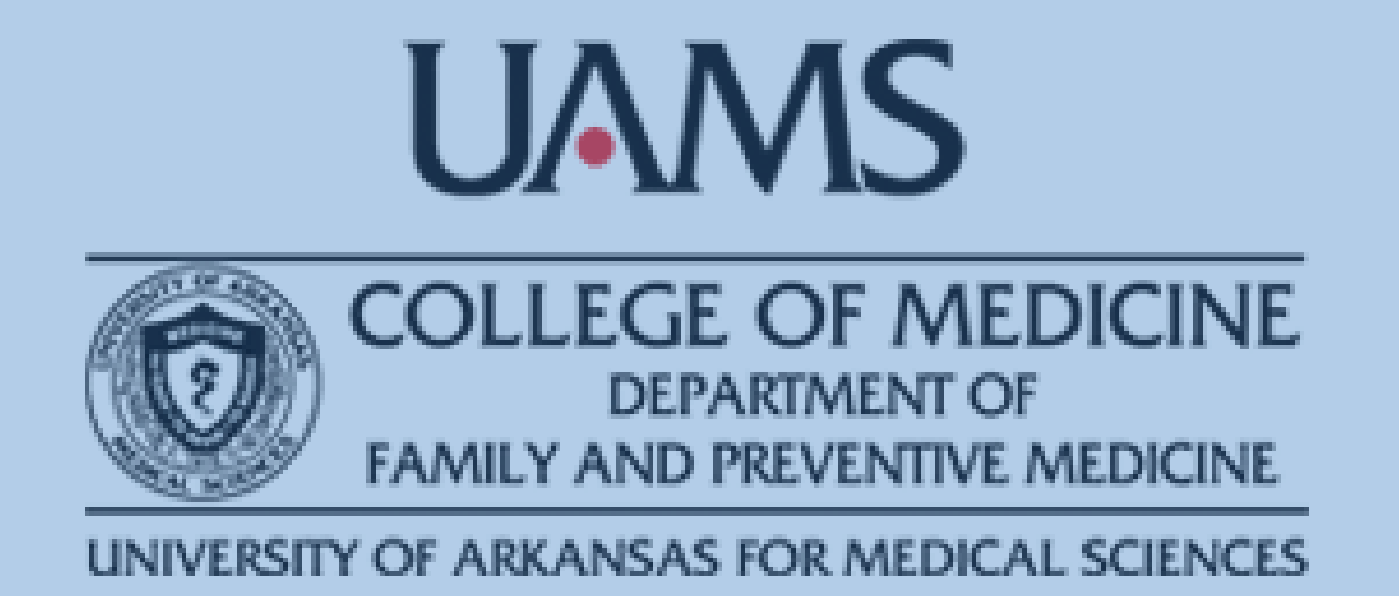


# Rural, Minority Status: Adverse Childhood Experiences for Preschool Children Living in Poverty

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## Introduction

The National Advisory Committee on Rural Health and Human Services (NACRHHS, 2009) warns that children in rural areas are more likely to live in poverty than children in urban areas. Rural children living in poverty are at high risk for exposure to adverse childhood experiences (ACEs, American Academy of Pediatrics, 2014).

Ethnic minority families are often clustered in the areas of the country and specific states, often southern states, with the highest levels of poverty and fewest resources (Miller, 2015). Urban minority children living in poverty have documented high exposure to adverse experiences and poor adult outcomes. However, less is known about the experiences of rural preschool children's experiences. HRSA (2011) examined exposure to ACEs by location (e.g., urban to small rural) finding find 5-10% more children in rural settings experiencing adverse events than urban children; however, to our knowledge there have not been studies investigating differences in the exposure of children across geography within ethnicity.

This study examined the moderation of rural status on minority status in the experience of ACEs.

## Methods

### Study Design

ACEs were assessed for rural (N = 646) and urban (N = 1196) preschool children from white (N = 544) or minority (N = 1298) families using the Family Map Inventory. Data were collected from interviews by educators (N=90) from three Head Start and four state-funded early childcare agencies serving low-income families in a rural southern state. All educators received a 6-hour training.

