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The lifetime prevalence of adverse childhood experiences among young adults in Grenada, Guyana, and Saint Lucia

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ABSTRACT

Background: Previous research shows childhood maltreatment is prevalent in English-speaking Caribbean countries, but no study has systematically examined the distribution of adverse childhood experiences (ACEs) in the region.

Objective: The current study aims to estimate the prevalence of ACEs among young adults in Grenada, Guyana, and Saint Lucia, and to examine the distribution of ACEs by gender and race/ethnicity.

Participants and setting: Survey data were collected in June and July 2023 through nationally representative multi-stage cluster sampling designs for each country. Adults aged 18 to 29 who spoke English and were not institutionalized were eligible to participate in the study.

Methods: Child maltreatment was measured using the binary scoring method of the Adverse Childhood Experiences International Questionnaire (ACE-IQ). We examined associations between ACEs and demographic characteristics both within and across countries.

Results: Males experience significantly more ACEs than females in Grenada, but this difference is not observed in Saint Lucia and Guyana. Males in Grenada also face more ACEs than males in Guyana and Saint Lucia, while females in Grenada and Saint Lucia face more ACEs than females in Guyana. Race/ethnic group differences were noted within Guyana but not in Grenada and Saint Lucia. Overall, the average number of ACEs for individuals of African descent/Black and Mixed descent did not differ significantly between countries.

Conclusions: This study reveals the high prevalence of ACEs in Grenada, Guyana, and Saint Lucia compared to nations in the Global North. Notable differences by gender and ethnicity are reported. Targeted interventions are needed in the region.

1. Introduction

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood, such as abuse, neglect, and household dysfunction. Since the seminal study by Felitti et al. (1998), which reported that ACEs are common among youth and are

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associated with negative life experiences, multi-disciplinary research teams from around the world have found empirical support that ACEs increase an individual's risk for numerous adverse health and behavioral outcomes, including chronic diseases (Hughes et al., 2021), neurobiological deficits (Shalev et al., 2013), substance use (Dube et al., 2003), and criminal offending (Braga et al., 2017), to name a few. The generalizability of these relationships is primarily driven by the widespread use of standardized measurement strategies, such as items included in the Adverse Childhood Experience Questionnaire, and the employment of nationally representative samples of adolescents and adults.

Despite extensive research on ACEs across diverse populations, notable gaps persist in certain regions. The Caribbean, in particular, remains underrepresented in the ACEs literature. A recent meta-analysis of ACE prevalence by Madigan et al. (2023) included data from 22 countries, yet only one study originated from a Caribbean nation. To date, no prior research has examined the scope and distribution of ACEs in any Caribbean nation using a nationally representative sample. In our review of the peer-reviewed literature, only two studies employed ACE questionnaires in Caribbean nations: one relied on a sample of students in the Dominican Republic (Luft et al., 2022), and the other relied on a sample of agricultural workers in Grenada (Mueller et al., 2019).

Even though research on ACEs in the Caribbean appears scant, notable efforts by researchers have called attention to child maltreatment in the region for at least two decades. One of the most comprehensive studies on child sexual abuse in the region was conducted by Jones and Trotman Jemmott (2009), who surveyed a non-representative sample of adults across six Eastern Caribbean nations. Their findings estimated that between 20 and 45 % of respondents experienced sexual abuse during childhood, suggesting that prevalence rates in Caribbean nations may exceed those reported in other regions. In terms of physical abuse, several international organizations have urged government officials in Caribbean nations to abolish corporal punishment, given its high prevalence and potential contribution to violence among youth (Bailey et al., 2014; Landon et al., 2017). For example, a national household survey in Guyana reported that since the 1990s, about 70 % of respondents have experienced violent discipline—such as psychological or physical punishment—between the ages of 1 and 14 (Bureau of Statistics, 2015). Rohner et al. (1991) further demonstrated that increased physical punishment among youth is linked to adverse psychological outcomes. Collectively, these findings underscore the urgent need for systematic research on ACEs in the Caribbean to better capture the prevalence of childhood adversity and its implications for health and well-being in the region.

Building on this need for systematic research, examining ACEs by gender and race is critical for understanding their often uneven distribution. Prior research has consistently shown that women frequently report higher rates of sexual abuse than men (e.g., Cavanaugh et al., 2015). Similarly, studies in the United States and other regions highlight racial disparities in ACE exposure, where marginalized groups experience heightened vulnerability due to systemic inequalities (Merrick et al., 2018). In the Caribbean context, virtually no empirical work has examined racial differences in ACE exposure, despite the region's histories of slavery, colonialism, and migration that continue to shape contemporary inequalities (Brown, 2020). Drawing on data from nationally representative household surveys conducted in Grenada, Guyana, and Saint Lucia, the present study addresses the call to assess the risk of experiencing ACEs within Caribbean nations (Jones, 2021; Mueller et al., 2019). The objectives of the present study are to (1) examine the prevalence of ACEs among young adults in Grenada, Guyana, and Saint Lucia and (2) explore the distribution of ACEs by gender and racial/ethnic groups. Using representative samples and exploring the distribution of ACEs by gender and race/ethnicity, the current study can assess the scope and concentration of ACEs across three Caribbean nations and inform decision-making in public health and clinical practices.

This study makes three important contributions to the ACE literature. First, as noted above, ACEs are not only understudied in the English-speaking Caribbean, but evidence also suggests that youth in the region may be at an elevated risk compared to youth in other regions (Campbell et al., 2025). Some have suggested that elevated risk levels are at least in part a consequence of the region's unique structural vulnerabilities related to slavery, colonialism, migration, and inequality, and accordingly, might differentially shape patterns of childhood adversity compared to those in the Global North (Campbell et al., 2025; Jones & Trotman Jemmott, 2009). Relatedly, the scope and nature of ACEs in the region may vary uniquely by gender and ethnicity compared to other regions, due to the region's post-colonial cultural context (Deosaran, 1987). The use of standardized items among a representative sample is not only necessary for testing the generalizability of well-documented disparities by gender and ethnicity in ACEs in the Global South, but also enables meaningful comparisons with other regions, providing policymakers and practitioners in the region with context-specific evidence that can inform prevention and intervention efforts.

2. Methods

The data used in the present study were collected in June and July 2023 in Grenada, Guyana, and Saint Lucia. Nationally representative multi-stage cluster sampling designs were implemented, considering each nation's rural and urban regions and community size. Eligible participants were young adults aged 18 to 29 years who speak English and were not institutionalized. Noneligible participants were Spanish-speaking youth, youth in hospitals, military barracks, detention facilities, and prisons.

