Hispanic & Latino Communities in the United States

How do the rates of different ACES vary?

Type of ACES	Indicators	Prevalence
Childhood abuse	<ul style="list-style-type: none">• Psychological Abuse• Physical Abuse• Contact Sexual Abuse	<ul style="list-style-type: none">• 11.1%• 10.8%• 22.0%
Household dysfunction	<ul style="list-style-type: none">• Substance Abuse• Mental Illness• Mother Treated Violently	<ul style="list-style-type: none">• 25.6%• 18.8%• 12.5%
Criminal behavior	<ul style="list-style-type: none">• Criminal Behavior in Household	<ul style="list-style-type: none">• 3.4%





The Impact of ACES:

Hispanic & Latino Communities in the United States

How do ACES impact Hispanic and Latino communities?

*Hispanic and Latino children report ACES at **higher rates*** ³



*Hispanic and Latino youth have a **higher probability of experiencing:***

- family economic hardship
- parental separation/divorce
- low maternal education
- paternal incarceration ^{5,6}





Immigration & ACEs

An increase in immigration-related psychological stress combined with other ACEs can have severe consequences for our Hispanic and Latino communities

Sources of immigration-related stress among youth:

Intergenerational Conflict

The difference in cultural expectations between immigrant parents and US-born children leads to an increase in psychological stress



Discrimination & Uncertainty

Many Hispanic and Latino community members face discrimination based on immigration status, ethnicity, and language. They also face a lot of uncertainty in terms of immigration policy, which can increase psychological stress ⁷





The Impact of ACES:

Hispanic & Latino Communities in the United States

Studies on ACES in Hispanic & Latino communities have shown a variety of related behavioral health outcomes, including:

- 22% higher probability of cigarette smoking
- 24% higher probability of binge drinking
- 31% higher probability of marijuana use
- 12% higher probability of hard drug use
- higher rates of anxiety
- higher rates of depression
- higher rates of suicidality
- higher rates of other mental health outcomes

8,9





The Impact of ACES:

Hispanic & Latino Communities in the United States

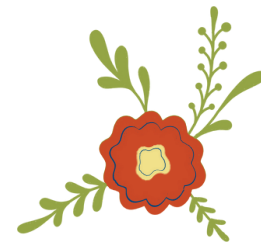
ACES can also affect physical health. Hispanic and Latino communities often have higher rates of:

- High Blood Pressure
- Type 2 Diabetes
- Obesity
- Cancer
- HIV
- Liver Disease



Many of these health issues have been shown to be related to ACES and traumatic experiences through studies like the CDC-Kaiser ACE Study ¹



