Introduction

• Preliminary evidence suggests a relationship between ACEs and sleep duration in children with ASD (Sadikova & Mazurek, In Press)
• In the general population, family resilience has been shown to “buffer” against the impacts of ACEs on negative outcomes, including sleep problems (Heerman et al., 2022; Uddin et al., 2020)

Objectives

Research Question: Does family resilience moderate the relationship between ACEs and sleep duration in children with ASD?

Figures 1: Visual representation of the research question.

Method

Participants
• 2016-2019 National Surveys of Children’s Health (NSCH). Children with parent-reported ASD included in analyses. n = 2,882 (age 6-17)
Variables (all parent report from NSCH)
• Number of adverse childhood experiences
• Sleep duration in hours
• Family resilience (combined factor score from four separate questions: how often the family talks about problems, work together, know they have strengths, stay hopeful)
• Covariates: Race, age, sex, ASD severity, anxiety, overall health, neighborhood and school safety

Statistical Analyses
• Multiple regression. DV: Sleep duration.

Results

• Controlling for all model covariates, the number of ACEs was statistically related to sleep duration (β = -0.066, p = .002), but family resilience was not (β = 0.054, p = .42).
• The interaction between number of ACEs and family resilience was statistically significant (β = .041, p = .04).
• Age, race, overall health, and autism severity were also associated with sleep duration

Figures 2: The interaction effect between family resilience and ACEs on sleep duration.

Conclusions

• ACEs were associated with less sleep in ASD
• Family resilience moderated the relationship between ACEs and sleep
• It is important for clinicians to understand the role of family resilience in mitigating the negative effects of ACEs and to track sleep problems in children with ASD

References


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