In Saint Lucia and Grenada, all Enumeration Districts (ED) (i.e., census tracts) were included at stage one of the sample selection process. EDs were ranked by population density at stage two. EDs with less than 50 persons per square kilometer were excluded. In Saint Lucia, this resulted in 509 of 532 EDs (95.7 %) remaining in the sample, and in Grenada, all 290 EDs remained in the sample. At stage three, EDs were randomly selected with a probability proportional to their size. In Saint Lucia, 134 of the 509 EDs and 135 of the 290 EDs were selected for inclusion in Grenada. Interviewers attempted to make contact at each residence in the ED until six young adults per ED were interviewed: three males and three females. At stage four, respondents were selected within households. A Kish grid by gender (i.e., male and female) and age range (i.e., 18 to 29) was used to select respondents.

A similar research design was employed in Guyana, but some variation was required due to geographically isolated and difficult-to-reach communities. At stage one, remote and/or Hinterland regions, including Regions 1, 8, and 9, were excluded from the sampling frame due to cost and logistical constraints. The remaining regions (i.e., 2, 3, 4, 5, 6, 7, and 10) formed the initial sampling frame for the study. In the second stage, villages/communities with fewer than fifty 18 to 29-year-olds were eliminated due to budgetary constraints and concerns over potential data collection delays. A probability sampling technique was used at stage three based on the number of villages within each region. We randomly selected 10 % of villages within each region. Before data collection, potential replacement villages were randomly generated in the event of flooding, failure to meet quotas, or some other unforeseen event hindering data collection. Stage four involved selecting households and streets within communities. In large communities/villages—those containing more than eight streets—every other street was selected for data collection. In smaller communities, every street was visited. Every third house was visited for each selected street. If the visited household refused to participate in the study or no one was home, the data collector immediately visited the next house. An exception to this rule was made in Indigenous communities, where enumerators surveyed every other household due to the small population counts in these communities.

Response rates were 80.5 % in Saint Lucia, 89.2 % in Grenada, and 92.1 % in Guyana.[1] In the final sample, 806 adult youth respondents were surveyed in Saint Lucia, 801 adult youth respondents were surveyed in Grenada, and 774 adult youth respondents were surveyed in Guyana. Based on the stratified multi-stage cluster sample research design and the final sample, we estimate the margin of error with a 99 % confidence interval to be ±3.2 % for Grenada, ±4.5 % for Guyana, and ± 4.1 % for Saint Lucia. For additional information on response rates, including details on refusals, incomplete interviews, and non-contacts, see (citation removed for review purposes).

2.1. Procedures

Before administering the instrument to the respondent, an explanation and details about the project's purpose were provided. Written or verbal consent was required among all respondents; if verbal consent was granted, it was recorded with a tablet, which interviewers used to record responses through a survey solutions application. Interviews took place in the respondent's home, on the front porch, or in a nearby area that was comfortable for both the respondent and interviewer. In Guyana, we received approval from Toshaos, who presided over Indigenous communities, before conducting interviews in these communities. Confidentiality was guaranteed to respondents, and the interviewer was required to interview in a location where a household member or other person could not overhear. On average, interviews lasted about 25 min. Data collection for a subject was considered complete only after two supervisors had reviewed and approved the file and verified the subject's consent.

2.2. Measures

The current study includes self-reported measures of ACEs and self-reported demographic characteristics. ACEs were measured using the English version of the Adverse Childhood Experiences International Questionnaire (ACE-IQ). The ACE-IQ was developed by a task force sponsored by the World Health Organization (WHO) to better assess child adversity in low-and middle-income countries (WHO, 2020). To increase acceptance and relevance of the ACE-IQ to our sample, the prime contractor funded by USAID held six multisectoral stakeholder consultations across three countries. These sessions included representatives from sectors such as education, health, national security, social development, and community programs, to ensure the instrument's cultural suitability and relevance. The survey items were also reviewed by project sponsors (USAID and the primary contractor). Based on feedback from local experts and sponsors, the items related to bullying and domestic violence were removed from the survey.

For the present study, ACEs were measured using 25 items to identify eleven unique ACE categories, which we group under three domains of childhood adversity: household dysfunction, childhood maltreatment, and violence outside the home. Household dysfunction includes four ACE categories: substance abuse in home, mental illness in home, incarcerated household member, and absent parent due to separation, divorce, or death. These ACEs were measured with the following five items: “Were your parents ever separated or divorced?,” “Did your mother, father, or guardian die?,” “Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs?,” “Did you live with a household member who was depressed, mentally ill or suicidal?” and “Did you live with a household member who was ever sent to jail or prison?”

Childhood maltreatment includes five ACEs: emotional and physical neglect, emotional and physical abuse, and sexual abuse. Emotional neglect was measured using the following two items: “Did your parents/guardians understand your problems and worries?” and “Did your parents/guardians really know what you were doing with your free time when you were not at school or work?” Emotional abuse was measured through two questions: “Did a parent, guardian, or other household member yell, scream or swear at you, insult or humiliate you?”, and “Did a parent, guardian or other household member threaten to, or actually, abandon you or throw you out of the house?” Three items were used to identify the presence of physical neglect during childhood: “How often did your parents/guardians not give you enough food even when they could easily have done so?”, “Were your parents/guardians too drunk or intoxicated by drugs to take care of you?”, and “How often did your parents/guardians not send you to school even when it was available?” The instrument measured physical abuse through two items: “Did a parent, guardian or other household member spank, slap, kick, punch or beat you up?”, and “Did a parent, guardian or other household member hit or cut you with an object, such

[1] In Saint Lucia and Grenada, we calculated response rates using the following formula: Response rate = # responding / (# eligible + # with eligibility undetermined), which the American Time Use Survey employs. In Guyana, we calculated the response rate as follows: Response rate = # responding / (# responding + # eligible but not responding), a formula used by the Consumer Expenditure Survey, which does not consider non-contacts (or when eligibility is undetermined).

as a stick (or cane), bottle, club, knife, whip etc.?" Sexual abuse was measured through four items: "Did someone touch or fondle you in a sexual way when you did not want them to?", "Did someone make you touch their body in a sexual way when you did not want them to?", "Did someone attempt oral, anal, or vaginal intercourse with you when you did not want them to?", and "Did someone actually have oral, anal, or vaginal intercourse with you when you did not want them to?"

Last, violence outside the home includes two ACEs: community violence and collective violence. Our measure of exposure to community violence included three questions: "Did you see or hear someone being beaten up in real life?", "Did you see or hear someone being stabbed or shot in real life?" and "Did you see or hear someone being threatened with a knife or gun in real life?" Exposure to collective violence included four items: "When you were growing up, during the first 18 years of your life …" "Were you forced to go and live in another place due to any of these events?" (i.e., items contained in the Exposure to Community Violence scale), "Did you experience the deliberate destruction of your home due to any of these events?", "Were you beaten up by soldiers, police, militia, or gangs?", and "Was a family member or friend killed or beaten up by soldiers, police, militia, or gangs?"