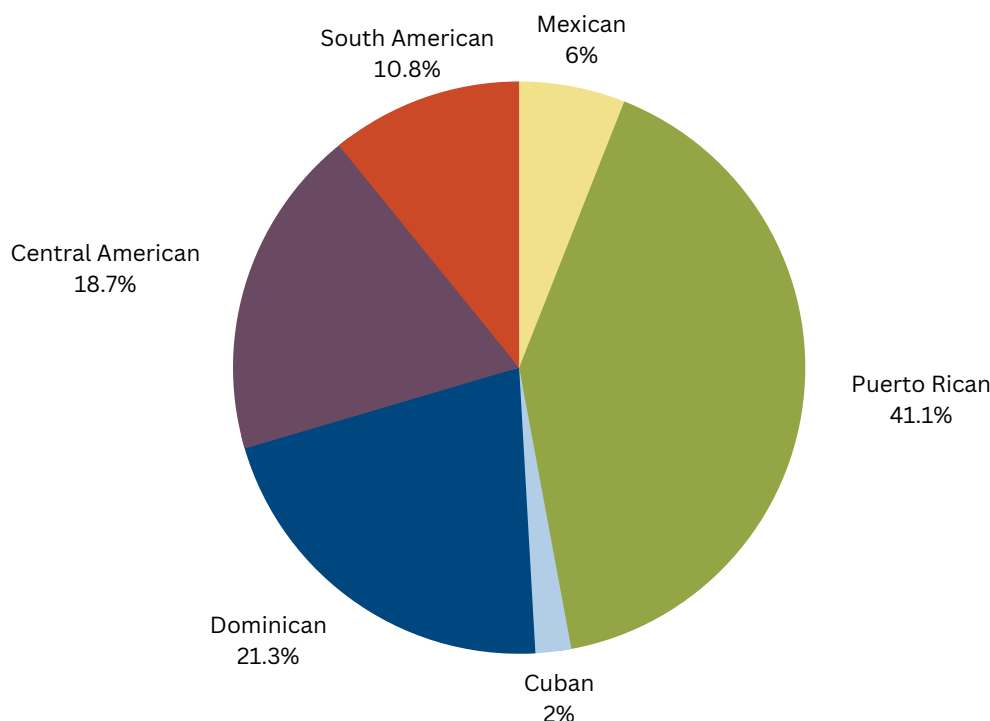


The Impact of ACES:

Hispanic & Latino Communities in Massachusetts

In Massachusetts, there are some variations that should be highlighted in order to successfully prevent and intervene on ACES in Hispanic and Latino communities.

First, it is important to understand that not all Hispanic & Latino communities are the same. The following chart shows the ethnic breakdown of Massachusetts' Hispanic & Latino communities.



12.4% of Massachusetts' population is Hispanic or Latino. However, some cities, like New Bedford, Lawrence, Worcester and Lowell, have much larger Hispanic & Latino populations

10





The Impact of ACES:

Hispanic & Latino Communities in Massachusetts

According to the Behavioral Risk Factor Surveillance Survey, Massachusetts has one of the lowest rates of ACES in the US, with **15.9% of children ever experiencing two or more ACES** compared to 21.7% across the United States. ³

However, there is **no public state level data available** to identify the communities at the greatest risk for experiencing ACES

The Centro de Ayuda y Esperanza Latina, a local nonprofit in New Bedford, Massachusetts, implemented a survey on ACES to over 100 community members in 2023 (45.7% Hispanic or Latino; 54.3% Non-Hispanic or Non-Latino). They found:

50.5% of respondents experienced 3 or more ACES, of which 43.4% were Hispanic or Latino

69.8% of respondents with 3 or more ACES had lifetime substance misuse and 84.9% had a lifetime history of depression

