Association between Adverse Childhood Experiences and Mental Health Conditions, and Attenuation by Resilience and Social Support among Adults living in Puerto Rico

Asociación entre experiencias adversas en la niñez y condiciones de salud mental, y atenuación por resiliencia y apoyo social entre adultos que viven en Puerto Rico

Almarely L. Berríos-Negrón¹, Abrania Marrero³, Sigrid Mendoza², Martha Tamez³, June O'Neill², José Rodríguez-Orengo & Josiemer Mattei³

¹Department of Clinical Psychology, School of Behavioral and Brain Sciences, Ponce Health Sciences University ²FDI Clinical Research, San Juan, Puerto Rico ³Department of Nutrition, Harvard TH Chan School of Public Health, Harvard University

ABSTRACT

Adverse childhood experiences (ACE) are associated with risk of mental health conditions (MHC) in adulthood. Resilience and social support (SS) may be protective against MHC. How these factors may impact ACE and MHC, however, is poorly understood. We examined associations between ACE and MHC, and potential attenuation by resilience and SS, in Puerto Rico. Cross-sectional data were analyzed from 1,146 adults (30-75 years) participating in the Puerto Rico Observational Study of Psychosocial, Environmental, and Chronic Disease Trends (PROSPECT). ACE were assessed using the Behavioral Risk Factor Surveillance System Module. Resilience was captured using the Brief Resilience Scale. SS was assessed using the Interpersonal Support Evaluation List-12. Multivariable-adjusted logistic regressions estimated the odds ratio (95% CI) of having depressive symptoms (Center for Epidemiological Studies-Depression screener), anxiety (Generalized Anxiety Disorder 7-item screener), and post-traumatic stress disorder (PTSD 6-item Checklist-Civilian). Models were further adjusted for resilience and SS. Sixty-three percent of participants reported at least one ACE, of which 35.3% reported depressive symptoms, 25.5% anxiety, and 35.2% PTSD. Participants with ACE (vs. not) had higher odds of depressive symptoms (1.64, [1.21, 2.22]), anxiety (1.59, [1.13, 2.24]) and PTSD (2.71, [1.95, 3.76]), adjusted for sociodemographic and behavioral characteristics. Adjusting for resilience slightly attenuated these results for depressive symptoms (1.44, [1.03, 2.01]), anxiety (1.45, [1.01, 2.09]) and PTSD (2.61, [1.83, 3.71]). When adjusting for SS, only the association between ACE and PTSD remained significant (2.31, [1.64, 3.25]). While further research could clarify how resilience manifests among those with ACE, SS may potentially alleviate MHC.