

# TOTS Brief

THE OKLAHOMA TODDLER SURVEY



## ADVERSE AND POSITIVE CHILDHOOD EXPERIENCES AMONG OKLAHOMA TODDLERS

### OKLAHOMA FAST FACTS

Negative events in childhood and the teen years, known as adverse childhood experiences (ACEs), can affect children for years and impact them throughout the life course.<sup>1</sup> These events can include potentially traumatic occurrences, such as neglect or witnessing violence. In the long run, these experiences can put children at risk for chronic health problems, mental illness, and later substance use.<sup>2</sup> There are risk factors that increase the likelihood of ACEs. Conversely, protective factors, or positive childhood experiences (PCEs), decrease the potential negative health effects from ACEs.

The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente conducted the original ACE study from 1995 to 1997.<sup>3</sup> The study's survey had questions from three categories of childhood abuse (psychological, physical, or sexual), four types of exposure to household dysfunction (substance abuse, mental illness, witnessing violence, or criminal behavior in the household), and two categories of neglect (emotional and physical). Response results from these ten categories showed that early adversity has lasting effects.

The Oklahoma Toddler Survey (TOTS) asks similar questions to those in the original ACE study and others related to individual, family, and community risk and protective factors identified by the CDC.<sup>1</sup> The TOTS questions are listed in this brief, followed by responses. TOTS 2018, 2019, and 2021 data were analyzed. Data from 2020 were excluded due to an insufficient sample size. Statistical analyses were performed using SAS callable SUDAAN. This brief provides an overview of ACEs and PCEs among Oklahoma's toddler population, as reported by their mothers.

***"To the best of your knowledge, has your child ever experienced any of the following events or situations?"***

"We are going through a divorce, and his dad is keeping me away from him."  
-TOTS mom

This question relates to household challenges involving substance abuse, mental illness, parental separation or divorce, and criminal behavior.<sup>3</sup> It is also associated with other potentially traumatic events

outlined by the CDC, such as witnessing violence in the home or community.<sup>1</sup> Moreover, research indicates that racial discrimination is a culturally specific adverse childhood experience that can impact health.<sup>4,5,6</sup> Figure 1 shows that the most common adverse event experienced by Oklahoma toddlers was divorce or separation of a parent or guardian (12.2%).

12.2%

Percent of toddlers who experienced divorce or separation of a parent or guardian

6.6%

Percent of toddlers who lived with anyone who was mentally ill, suicidal, or severely depressed

6.4%

Percent of toddlers who witnessed verbal or physical violence

91.2%

Percent of toddlers who have a caring relationship with at least one adult other than their parents

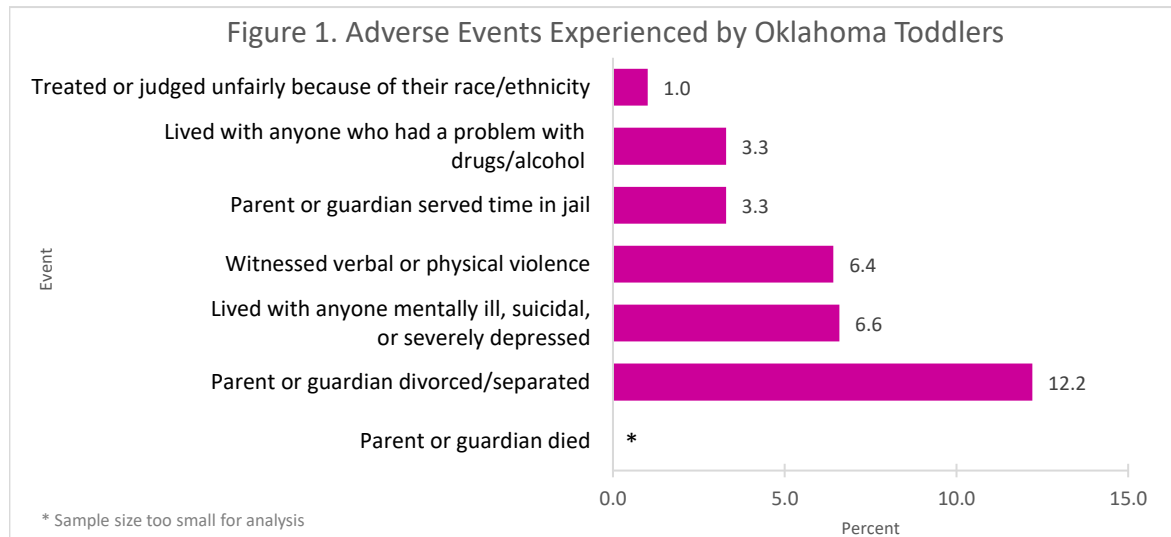
94.9%

Percent of toddlers who were reported to be safe in their neighborhood or community

81.5%

Percent of toddlers who live in neighborhoods where people help each other out

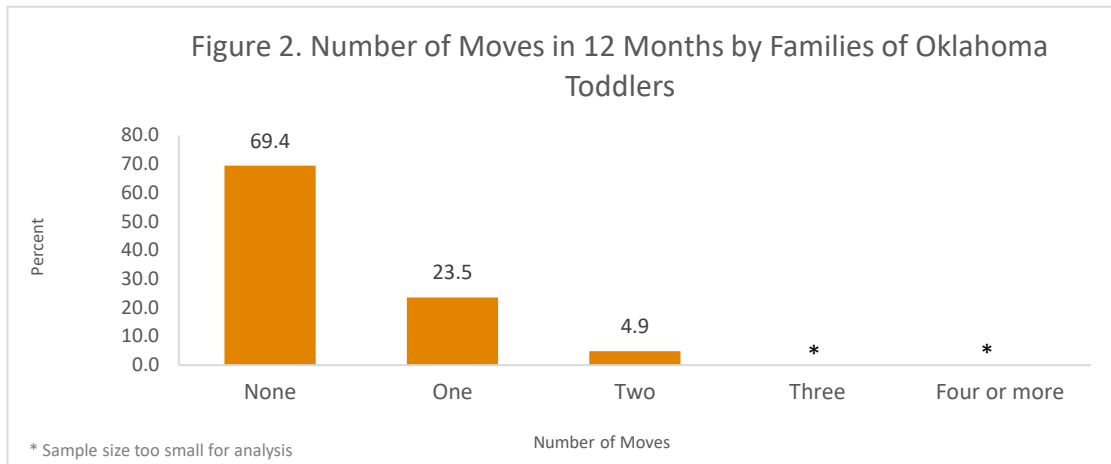
Figure 1. Adverse Events Experienced by Oklahoma Toddlers



**"In the past 12 months, how many times have you moved?"**

One community risk factor for ACEs cited by the CDC is "communities with unstable housing and where residents move frequently"<sup>1</sup>, which in TOTS is captured in the number of moves in a year. Research indicates that frequent moves may prevent people from building long-lasting attachments to neighborhoods and that housing instability (moving 3 or more times in 1 year) is associated with negative health outcomes in children.<sup>7</sup>

Figure 2 indicates that most Oklahoma toddler families did not move within the 12 months before survey completion (69.4%). The sample size was too small to examine the number of moves (3 or more) widely considered disruptive to child health and well-being.



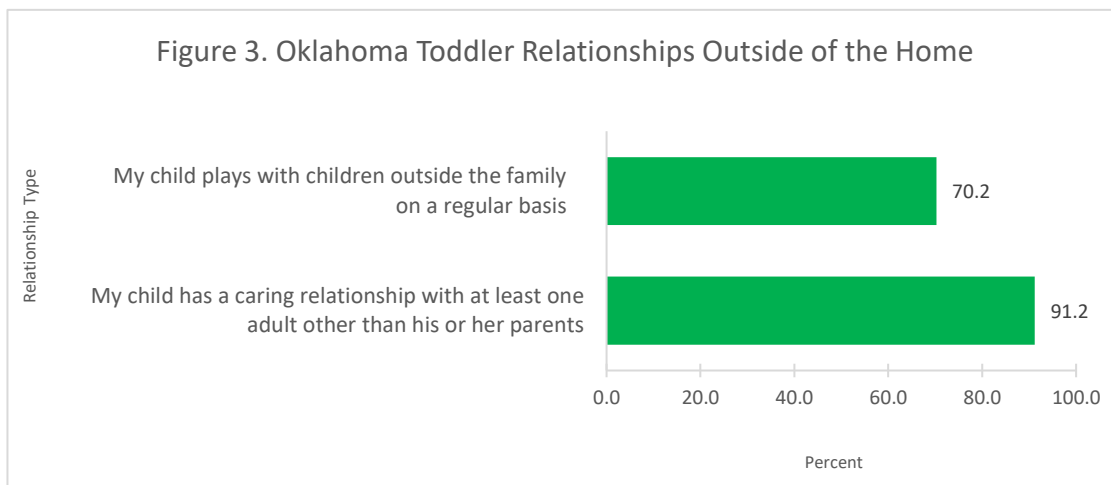
**"Does the statement describe your child's situation now?"**

(For each statement, check No if it does not describe your child's situation now or Yes if it does.)

This question corresponds to the PCEs and individual protective factors of "children who have positive friendships and peer networks" and "children who have caring adults outside the family who serve as mentors/role models."<sup>1</sup> They also relate to the family protective factor of "families with strong social support networks and positive relationships with the people around them."<sup>1</sup>

**"While we have experienced financial hardship this last 12 months, we are very lucky to have a healthy family and large support system."**  
-TOTS mom

Most Oklahoma mothers reported that their toddlers had a caring relationship with at least one adult other than their parents (91.2%). Additionally, just under three-fourths of Oklahoma toddlers (70.2%) regularly played with children outside the family, as presented in Figure 3.



**"...we strive to provide as much love and emotional stability for our family [as possible]. Each day has new challenges, but we work together to resolve them in an age-appropriate manner."**  
-TOTS mom

The Oklahoma Toddler Survey (TOTS) is a two-year follow-up to the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Mothers with live infants who respond to PRAMS enter a TOTS survey the month their child turns two years old. TOTS is a mixed-mode surveillance system. Two mail surveys are sent to gain participation, followed by telephone surveillance for non-respondents. An online survey was available starting in 2020.

The response rate for 2018, 2019, and 2021 was 67.1% (n=3,021, excluding women ineligible to complete TOTS). Data were weighted to represent the two-year-old's birth cohort for those years. Prevalence rates were calculated using SAS callable SUDAAN.

Special assistance for this Brief was provided by: Binitha Kunnell, MS; Ayesha Lampkins, MPH; April Lopez, MPH; Alicia Lincoln, MSW; Peggy Byerly, MS; and Rebekah Rodriguez.

Funding was made possible by the Maternal and Child Health Bureau, Department of Health and Human Services, Maternal and Child Health Services Title V Block Grant, grant number is B04MC30635.

This publication was issued by the Oklahoma State Department of Health (OSDH), an equal opportunity employer and provider. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries in compliance with section 3-114 of Title 65 of the Oklahoma Statutes and is available for download at [www.documents.ok.gov](http://www.documents.ok.gov). | Issued January 2024

REFERENCES

- Centers for Disease Control and Prevention. (2023a, June 29). *Risk and protective factors*. <https://www.cdc.gov/violenceprevention/aces/risprotectivefactors.html>
- Centers for Disease Control and Prevention. (2023b, June 29). *Fast facts: Preventing adverse childhood experiences*. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- 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: The adverse childhood experiences (ACE) study. *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)
- Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2021). Making the "C-ACE" for a culturally-informed adverse childhood experiences framework to understand the pervasive mental health impact of racism on Black youth. *Journal of Child & Adolescent Trauma*, 14, 233-247. <https://doi.org/10.1007/s40653-020-00319-9>
- Bernard, D. L., Smith, Q., & Lanier, P. (2022). Racial discrimination and other adverse childhood experiences as risk factors for internalizing mental health concerns among Black youth. *Journal of Traumatic Stress*, 35(2), 473-483. <https://doi.org/10.1002/jts.22760>
- Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine*, 49(3), 354-361. <https://doi.org/10.1016/j.amepre.2015.02.001>
- Healthy People 2030. (n.d.). *Housing instability*. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability>
- Nurius, P. S., Green, S., Logan-Greene, P., & Borja, S. (2015). Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis. *Child Abuse & Neglect*, 45, 143-153. <https://doi.org/10.1016/j.chiabu.2015.03.008>