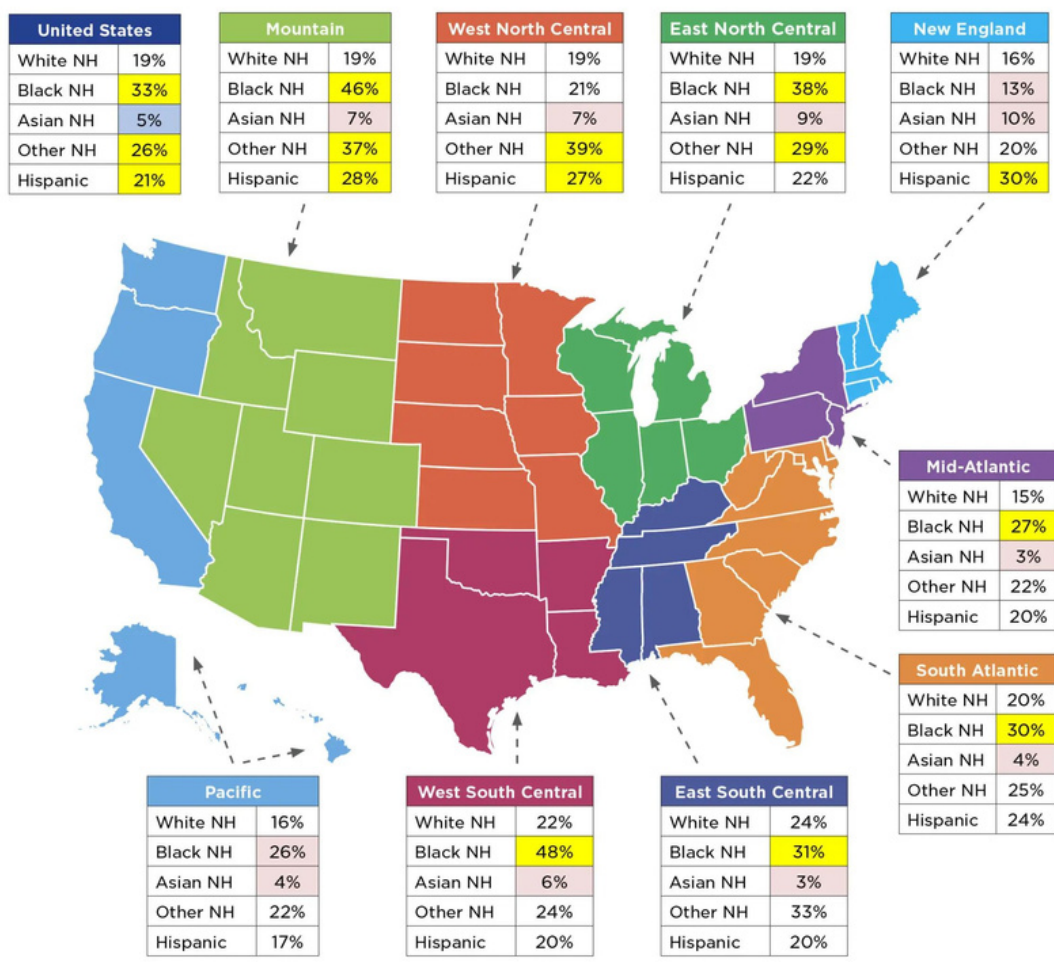
Most of the respondents were church members, which can protect against poor behavioral health outcomes.





ACES among Hispanic & Latino residents in New England

Percentage of children with 2 or more ACEs



In New England, the subpopulation with the greatest number of individuals reporting at least one ACE is the Hispanic and Latino community, closely followed by the Black community.

This is the only region of the US where the Hispanic community is higher than the Black community in terms of ACE prevalence.

Black residents report having 1 ACE at a higher rate (44% vs. 28% for Hispanic and 22% for White), while Hispanic residents report 2 or more at a higher rate (30% vs. 13% for Black and 16% for White)³

NH=Non-Hispanic

Yellow shading = Percentage is higher than white non-Hispanic children at a statistically significant level.
 Blue shading = Percentage is lower than white non-Hispanic children at a statistically significant level.
 Red shading = Estimate should be interpreted with caution, because the relative confidence interval is greater than 120 percent. See the "About the data used in this report" section for more information.





Intervening on ACES for Faith-Based Organizations

How can communities intervene on ACES?

For many communities, intervening on ACES may occur at two points:

- Childhood for current cases
- In adulthood to address the negative outcomes associated with ACES

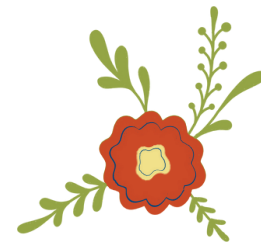
Some examples of community-level interventions in childhood include:

- Screening for ACES in pediatric primary care settings
- Youth mentorship programs for children with a history of ACES
- School and community based programs that aim to increase life skills and resiliency in youth

Some examples of community-level interventions in adulthood include:

- Support groups
- Cognitive Behavior Therapy, or other types of mental health therapy
- Psychological interventions that aim to improve mental resiliency





Preventing ACES for Faith-Based Organizations

How can communities prevent ACES?

