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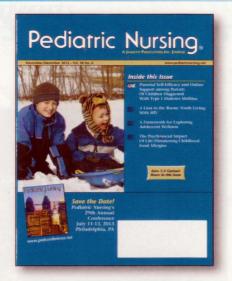
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Judy Rollins, PhD, RN

Pediatric Nursing

East Holly Avenue/Box 56

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pnjrnl@ajj.com

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Learning outcome, instructions for completing the evaluation, and statements of disclosure can be found on page 273.

Influence of Adverse Childhood Experiences on Anxiety and Depression In Children Aged 6 to 11 Years

Mojtaba Zare, Mary Narayan, Annie Lasway, Panagiota Kitsantas, Janusz Wojtusiak, and Cheryl A. Oetjen

opular media, such as CBS' 60 Minutes (Winfrey, 2018) and the PBS News Hour (Harris, 2018), have recently highlighted the importance of addressing the needs of children who have been negatively affected by adverse childhood experiences. According to the American Academy of Pediatrics (AAP), children affected by adverse childhood experiences suffer from "toxic stress," which is defined as "excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responrelationships" (Garner & Shonkoff, 2012, p. e225). When children experience prolonged physiologic stress responses, chemical and physical changes in children's neural networks and metabolic processes occur. These changes are related to physical, mental, behavioral, and developmental damage, which affect children's future lives in profound ways, contributing to life-long morbidity and life-limiting mortality (Garner & Shonkoff, 2012).

Mojtaba Zare, MS, is a Health Services Research PhD Student, Department of Health Administration and Policy College of Health and Human Services, George Mason University, Fairfax, VA.

Mary Narayan, MSN, RN, HHCNS-BC, is a Nursing PhD Student, School of Nursing, College of Health and Human Services, George Mason University, Fairfax, VA.

Annie Lasway, MS, is a Health Services PhD Student, Department of Health Administration and Policy, College of Health and Human Services, George Mason University, Fairfax, VA.

Panagiota Kitsantas, PhD, is a Professor, Department of Health Administration and Policy, College of Health and Human Services, George Mason University, Fairfax, VA. Zare, M., Narayan, M., Lasway, A., Kitsantas, P., Wojtusiak, J., & Oetjen, C.A. (2018). Influence of adverse childhood experiences on anxiety and depression in children aged 6 to 11 years. *Pediatric Nursing*, 44(6), 267-274, 287.

Adverse childhood experiences, such as exposure to poverty, violence, discrimination, and prolonged parental absence, can cause toxic stress and can affect children's physical, mental, and behavioral health for the rest of their lives. We examined the association of adverse childhood experiences with depression and anxiety in the understudied population of children 6 to 11 years old. We performed a secondary data analysis of the 2011/2012 National Survey of Children's Health. A sample of 31,060 primary school-aged children was extracted from the nationally representative sample of 95,677 children 0 to 17 years old. Independent variables included sociodemographic items related to the social determinants of health (race/ethnicity, sex, poverty level, family structure) and adverse childhood experience-exposure items (family economic hardship, parental separation/divorce, parental incarceration, parental/family member with mental illness or depression, parental/family member with drug or alcohol problem, and exposure to prejudice or discrimination). Outcome variables were diagnosed depression and anxiety. Descriptive statistics and logistic regression analyses were performed. Findings showed that in this sample, 6% of children were diagnosed with depression and/or anxiety. Findings also showed that economic hardship, poor parental mental/behavioral health, exposure to violence, or racial/ethnic discrimination increased the risk of depression and/or anxiety in 6- to 11-year-old children. Pediatric nurses can help protect children from adverse childhood experience exposure and can help them recover from these events. Pediatric nurses can identify children at risk, provide parental anticipatory guidance, make referrals for mental health services and community-based programs, protect children from traumatic medical events, and provide resilience education/skill-building, which can alleviate the long-term effects of adverse childhood experiences exposure.

Key Words:

Adverse childhood experiences, depression, anxiety, mental health, toxic stress, National Survey of Children's Health.

Adverse childhood experiences include a wide range of traumatic and toxic events that occur during childhood, such as man-made and natural disasters, traumatic medical events, violence, discrimination, poverty, dysfunctional families, and tragic family events. Disasters may cause children psychological trauma, such as being separat-

ed from their parents and other social supports, and by losing their homes and cherished possessions (Barber, Kohl, Kassam-Adams, & Gold, 2014; Quinn et al., 2016). Witnessing or experiencing violent events (i.e., neighborhood violence, sexual violence, physical and psychologic abuse) is harmful to children (Avanci, Assis,

Janusz Wojtusiak, PhD, is an Associate Professor, Department of Health Administration and Policy, College of Health and Human Services, George Mason University, Fairfax, VA.

Cheryl A. Oetjen, DNP, FNP-BC, is an Assistant Professor, School of Nursing, College of Health and Human Services, George Mason University, Fairfax, VA.