Descriptive Epidemiology of Adverse Childhood Experiences in New York City Children: An Analysis of the 2019 New York City KIDS Survey

Background: While the descriptive epidemiology of adverse childhood experiences (ACEs) has been characterized in U.S. children, not much is known about the prevalence, distribution, and correlates of ACEs in New York City children. Examining ACEs in this study population can potentially advance urban health and improve socio-economic outcomes, given the pressing disparities that exist within New York City.

Methods: This is a cross-sectional study of 8,289 children aged 1 - 13 in the 2019 NYC KIDS Survey. Parents or guardians provided information related to their child's health, education, family, and neighborhood characteristics, and exposure to 9 adverse childhood experiences. Quasi-Poisson regression models were used to evaluate sociodemographic correlates of ACEs.

Results: More than half of the population (52.5%) reported exposure to at least 1 ACE. The most common ACEs were economic hardship (40%) and parental separation or divorce (17%). A history of 3 or more ACEs was reported among 9% of Black children, but only 3% of White children. Among those with no ACEs, most lived in a household with both parents (78%) while for those with 3 or more ACEs, most of the children lived in single parent households (46%). In adjusted analyses, Black and Latino children had a 29% (PR: 1.29; 95% CI: 1.15 - 1.45) and a 24% (PR: 1.24; 95% CI: 1.11 - 1.39) greater likelihood of ACEs exposure, respectively, compared to White children. Children in the low (<200% FPL) and middle-income group (200 - 399% FPL) were 56% (PR: 1.56; 95% CI: 1.40 - 1.75) and 55% (PR: 1.55; 95% CI: 1.37 - 1.75) more likely to be exposed to ACEs, respectively, than those in the high-income group (400+ FPL).

Conclusions: The racial and social patterning of ACEs in New York City children underscores the impact of broader systemic factors and is informative for needed system-level changes. This study has identified contributory factors to ACEs exposure which can help to guide early detection and intervention.