## Instruments

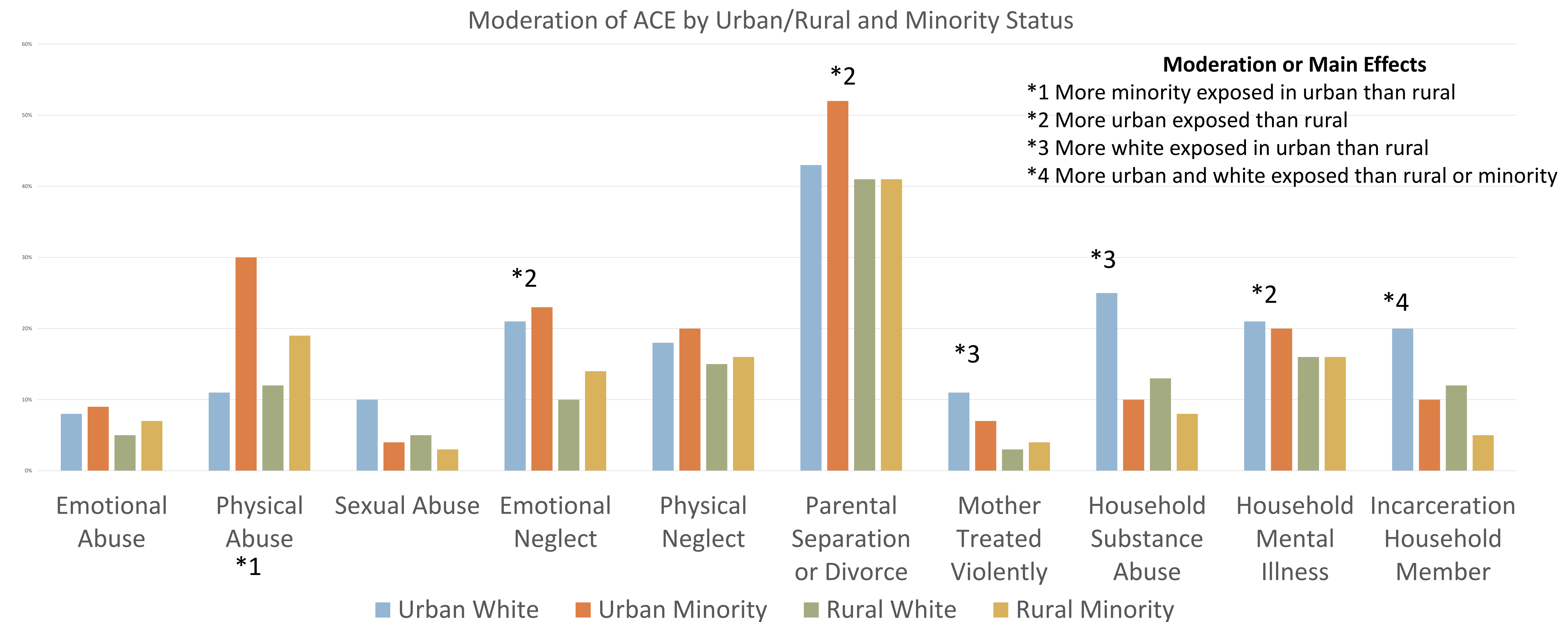
*The Family Map Inventories.* The FMI (Whiteside-Mansell, et.al, 2007, 2013) is an interview developed to assess important aspects of the family and home environment associated with well-being young children. The instruments were designed to be used during interviews between educator and parent. The FMI systematically identifies areas of concern and strength so that providers can design interventions to reduce risk factors (e.g., food insecurity, harsh parenting, parental depression) or enhance factors associated with healthy development (e.g., availability of learning materials, home safety). Estimates of test-retest reliability and construct validity were adequate (Whiteside-Mansell et al., 2007; 2013). Compared to national estimates (e.g., U.S. DHHS, 2002), the FMI estimates are consistent with rates found for other low-income families. All educators attended at least a FMI 6-hour training.

*Adverse Childhood Experiences (FMI-ACEs)* were assessed using a subset of items from the FMI. This subset of items identified by McKelvey et. al, 2016 have been shown to be good indicators of early exposure to adverse childhood experiences.

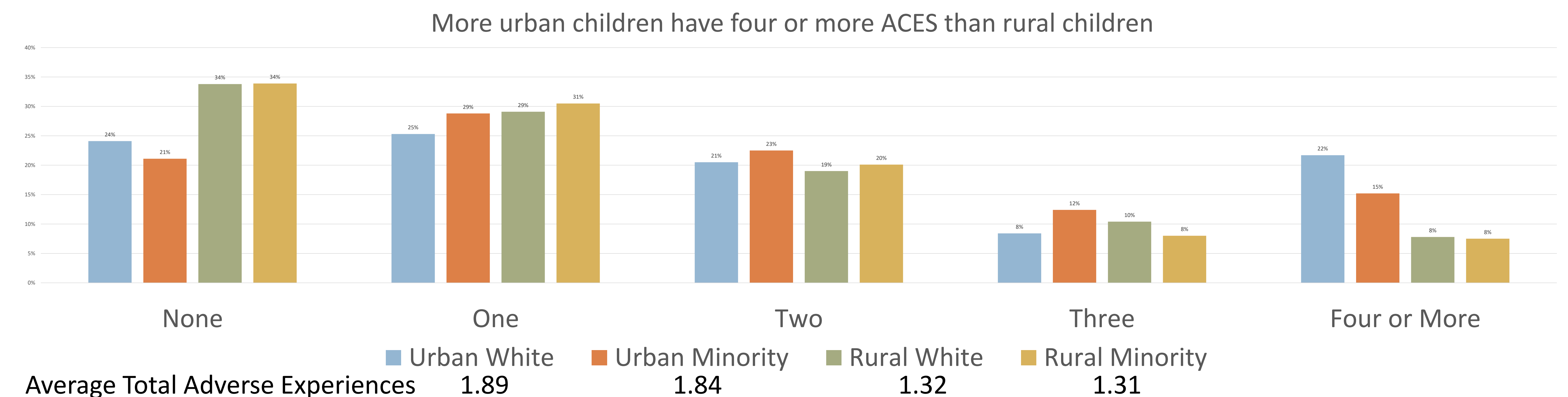
McKelvey, L. M., Whiteside-Mansell, L., Conners-Burrow, N.A., Swindle, T., & Fitzgerald, S. (2016). Assessing adverse experiences from infancy through early childhood. *Child Abuse and Neglect, 51*, 295-302. DOI: 10.1016/j.chiabu.2015.09.008

## Results

All analyses controlled for child age, gender, parent age, education, hours of work, family receipt of unemployment payments, and number of people in the home. Results of 10 logistic regressions are summarized below.



Using ANOVA, the number of adverse events experienced by minority status was not moderated by urban/rural status, a main effect of urban/rural was observed ( $F = 30.0$ ,  $df 1, 1159$ ,  $p < .00$ ,  $R^2 = .04$ ). Urban children were exposed to about 1 more ACE than rural children.



## Conclusions

Regardless of race, more urban children experienced emotional neglect and parental separation/divorce. However, more minority children living in urban settings experience physical abuse than in rural settings. Overall, in this study, minority children living in urban areas were more at risk for poor development as a result of the environment than rural children.

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