The CDC has provided recommendations for preventing ACES in communities that include policy, programming, and communications recommendations. Some examples of potential prevention strategies include:

- Implementing family-friendly work policies and policies that reduce corporal punishment
- Promoting social norms that protect against violence and adversity through the use of social marketing campaigns
- Hosting programs that teach social-emotional learning
- Holding programs that teach safe dating and healthy relationship skills
- Offering programs that teach parenting and family relationship skills
- Mentoring and hosting after-school programs
- Implementing programs that provide services and treatment for people experiencing ACES

1





The Role of Faith-Based Organizations in Addressing ACES

Why Faith-Based Organizations?

Faith-based organizations, like churches and synagogues, are often the first places Hispanic and Latino community members turn to during times of need. This is especially true when first arriving to the United States as faith-based organizations are some of the only trusted institutions among new immigrants and the Hispanic and Latino community, in general.



What Can Faith-Based Organizations do to Help Address ACES in their Communities?

- Develop programs that educate community members on the impacts ACES can have on children across their lifetimes
- Develop relationships with other community-based organizations that are well-equipped to provide specialized services, like mental health counseling and trauma coaching
- Provide programs and services that increase protective factors for children and families, like parenting classes, after school programming, and youth mentoring





References

1. Centers for Disease Control and Prevention. (2020). Preventing adverse childhood experiences. [www.cdc.gov. https://www.cdc.gov/violenceprevention/aces/fastfact.html](https://www.cdc.gov/violenceprevention/aces/fastfact.html)
2. Degenhardt, L., Bharat, C., Glantz, M. D., Bromet, E. J., Alonso, J., Bruffaerts, R., Bunting, B., de Girolamo, G., de Jonge, P., Florescu, S., Gureje, O., Haro, J. M., Harris, M. G., Hinkov, H., Karam, E. G., Karam, G., Kovess-Masfety, V., Lee, S., Makanjuola, V., & Medina-Mora, M. E. (2022). The associations between traumatic experiences and subsequent onset of a substance use disorder: Findings from the World Health Organization World Mental Health surveys. *Drug and Alcohol Dependence*, 109574. <https://doi.org/10.1016/j.drugalcdep.2022.109574>
3. Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity - Child Trends. Child Trends. <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>
4. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
5. Mersky, J. P., Choi, C., Plummer Lee, C., & Janczewski, C. E. (2021). Disparities in adverse childhood experiences by race/ethnicity, gender, and economic status: Intersectional analysis of a nationally representative sample. *Child Abuse & Neglect*, 117, 105066. <https://doi.org/10.1016/j.chiabu.2021.105066>
6. Zhang, X., & Monnat, S. M. (2022). Racial/ethnic differences in clusters of adverse childhood experiences and associations with adolescent mental health. *SSM - Population Health*, 17, 100997. <https://doi.org/10.1016/j.ssmph.2021.100997>
7. Understanding Immigrant Trauma > The Immigrant Learning Center. (2020, March 12). The Immigrant Learning Center. <https://www.ilctr.org/understanding-immigrant-trauma/>
8. Allem, J.-P., Soto, D. W., Baezconde-Garbanati, L., & Unger, J. B. (2015). Adverse childhood experiences and substance use among Hispanic emerging adults in Southern California. *Addictive Behaviors*, 50, 199–204. <https://doi.org/10.1016/j.addbeh.2015.06.038>
9. Dominguez, M. G., & Brown, L. D. (2022). Association Between Adverse Childhood Experiences, Resilience and Mental Health in a Hispanic Community. *Journal of Child & Adolescent Trauma*. <https://doi.org/10.1007/s40653-022-00437-6>
10. US Census





Preventing & Addressing Adverse Childhood Experiences (ACES)

in Hispanic & Latino Communities

A Guide for Hispanic & Latino Faith Leaders

PREPARED BY

CHRISTINA MANCEBO-TORRES, MPH

 PTTCnetwork.org/NewEngland



New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration