



IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON HEALTH

Adverse Childhood Experiences (ACEs) are traumatic childhood experiences (occurred before age 18) that have lasting impact on a person's life. Specific items identified include physical abuse, sexual abuse, neglect, domestic violence in the home, a household member with severe mental illness, substance abuse and/or incarceration, divorce/separation of parents, among others.

The ACEs Study, a large, ground-breaking study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser-Permanente, surveyed 17,000 Health Maintenance Organization patients about their adverse experiences in childhood, current health, and health risk behaviors. By pairing this information with morbidity and mortality data researchers demonstrated a link between adverse childhood experiences, health risk behaviors, disease, and ultimately, early death (CDC, 2016, and Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, Marks, 1998).

DEFINITIONS

ACEs:

Childhood abuse (psychological, physical, sexual) and household dysfunction (substance abuse, mental illness, mother treated violently, member incarcerated), leads to...



Health Risk Behavior:

Smoking cigarettes, overeating, no physical activity, suicide attempts, use of alcohol/illicit drugs, more than 50 sexual partners, and more, leads to...

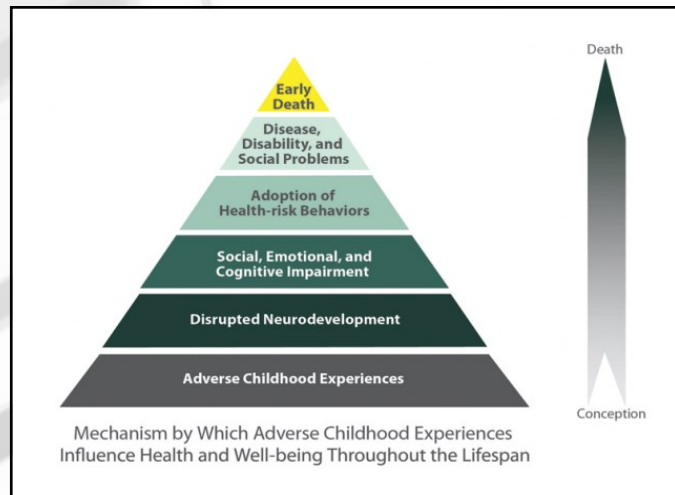


Disease:

Ischemic heart disease, cancer, stroke, chronic bronchitis/emphysema, diabetes, hepatitis/jaundice, and more.

PREVALENCE

- None reported: 36%
 - 1 ACE: 26%
 - 2 ACEs: 16%
 - 3 ACEs: 9.5%
 - 4 ACEs or more: 12.5%
- (CDC, 2016, and Felitti et al, 1998)



EFFECTS

Researchers suggest **health risk behaviors** such as smoking, use of alcohol, drugs, overeating and sexual behaviors may be used for their psychoactive effect on mood, as **coping mechanisms** for stress, anxiety, and/or depression associated with growing up in a dysfunction household and experiencing abuse. A coping mechanism that may have been used acutely easily becomes chronic and leads to disease and early death. A dose-response was found between the number of ACEs/stressors and the intensity of the health risk behaviors. **Life expectancy for people with six or more ACEs is 20 years earlier**, than those without ACEs (Felitti et al, 1998).

INTERVENTIONS

Primary Prevention (Childhood): Prevent occurrence of child abuse. The CDC provides a framework and information focused on creating environments that fosters safety, stability, and nurturing of children, so they grow into healthy adults (see Resources section).

Secondary Prevention (Adolescence): Prevent adverse behaviors (such as smoking, drinking, etc) from beginning. This requires recognition and understanding of the impact of ACEs, and recognition of health risk behaviors and challenges associated with changing behavior, particularly in adolescence. Multidisciplinary team approach including physicians (primary care, internal medicine, family practice, emergency) nurses, social work, and public health should be employed in this effort (Felitti et al, 1998).

Tertiary Prevention (Adulthood): Help adults change their health risk behaviors and manage their health issues and disease. Recognition of the underlying health risk behaviors and ACEs is essential. Physicians need to increase their awareness of the link between social, emotional, and physical disease, and level of comfort discussing these (Felitti et al, 1998). Referrals for Mental Health services should be considered an important health intervention.



REFERENCES

Centers for Disease Control & Prevention (CDC). (2016). About the CDC-Kaiser ACE study. Retrieved from: <https://www.cdc.gov/violenceprevention/acestudy/about.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. *Amer Journ of Prev Med*, 14(4), 245-258. https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

RESOURCES

Centers for Disease Control & Prevention (CDC) – Information on the ACEs Study:
<https://www.cdc.gov/violenceprevention/acestudy/about.html>

Centers for Disease Control & Prevention (CDC) – Information on Primary Prevention:
<https://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html>

Evaluation of five community-based initiatives:
<http://www.acesconnection.com/fileSendAction/fcType/0/fcOid/450119727361104251/filePointer/450119727361104270/fodoid/450119727361104262/APPI-Final-Evaluation-Report.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA) – Prevention Approaches:
<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches#collaboration>

Integrating ACEs into Practice:
<http://blueprintforhealth.vermont.gov/sites/blueprint/files/BlueprintPDF/ACES-Report-Final-1-14-15.pdf>

Social network and resources for those implementing ACE concepts, with links to news and research:
<http://www.acesconnection.com/>

News site for general population about how communities, agencies and individuals are implementing ACE concepts, including research:
<https://acestoohigh.com/>