For the above items, respondents were instructed to base their responses on experiences that occurred during the first 18 years of their lives. Response options for each of the 25 items included either a dichotomous (i.e., yes/no) format or a 4-item Likert scale (e.g., "Many times" to "Never"). To consider an ACE present, the respondent must have selected an affirmative response to at least one survey item measuring that specific ACE. We coded survey items following the binary scoring method recommended by the ACE-IQ developers, which considers an ACE present if the respondent chooses any affirmative response option (WHO, 2020). After coding all eleven ACEs, those identified as "present" were summed to determine the total number of ACEs each respondent experienced. Total ACEs ranged from 0 to 11. Consistent with other non-Western samples (e.g., Casas-Muñoz et al., 2024), we report total ACEs both as a continuous variable and as a seven-category variable (0, 1, 2, 3, 4, 5, and ≥ 6).

The survey instrument measured the self-reported demographic characteristics of age, race/ethnicity, gender, marital status, and employment status. Age was measured as a continuous variable, ranging from 18 to 29. Race/ethnicity consisted of four mutually exclusive categories: African descent/Black, Indian descent, Mixed, and Other. The respondent's gender was coded as male or female; marital status was dichotomized as married or in a domestic partnership versus unmarried; and employment status was coded dichotomously as employed or unemployed.

2.3. Analytic strategy

We begin our analysis by describing the demographic characteristics of our samples. Next, we report lifetime prevalence rates of ACEs at the country-level and test between-country differences using chi-square tests of independence for categorical variables and *t*-tests and one-way analysis of variance (ANOVA) tests to compare continuously coded ACE scores. For cross-tabulations involving statistically significant ($p < .05$) variables with more than two categories, we conduct post-hoc tests to identify which specific pairwise comparison contributed to the significant result. Given that our study is exploratory, we do not adjust significance levels for pairwise comparisons (Armstrong, 2014). Last, we disaggregate each country sample by gender and race/ethnicity to conduct within- and between-country analyses of individual and total ACEs. We report all lifetime prevalence estimates with 95 % confidence intervals using standard errors adjusted at enumeration districts for all three countries. All estimates were calculated using Stata version 17 (StataCorp, 2021).

It is worth noting that before conducting our analyses, we assessed the adequacy of statistical power to detect meaningful differences among subgroups, ensuring that our results would be interpretable and statistically reliable. Post-hoc observed power analyses using the G*Power software package (Faul et al., 2020) (not reported in the final results) revealed that the sample sizes were sufficient to identify small effect sizes (e.g., Cohen's $d = 0.20$) for all analyses except for some ethnic comparisons. Specifically, participants of Indian descent and those categorized under "Other" race/ethnic groups were sufficiently powered to detect only large effect sizes.[2] As such, any findings related to these subgroups should be interpreted with caution due to the limited ability to detect statistically significant differences.

3. Results

Table 1 shows descriptive statistics of our sample. The sample included 2378 respondents: 801 from Grenada, 772 from Guyana, and 805 from Saint Lucia.[3] The distribution of males and females across the three countries is nearly balanced, with each gender making up about 50 % of the population in each country. The average age across the countries is similar, with respondents in Grenada having a mean age of 22.71 years (SD = 3.60), in Guyana 23.02 years (SD = 3.55), and in Saint Lucia 22.72 years (SD = 3.47). Marital status varies between countries, with a higher percentage of respondents in Guyana (28.89 %) being married compared to Grenada (5.87 %) and Saint Lucia (5.96 %). These findings align with limited prior research on marriage patterns in the region, which suggests that women in Guyana marry at younger ages than women in Saint Lucia and Grenada (UN Women, n.d.; World Bank, n.d.; Government of Guyana and UNICEF, 2021). For example, in 2021, the Government of Guyana and UNICEF estimated that up to 6.3 % of Guyanese females are married by age 15, and 32.3 % are married by age 18 (Government of Guyana and UNICEF, 2021). Unemployment rates among respondents were similar across the countries: 43.35 % in Saint Lucia were unemployed, followed by 40.32 % in Grenada, and 38.08 % in Guyana. Assessing how representative our sample was of each country's

[2] Large effect sizes, as operationalized by Cohen (1988), are as follows: $d = 0.80$ for *t*-tests; $w = 0.50$ for chi-square tests; and $f = 0.40$ for ANOVA tests.

[3] Three respondents that identified as nonbinary—two from Guyana and one from Saint Lucia—were excluded from the analysis due to small sample size, which resulted in standard errors too large to produce reliable estimates.

Table 1
Demographic characteristics of samples (n = 2378).

	Country						
	1. Grenada		2. Guyana		3. Saint Lucia		Between- country sig.
	(n = 801)		(n = 772)		(n = 805)		
Race/ethnicity, n / %							
African descent/Black	709	88.51	220	28.5	735	91.3	1,3 > 2
Indian descent	9	1.12	276	35.75	6	0.75	–
Mixed	74	9.24	182	23.58	54	6.71	2 > 1,3
Other	9	1.12	94	12.18	10	1.24	–
Gender, n / %							n.s.
Male	398	49.69	390	50.52	403	50.06	
Female	403	50.31	382	49.48	402	49.94	
Employment status, n / %							n.s.
Unemployed	323	40.32	294	38.08	349	43.35	
Employed	478	59.68	478	61.92	456	56.65	
Marital status, n / %							1,3 > 2
Not married	754	94.13	549	71.11	757	94.04	
Married	47	5.87	223	28.89	48	5.96	
Age							n.s.
Mean / (SD)	22.71	(3.60)	23.02	(3.55)	22.72	(3.47)	
Min / Max	18	29	18	29	18	29	

Note. n.s. = Not statistically significant (p > .05); SD = Standard deviation.

population aged 18 to 29, and applying weighting accordingly, was not possible because the most recent publicly available census data are from 2011 for Grenada (Central Statistical Office, 2011a), 2012 for Guyana (Bureau of Statistics, 2012), and 2010 for Saint Lucia (Central Statistical Office, 2011b).

Table 2 shows self-reported lifetime prevalence rates of individual ACEs and total ACEs by country, along with results from between-country significance tests. Starting with individual ACEs, our analysis found no significant differences for four of the eleven ACEs: the percentage of respondents reporting a household member abused substances ranged from 13.7 % to 14.4 %; those living with a mentally ill household member ranged from 7.4 % to 8.6 %; those with an absent parent due to divorce, separation, or death ranged from 56.5 % to 59.4 %; and those who experienced physical neglect ranged from 29.1 % to 32.6 %. Conversely, the prevalence of the remaining seven ACEs showed significant variation between countries. For example, about 15.9 % of respondents in Grenada reported a household member was incarcerated, compared to 8.2 % in Guyana and 11.8 % in Saint Lucia. Another notable

Table 2
Lifetime prevalence rates of ACEs by country (n = 2378).

	1. Grenada (n = 801)			2. Guyana (n = 772)			3. Saint Lucia (n = 805)			Between-country sig.
	n	%	(95 % CI)	n	%	(95 % CI)	n	%	(95 % CI)	
Household dysfunction										
Substance abuse in home	110	13.7	(11.5–16.3)	111	14.4	(12.2–16.9)	111	13.8	(11.4–16.6)	n.s.
Mental illness in home	65	8.1	(6.3–10.4)	57	7.4	(5.7–9.6)	69	8.6	(6.6–11.0)	n.s.
Incarcerated household member	127	15.9	(13.3–18.7)	63	8.2	(6.3–10.5)	95	11.8	(9.8–14.1)	1 > 3 > 2
Parental separation/divorce/death	476	59.4	(55.5–63.2)	436	56.5	(52.9–60.0)	472	58.6	(54.7–62.4)	n.s.
Childhood maltreatment										
Emotional neglect	681	85.0	(81.9–87.7)	607	78.6	(75.6–81.4)	648	80.5	(77.2–83.4)	1 > 2,3
Physical neglect	233	29.1	(25.1–33.4)	252	32.6	(29.0–36.5)	242	30.1	(27.0–33.3)	n.s.
Emotional abuse	543	67.8	(63.6–71.7)	416	53.9	(49.8–58.0)	498	61.9	(58.0–65.6)	1 > 3 > 2
Sexual abuse	125	15.6	(13.1–18.5)	73	9.5	(7.5–11.8)	140	17.4	(14.8–20.4)	1,3 > 2
Physical abuse	526	65.7	(61.2–69.9)	324	42.0	(38.1–46.0)	402	49.9	(46.4–53.5)	1 > 3 > 2
Violence outside home										
Exposure to community violence	663	82.8	(79.5–85.6)	636	82.4	(79.6–84.9)	626	77.8	(74.3–80.9)	1,2 > 3
Exposure to collective violence	156	19.5	(16.5–22.9)	130	16.8	(14.2–19.8)	193	24.0	(20.9–27.3)	3 > 1,2
Total ACEs, M/(SD)/Range	4.63	(2.14)	0–11	4.02	(2.06)	0–11	4.34	(2.25)	0–11	1 > 3 > 2
0 ACEs	9	1.1	(0.6–2.3)	23	3.0	(2.1–4.2)	31	3.9	(2.7–5.5)	2,3 > 1
1 ACE	51	6.4	(4.7–8.6)	61	7.9	(5.7–10.8)	59	7.3	(5.7–9.3)	n.s.
2 ACEs	78	9.7	(7.9–12.0)	103	13.3	(11.2–15.9)	85	10.6	(8.5–13.0)	n.s.
3 ACEs	112	14.0	(11.7–16.7)	133	17.2	(14.8–19.9)	122	15.2	(12.9–17.7)	n.s.
4 ACEs	138	17.2	(14.6–20.2)	144	18.7	(15.8–21.9)	137	17.0	(14.4–20.0)	n.s.
5 ACEs	144	18.0	(15.5–20.7)	140	18.1	(15.7–20.8)	119	14.8	(12.6–17.3)	n.s.
≥ 6 ACEs	269	33.6	(30.0–37.4)	168	21.8	(19.0–24.8)	252	31.3	(28.0–34.8)	1,3 > 2

Note. ACEs were coded as 1 = Present using the binary scoring method from the ACE-IQ instrument; n.s. = Not statistically significant (p > .05); Standard errors were calculated using Taylor series linearization to account for the clustering at enumeration district.

difference was in the prevalence of sexual abuse during childhood, with percentages in Saint Lucia and Grenada significantly higher than in Guyana (17.4 % and 15.6 % versus 9.5 %). In addition to these significant differences, a noteworthy finding is that over two-thirds of respondents across all three countries reported experiencing emotional neglect and exposure to community violence during childhood.

Table 2 also shows the prevalence rates for the total number of ACEs reported. Nearly all respondents across the three countries reported experiencing at least one ACE (ranging from 96.1 % to 98.9 %). On average, respondents in all three countries reported experiencing at least four ACEs; however, the total mean ACEs for respondents in Grenada ($M = 4.63$, $SD = 2.14$) was significantly higher than the mean total ACEs reported in Guyana ($M = 4.02$, $SD = 2.06$) and Saint Lucia ($M = 4.34$, $SD = 2.25$). Regarding the categorical distribution of ACEs, the proportion of respondents in Guyana and Saint Lucia who reported zero ACEs was significantly higher than the proportion in Grenada (respectively, 3.0 % and 3.9 % compared to 1.1 %). For respondents who reported six or more ACEs, the proportion in Guyana (21.8 %) was significantly lower than in Grenada (33.6 %) and Saint Lucia (31.3 %). The proportion of respondents reporting one, two, three, four, or five ACEs did not significantly differ between countries.

Table 3 shows self-reported prevalence rates of ACE categories by gender within and across the three study countries. Of the eleven ACEs, our analysis found that five did not significantly differ between males and females in each of the countries: emotional neglect, substance abuse in the home, mental illness in the home, parental separation/divorce/death, and emotional abuse. For the

Table 3
Gender-adjusted lifetime prevalence rates of individual ACEs by country.

	1. Grenada (n = 801)		2. Guyana (n = 772)		3. Saint Lucia (n = 805)		Between-country sig.
	%	(95 % CI)	%	(95 % CI)	%	(95 % CI)	
Emotional neglect							
Females	85.1	(81.0–88.5)	77.7	(72.3–82.4)	80.3	(75.8–84.2)	1 > 2
Males	84.9	(80.9–88.2)	79.5	(74.8–83.5)	80.6	(76.7–84.0)	n.s.
Within-country sig.	n.s.		n.s.		n.s.		
Physical neglect							
Females	25.6	(21.2–30.4)	32.2	(27.9–36.8)	28.1	(24.0–32.6)	n.s.
Males	32.7	(27.2–38.6)	33.1	(28.1–38.5)	32.0	(27.7–36.7)	n.s.
Within-country sig.	M > F		n.s.		n.s.		
Substance abuse in home							
Females	14.6	(11.5–18.5)	14.7	(11.5–18.5)	13.9	(10.6–18.1)	n.s.
Males	12.8	(9.9–16.4)	14.1	(11.0–18.0)	13.6	(10.4–17.7)	n.s.
Within-country sig.	n.s.		n.s.		n.s.		
Mental illness in home							
Females	9.2	(6.8–12.3)	7.3	(5.0–10.5)	10.4	(7.6–14.2)	n.s.
Males	7.0	(4.7–10.4)	7.4	(5.2–10.6)	6.7	(4.6–9.6)	n.s.
Within-country sig.	n.s.		n.s.		n.s.		
Incarcerated household member							
Females	12.9	(9.8–16.9)	5.8	(3.9–8.4)	11.9	(9.1–15.5)	1,3 > 2
Males	18.8	(15.1–23.3)	10.5	(7.6–14.4)	11.7	(8.9–15.2)	1 > 2,3
Within-country sig.	n.s.		M > F		n.s.		
Parental separation/divorce/death							
Females	56.3	(51.3–61.3)	55.2	(50.3–60.1)	59.7	(54.4–64.8)	n.s.
Males	62.6	(57.3–67.6)	57.7	(52.8–62.5)	57.6	(52.3–62.7)	n.s.
Within-country sig.	n.s.		n.s.		n.s.		
Emotional abuse							
Females	66.5	(61.3–71.3)	56.3	(51.1–61.3)	62.9	(57.8–67.8)	1 > 2
Males	69.1	(63.4–74.2)	51.5	(46.7–56.3)	60.8	(55.9–65.5)	1 > 3 > 2
Within-country sig.	n.s.		n.s.		n.s.		
Physical abuse							
Females	64.3	(58.7–69.5)	38.2	(32.8–43.9)	51.7	(46.6–56.9)	1 > 3 > 2
Males	67.1	(61.6–72.1)	45.6	(40.7–50.6)	48.1	(43.3–53.0)	1 > 2,3
Within-country sig.	n.s.		M > F		n.s.		
Sexual abuse							
Females	19.9	(15.8–24.6)	12.8	(9.9–16.4)	25.9	(21.5–30.8)	3 > 1 > 2
Males	11.3	(8.4–15.0)	6.2	(4.0–9.3)	8.9	(6.4–12.3)	1 > 2
Within-country sig.	F > M		F > M		F > M		
Exposure to community violence							
Females	77.7	(72.7–82.0)	80.4	(75.9–84.1)	70.6	(65.9–75.0)	1,2 > 3
Males	87.9	(84.1–90.9)	84.4	(80.4–87.6)	84.9	(80.5–88.4)	n.s.
Within-country sig.	M > F		n.s.		M > F		
Exposure to collective violence							
Females	14.1	(10.9–18.2)	12.3	(9.3–16.1)	19.4	(15.5–24.0)	3 > 1,2
Males	24.9	(20.8–29.5)	21.3	(17.5–25.6)	28.5	(24.3–33.1)	n.s.
Within-country sig.	M > F		M > F		M > F		

Note. ACEs were scored using ACE-IQ binary method; n.s. = not statistically significant.

seven ACEs that showed significant differences, in Grenada, males were notably more likely than females to report experiencing physical neglect (32.7 % vs. 25.6 %, respectively); however, no significant differences were found in Guyana and Saint Lucia for this ACE. In Guyana, males were significantly more likely than females to report an incarcerated household member (10.5 % vs. 5.8 %). No significant gender differences were observed in Grenada and Saint Lucia for this ACE. In Grenada and Saint Lucia, when compared to females, males were significantly more likely to self-report experiencing community violence (87.9 % vs. 77.7 % in Grenada and 84.9 % vs. 70.6 % in Guyana) and collective violence (24.9 % vs. 14.1 % in Grenada and 28.5 % vs. 19.4 % in Guyana). In all three countries, female respondents reported significantly higher rates of sexual abuse than males. Specifically, 19.9 % of females and 11.3 % of males in Grenada, 12.8 % of females and 6.2 % of males in Guyana, and 25.9 % of females and 8.9 % of males in Saint Lucia reported experiencing sexual abuse. Lastly, regarding rates of physical abuse, there were no significant gender differences in Grenada and Saint Lucia, but in Guyana, males (45.6 %) were significantly more likely to experience physical abuse than females (38.2 %).

Table 3 also shows the results of significance tests for differences between countries in ACEs by gender. Starting with males, we found no significant differences for seven of the eleven ACEs: emotional neglect, physical neglect, substance abuse at home, mental illness in the home, parental separation/divorce/death, exposure to community violence, and exposure to collective violence. For the remaining four ACEs, the percentage of males in Grenada was significantly higher than in the other two countries, with few exceptions. Specifically, 18.8 % of males in Grenada reported having an incarcerated household member compared to 10.5 % in Guyana and 11.7 % in Saint Lucia. About 67.1 % of males in Grenada experienced physical abuse compared to 45.6 % in Guyana and 48.1 % in Saint Lucia. Males in Grenada (69.1 %) reported more emotional abuse than males in Guyana (51.5 %) and Saint Lucia (60.8 %). Lastly, 11.3 % of males in Grenada reported being sexually abused during childhood, compared to 6.2 % in Guyana. Although the proportion of males reporting this ACE in Grenada (11.3 %) was higher than in Saint Lucia (8.9 %), the difference was not statistically significant.

Focusing on female respondents, four of the eleven ACEs showed no significant differences across the three study countries: physical neglect, substance abuse in the home, mental illness in the home, and parental separation/divorce/death. The proportions of females in Grenada reporting emotional neglect and emotional abuse were significantly higher than those in Guyana, but not in Saint Lucia (85.1 % vs. 77.7 %, and 80.3 % for emotional neglect; 66.5 % vs. 56.3 %, and 62.9 % for emotional abuse). Regarding having an incarcerated household member, the proportions of females in Grenada and Saint Lucia were significantly higher than in Guyana (12.9 % and 11.9 % vs. 5.8 %). In terms of physical and sexual abuse, each country significantly differed from the others. The proportion of females reporting physical abuse was 64.3 % in Grenada, compared to 38.2 % in Guyana and 51.7 % in Saint Lucia. For sexual abuse, 25.9 % of females in Saint Lucia answered affirmatively, compared to 19.9 % in Grenada and 12.8 % in Guyana. Lastly, females in Grenada and Guyana reported significantly higher exposure to community violence than those in Saint Lucia (77.7 % and 80.4 % vs. 70.6 %). In comparison, females in Saint Lucia reported significantly higher exposure to collective violence than those in Grenada and Guyana (19.4 % vs. 14.1 % and 12.3 %).

Table 4 shows the total number of ACEs by gender across all countries. Regarding differences in means by gender within each country, our results indicated that there were no significant differences in the average number of adverse childhood experiences reported by males and females in Guyana (4.11 vs. 3.93) and Saint Lucia (4.33 vs. 4.35). However, in Grenada, males (4.79) reported significantly more ACEs than females (4.46). Concerning differences between countries, the average number of ACEs reported by females in Grenada (4.46) and Saint Lucia (4.35) was significantly higher than that reported by females in Guyana (3.93). Similarly, males in Grenada (4.79) reported significantly more ACEs than males in Guyana (4.11) and Saint Lucia (4.33).

There were no significant differences in categorical ACE scores between males and females in Guyana and Saint Lucia. In Grenada, females (8.2 %) were significantly more likely to report experiencing one adverse event compared to males (4.5 %), but the results showed no significant gender differences for the other categories of ACE scores (i.e., 1, 2, 3, 4, 5, $\geq$ 6). Males in Saint Lucia were significantly more likely to report not having experienced any ACE compared to males in Grenada (3.5 % vs. 0.8 %, respectively), and males in Guyana were significantly more likely to report experiencing one ACE compared to males in Grenada (9.0 % vs. 4.5 %, respectively). There was no significant difference between countries in the prevalence of females reporting 0, 1, 2, 3, 4, or 5 ACEs. Conversely, significant differences emerged by gender and country among those reporting six or more ACEs. About 31.3 % of males in Grenada and 32.3 % of males in Saint Lucia reported six or more ACEs, versus 19.9 % of males in Guyana. About 31.3 % of females in Grenada and 32.3 % of females in Saint Lucia reported six or more ACEs compared to 19.9 % in Guyana.

Table 5 shows the prevalence of total ACEs by race/ethnicity within and across countries. While there were no significant differences in self-reported average ACEs by race/ethnicity in Grenada and Saint Lucia, respondents of African descent/Black (4.49) and Mixed descent (4.54) in Guyana reported significantly more ACEs than those of Other descent (3.45) and Indian descent (3.50). There were no significant differences between countries in self-reported mean ACEs among African descent/Black and Mixed descent across the three study nations.

Regarding the seven categories of total ACEs, we found no significant differences between ethnic groups in Grenada and Saint Lucia. However, in Guyana, several significant differences emerged among ethnic groups. For respondents with a total of one ACE, some ethnic groups showed significant differences; specifically, the proportion of respondents of Indian descent (13.8 %) was significantly higher than that of respondents of African descent/Black (2.3 %) and Mixed descent (5.5 %). Additionally, the proportion of respondents who identified as 'Other descent' (8.5 %) was significantly greater than that of African descent/Black (2.3 %). For respondents with a total of two ACEs, the proportions of Indian descent (18.5 %) and Other descent (17.0 %) were significantly higher than those of African descent/Black (9.1 %) and Mixed descent (8.8 %). At three ACEs, the proportion of Guyanese respondents of Other descent (26.6 %) was significantly higher than that of African descent/Black (13.6 %) and Mixed descent (15.4 %). For four ACEs, African descent/Black respondents (25.0 %) had a significantly higher proportion than Indian descent (15.9 %) and Mixed descent (15.9 %).

Table 4
Gender-adjusted lifetime prevalence rates of total ACE scores by country.

	1. Grenada (n = 801)		2. Guyana (n = 772)		3. Saint Lucia (n = 805)		Between-country sig.
	%	(95 % CI)	%	(95 % CI)	%	(95 % CI)	
Total ACEs, M / (SD)							
Females	4.46	(2.19)	3.93	(2.01)	4.35	(2.32)	1,3 > 2
Males	4.79	(2.07)	4.11	(2.10)	4.33	(2.17)	1 > 2,3
Within-country sig.	M > F		n.s.		n.s.		
0 ACEs							
Females	1.5	(0.6–3.7)	3.7	(2.2–6.1)	4.2	(2.6–6.9)	n.s.
Males	0.8	(0.2–2.3)	2.3	(1.3–4.1)	3.5	(2.0–5.9)	3 > 1
Within-country sig.	n.s.		n.s.		n.s.		
1 ACE							
Females	8.2	(5.8–11.5)	6.8	(4.5–10.1)	8.2	(6.0–11.2)	n.s.
Males	4.5	(2.8–7.2)	9.0	(5.7–13.9)	6.5	(4.5–9.2)	2 > 1
Within-country sig.	F > M		n.s.		n.s.		
2 ACEs							
Females	10.9	(8.3–14.3)	14.4	(11.5–17.9)	10.7	(8.1–13.9)	n.s.
Males	8.5	(5.9–12.3)	12.3	(9.3–16.1)	10.4	(7.8–13.8)	n.s.
Within-country sig.	n.s.		n.s.		n.s.		
3 ACEs							
Females	13.2	(10.3–16.6)	17.8	(13.9–22.6)	13.7	(10.6–17.4)	n.s.
Males	14.8	(11.5–18.8)	16.7	(13.0–21.2)	16.6	(13.4–20.5)	n.s.
Within-country sig.	n.s.		n.s.		n.s.		
4 ACEs							
Females	18.4	(14.8–22.6)	20.4	(16.8–24.6)	16.4	(13.0–20.5)	n.s.
Males	16.1	(12.6–20.3)	16.9	(13.1–21.6)	17.6	(14.2–21.6)	n.s.
Within-country sig.	n.s.		n.s.		n.s.		
5 ACEs							
Females	16.6	(13.4–20.4)	17.0	(13.8–20.9)	14.4	(11.5–18.0)	n.s.
Males	19.3	(15.6–23.7)	19.2	(15.5–23.7)	15.1	(11.7–19.3)	n.s.
Within-country sig.	n.s.		n.s.		n.s.		
≥6 ACEs							
Females	31.3	(26.6–36.4)	19.9	(16.5–23.8)	32.3	(27.5–37.6)	1,3 > 2
Males	35.9	(31.0–41.2)	23.6	(19.6–28.1)	30.3	(25.8–35.1)	1,3 > 2
Within-country sig.	n.s.		n.s.		n.s.		

Note. ACE were scored using ACE-IQ binary method; n.s. = not statistically significant.

Several ethnic groups differed at five ACEs; for example, African descent/Black (24.1 %) and Mixed descent (23.1 %) had similar proportions, both significantly greater than Indian descent (11.6 %) and Other descent (13.8 %). Finally, for six or more ACEs, the pattern was similar to the overall mean ACEs, with African descent/Black (25.0 %) and Mixed descent (29.1 %) showing significantly higher proportions than Indian descent (17.4 %) and Other descent (12.8 %).

Our analysis of differences between countries for each category of the total ACE score showed no significant differences among Mixed respondents. For African descent/Black respondents, the proportion with zero ACEs was significantly higher in Saint Lucia (3.7 %) compared to Grenada (1.3 %) and Guyana (0.9 %). At a total of one ACE, African descent/Black respondents in Grenada and Saint Lucia reported significantly higher rates than those in Guyana (6.6 % and 7.5 % vs. 2.3 %, respectively). For totals of four and five ACEs, African descent/Black respondents in Guyana reported significantly more than those in Grenada and Saint Lucia (respectively, 25.0 % vs. 17.3 % and 16.6 % for four ACEs, and 24.1 % vs. 17.2 % and 15.0 % for five ACEs). There were no significant differences among African descent/Black respondents for two, three, and six or more total ACEs across countries.

4. Discussion

Although prior research has consistently shown the harmful effects of adverse childhood experiences (ACEs) on later-life outcomes, including substance use (Dube et al., 2003), criminal behavior (Braga et al., 2017), and physical health (Felitti et al., 1998), the English-speaking Caribbean context remains largely underrepresented in the literature. This study is among the first to examine the prevalence and distribution of ACEs in three English-speaking Caribbean countries—Grenada, Guyana, and Saint Lucia—using nationally representative samples. Our findings add to the growing body of research on ACEs by providing prevalence rates from a region that has historically been underrepresented. Below, we discuss our results, their implications, and suggest directions for future research.

Our study highlights the high prevalence of ACEs in the Caribbean, with nearly all respondents reporting exposure to at least one form of childhood adversity. Using the binary scoring method for the ACE-IQ instrument, we found that exposure to emotional neglect and community violence were the most common ACEs (~80 %) across all study countries. The high rate of emotional neglect aligns with earlier studies in Chinese, Korean, and Malawian samples (Chen et al., 2022; Kidman et al., 2019; Kim, 2017). One possible explanation for the high prevalence of emotional neglect is the reported dominance of authoritative and neglectful parenting

Table 5
Race/ethnicity-adjusted lifetime prevalence rates of total ACEs by country.

	ACE-IQ binary score, % / (95 % CI)							
	Total ACEs	0 ACEs	1 ACE	2 ACEs	3 ACEs	4 ACEs	5 ACEs	≥6 ACEs
	M / (SD)							
1. Grenada								
a. African descent/Black (n = 709)	4.59	1.3	6.6	9.7	14.5	17.3	17.2	33.3
	(2.14)	(0.6–2.5)	(4.8–9.1)	(7.7–12.2)	(12.0–17.5)	(14.6–20.6)	(14.6–20.2)	(29.5–37.3)
b. Mixed (n = 74)	4.96	0.0	4.1	10.8	8.1	18.9	21.6	36.5
	(2.14)	–	(1.3–11.9)	(5.7–19.5)	(3.8–16.5)	(11.7–29.1)	(13.2–33.4)	(26.0–48.5)
Within-country sig.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
2. Guyana								
a. African descent/Black (n = 220)	4.49	0.9	2.3	9.1	13.6	25.0	24.1	25.0
	(1.70)	(0.2–3.3)	(1.0–5.3)	(6.1–13.4)	(10.1–18.2)	(20.2–30.5)	(19.2–29.8)	(19.0–32.1)
b. Indian descent (n = 276)	3.50	4.7	13.8	18.5	18.1	15.9	11.6	17.4
	(2.17)	(2.9–7.6)	(10.1–18.5)	(14.3–23.5)	(14.4–22.6)	(12.5–20.1)	(8.5–15.7)	(13.8–21.7)
c. Mixed (n = 182)	4.54	2.2	5.5	8.8	15.4	15.9	23.1	29.1
	(2.14)	(0.9–5.1)	(3.1–9.6)	(5.6–13.4)	(10.5–22.0)	(10.0–24.4)	(17.8–29.4)	(23.3–35.8)
d. Other (n = 94)	3.45	4.3	8.5	17.0	26.6	17.0	13.8	12.8
	(1.80)	(1.6–11.1)	(3.6–18.7)	(9.6–28.4)	(18.7–36.3)	(10.8–25.8)	(7.9–23.1)	(7.7–20.4)
Within-country sig.	a,c > b,d	n.s.	b > a,c;d > a	b,d > a,c	d > a,c	a > b,c	c > b;a > b,d	a,c > b,d
3. Saint Lucia								
a. African descent/Black (n = 735)	4.34	3.7	7.5	10.6	15.4	16.6	15.0	31.3
	(2.23)	(2.5–5.4)	(5.8–9.6)	(8.5–13.2)	(13.0–18.1)	(14.1–19.5)	(12.6–17.6)	(27.8–35.0)
b. Mixed (n = 54)	4.17	5.6	7.4	11.1	13.0	22.2	9.3	31.5
	(2.23)	(1.7–16.6)	(2.1–22.7)	(5.1–22.5)	(5.7–26.8)	(12.1–37.3)	(4.3–18.7)	(19.6–46.4)
Within-country sig.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
Between-country sig.								
African descent/Black	n.s.	3 > 1,2	1,3 > 2	n.s.	n.s.	2 > 1,3	2 > 1,3	n.s.
Mixed	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.

Note. ACEs were scored using the ACE-IQ binary method; respondents in Grenada (n = 18) and Saint Lucia (n = 16) categorized as Indian descent or Other are not included due to small sample sizes; n.s. = Not statistically significant ($p > .05$); M = Mean; SD = Standard deviation; Fisher's exact test was used for assessing categories with expected cell counts less than 5.

styles among adolescents in the region (Lipps et al., 2012). Family social dynamics in the Caribbean may be less responsive to emotional expression compared to other countries. Regarding the high exposure to community violence, this may result from a combination of high rates of violent crime, poverty, and weak social and institutional supports, which increase both the occurrence of violence and its visibility to youth and adults (Izarali, 2018). Overall, these results suggest that ACEs could be a widespread issue affecting youth throughout the Caribbean region.

We also observed notable differences in the reported prevalence of ACEs among the three Caribbean countries. For instance, respondents in all three nations reported similar rates of substance abuse in the home, mental illness in the home, and parental separation, divorce, or death. However, respondents in Grenada were more likely to report having an incarcerated household member, experiencing emotional neglect, and suffering emotional and physical abuse. These differences between countries may stem from cultural, socioeconomic, and legal factors that affect both the reporting of ACEs and the actual occurrence of specific types of abuse. For example, the lower reported rate of sexual abuse in Guyana could be due to underreporting, which has been observed in countries where there is significant stigma around sexual violence (Contreras-Urbina et al., 2018; Jones & Trotman Jemmott, 2009). Additionally, the higher rate of having an incarcerated household member in Grenada might reflect higher incarceration levels within the country (Fair & Walmsley, n.d.).

Consistent with prior research in non-Westernized nations (Solberg & Peters, 2020), our findings also show that many young adults in Grenada, Guyana, and Saint Lucia have experienced multiple ACEs. Notably, the mean total ACEs differed across countries, with respondents in Grenada and Saint Lucia reporting higher average ACEs than those in Guyana. One possible explanation is the higher proportion of married respondents in the Guyana sample (28.89 %) compared to the Grenada sample (5.87 %) and the Saint Lucia sample (5.96 %). As Mueller et al. (2019) found in Grenada—and as other studies have shown (e.g., Yu et al., 2024)— individuals with fewer ACEs are more likely to marry, which may be evidence of selection bias. Yu et al. (2024) suggest this pattern may be driven by the fact that individuals with more ACEs often exhibit deficits in personality functioning (Dagnino et al., 2020)—such as avoidant or ambivalent attachment styles—that make them less likely to pursue intimate relationships like marriage. Another possibility for why married respondents reported fewer ACEs than unmarried respondents is social desirability bias. Perhaps married respondents tend to underreport ACEs to maintain a favorable self-image (Hunsley et al., 1996). Future research should explore these possibilities by using multivariate analysis and qualitative methods to better understand how ACEs, personality functioning, and social desirability bias may influence the likelihood of marriage, as well as how these dynamics shape later life outcomes.

Several notable gender differences in ACE prevalence appeared in our study. First, female respondents reported higher rates of sexual abuse in all three countries. This aligns with global trends showing that females are more often victims of sexual violence dur-

ing childhood (Moody et al., 2018). Second, males were more likely to report exposure to certain types of violence, such as community and collective violence, which may reflect gendered patterns of violence in Caribbean societies where males are more prone to face external aggression and conflict (Wiltshire et al., 2012). Variations in socialization practices and gender roles in these countries may also explain this difference in exposure. Specifically, males are often socialized to participate in more public, high-risk activities, placing them in environments with higher violence risk, while females may be protected from such settings (Anderson, 1999). Additionally, these patterns could be due to differences in daily routines and levels of parental supervision, as research indicates girls are more likely to be closely monitored and spend more time indoors, reducing their exposure to external violence (Henson et al., 2010). Finally, males in Grenada reported higher mean total ACEs than females; however, no significant gender differences were observed in either Guyana or Saint Lucia. Our findings suggest that physical neglect and exposure to community and collective violence are the ACEs driving the significant difference in Grenada. Future research should explore the underlying social, cultural, and environmental mechanisms contributing to these gendered patterns of adversity, particularly in contexts like Grenada where differences are more pronounced.

Our findings also show that racial and ethnic differences in total ACEs were significant only in Guyana, where respondents of African descent/Black and Mixed descent had higher average ACE totals compared to those of Indian descent and Other descent. Guyana is more racially and ethnically diverse than Grenada and Saint Lucia, and the ethnic and cultural characteristics of African descent/Black, Indian descent, and Indigenous peoples in Guyana may influence their exposure to ACEs. Specifically, individuals of African descent, known as Afro-Guyanese, are descendants of enslaved Africans, and the legacy of slavery, social marginalization, and systemic discrimination may lead to greater oppression compared to other groups (Brown, 2020). Additionally, Afro-Guyanese are mostly concentrated in urban areas, such as Georgetown, the capital city. Urban poverty, unemployment, crime, and violence can increase the risk of physical and emotional abuse, household instability, and community violence (Wade Jr et al., 2014). Cultural norms among Afro-Guyanese may also emphasize discipline and toughness, which can sometimes result in harsh physical punishment, leading to specific ACEs like physical abuse (Landon et al., 2017).

The high prevalence of ACEs in the Caribbean, especially concerning physical and sexual abuse, demands urgent attention from public health and policy leaders. The findings from this study can help develop evidence-based interventions to prevent childhood abuse and provide comprehensive care for those affected by ACEs. Because of the long-term effects of ACEs on health and behavior, including increased risks of substance use, mental health issues, and criminal behavior (Dube et al., 2003; Hughes et al., 2021), addressing ACEs at the individual and community level is crucial for improving public health outcomes in the region. Moreover, the notable gender differences in ACE prevalence highlight the need for gender-sensitive prevention and intervention strategies. Programs aimed at reducing childhood adversity should consider females' greater vulnerability to sexual abuse and males' higher chances of experiencing violence and conflict. Additionally, efforts to reduce corporal punishment, which is still common in the Caribbean, should be included in broader strategies to decrease the acceptability and incidence of physical abuse and violence against children.

Despite the insights gained from this study, several limitations should be acknowledged. First, excluding specific populations, such as institutionalized youth and non-English-speaking individuals, limits the generalizability of our findings to those subgroups within our samples. Future research should focus on high-risk populations to better understand the prevalence and nature of the issue. Second, relying on self-reported data may introduce bias, especially regarding sensitive topics like sexual abuse, where underreporting is well-documented. Longitudinal studies are needed to assess the long-term effects of ACEs on Caribbean populations, particularly concerning health, education, and criminal justice outcomes. Third, regarding statistical power, post-hoc analyses indicated that categories such as Indian descent and “Other” race/ethnicity groups were only powered to detect large effect sizes. Future studies with larger, more balanced samples are required to explore disparities among smaller race/ethnic groups in the Caribbean. Fourth, although local stakeholders reviewed survey measures to ensure they were culturally appropriate, the English version of the ACE-IQ has not been validated in the English-speaking Caribbean. Future research is needed to evaluate the reliability and validity of the ACE-IQ among English-speaking Caribbean populations. Finally, ongoing efforts are crucial to expand the evidence base on ACEs in other Caribbean nations, as this is essential for informing global strategies to reduce childhood adversity and its harmful effects.

In conclusion, this study offers valuable insights into the prevalence and distribution of ACEs in Grenada, Guyana, and Saint Lucia—three countries that are largely underrepresented in global ACEs research. While the Caribbean is often regarded as a single entity, our findings reveal significant differences in ACEs across nations, with variations based on gender and ethnicity. This study provides a detailed understanding of the scope and distribution of ACEs in the three study English-speaking Caribbean nations, guiding future research and policy initiatives aimed at reducing the long-term impacts of childhood adversity in the region.

CRediT authorship contribution statement

Matthew J. Durán: Formal analysis, Writing – review & editing, Writing – original draft.

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Declaration of competing interest

None.

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Data availability

Data may be available from the corresponding author upon reasonable request and with permission from our IRB and DAI Corporation.

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