**"Does the statement describe your neighborhood or community?**  
*(For each statement, check No if the item does not describe your neighborhood/community or Yes if it does.)"*

**"I do the best I can trying to raise 5 kids on my own. I struggle check to check. Sometimes run out of food. I get scared around my neighborhood because my ex (daughter's father) lurks around. But my neighbors look out for me. My kids always come first, though."**  
 -TOTS mom

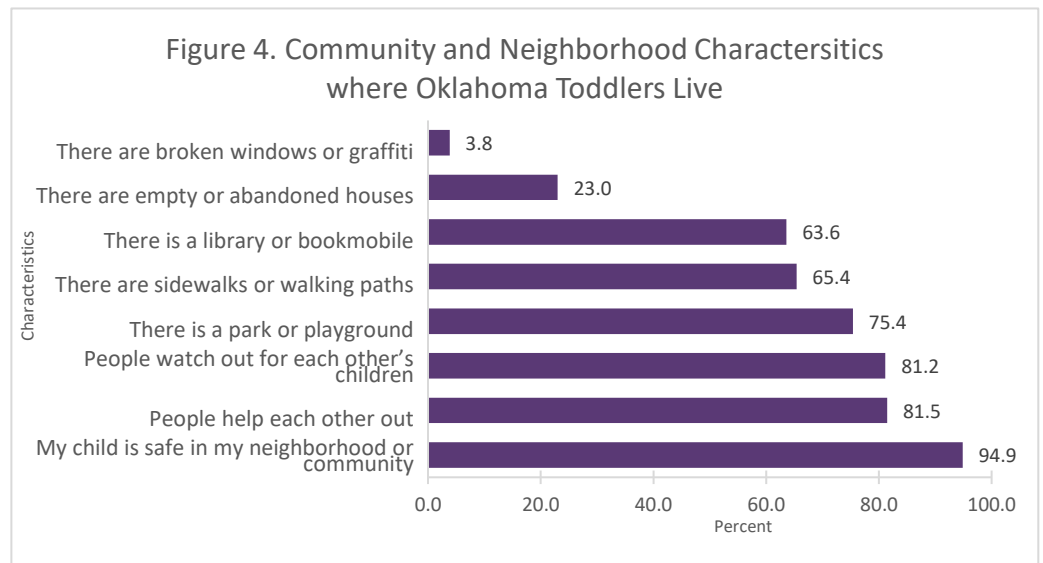
This question highlights the protective factors found within families and communities. These factors include families having strong social support networks and positive relationships with those around them. Additionally, communities where

residents feel connected and involved, where violence is not accepted, and where families have access to safe after-school programs and activities contribute to a protective environment.<sup>1</sup>

This question also denotes possible ACE risk factors, such as "Communities where neighbors don't know or look out for each other and there is low community involvement among residents."<sup>1</sup> Responses related to broken windows or graffiti (3.8%) and empty or abandoned houses (23.0%) may indicate community social and environmental disorder risk factors.

Figure 4 shows community and neighborhood characteristics where Oklahoma toddlers live. Most mothers noted that their child was safe in their neighborhood or community (94.9%).

Other highly reported PCE characteristics of toddler neighborhoods and communities were that people helped each other out (81.5%), people watched out for each other's children (81.2%), and there was a park or playground (75.4%). However, nearly one-fourth of neighborhoods (23.0%) had empty or abandoned houses.



Several influences contribute to ACEs, and there is no one single cause. This study focused on a few ACEs and PCEs, which can include many other types of experiences. Addressing individual, family, community, and societal risk factors is essential. Education, increased access to needed services, early detection and intervention in cases of abuse, family dysfunction, unmet needs<sup>8</sup>, and program and policy implementation are all valid approaches to combatting ACEs.

It is also essential to understand that although some factors may be at the individual or family level, no child is responsible for the ACEs they experience. Trauma in childhood can affect individuals' health throughout the life course, but so can positive experiences. ACEs can potentially be mitigated by PCEs; all children deserve to grow up in a safe and stable environment.<sup>2</sup>

FOR MORE INFORMATION

Visit [Oklahoma.gov/health/TOTS](http://Oklahoma.gov/health/TOTS)