

Briefing: Adverse Childhood Experiences and Their Effects on Later Health

By Alex Bradley

Issue: Adverse Childhood Experiences (ACEs) cause costly illness and premature death and many are preventable.

Background & Current Status: Adverse Childhood Experiences are defined as one of the events in Table 1 happening to a child 12 years or younger. ACEs are common; “[at] least one ACE was reported by 64% of [9367] respondents” (Anda 2006). In another study, four or more ACEs were reported for 11% of the 2780 participants aged 19 to 49 (Felitti 1998). The result of multiple ACEs is physical and psychological illness, substance abuse, sexual problems, sleep problems, increased risk of unemployment and criminal behavior, and an increased risk of premature death.

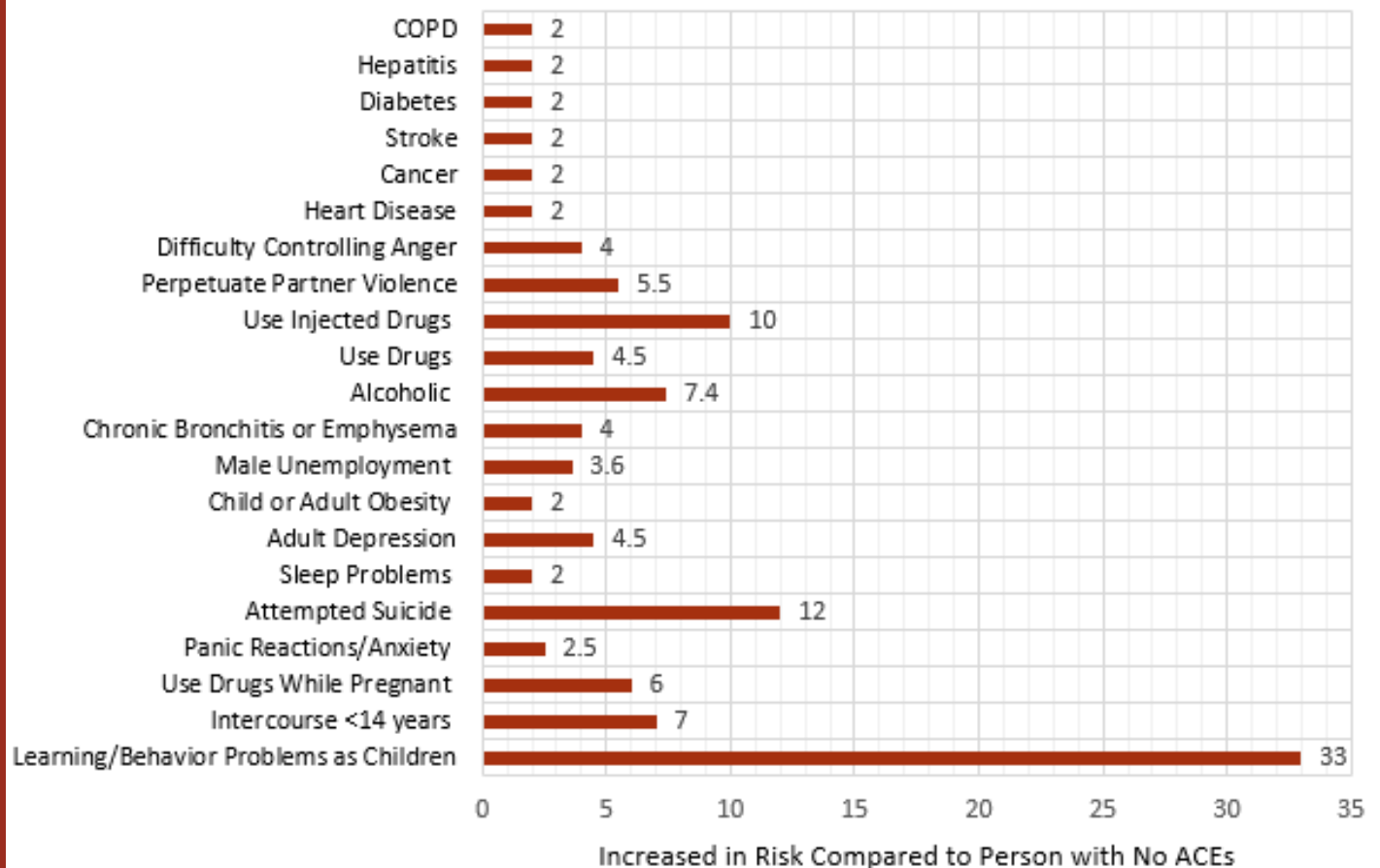
Table 1. Types of ACEs

Abuse	Emotional
	Physical
	Sexual
Neglect	Emotional
	Physical
Household Dysfunction	Witness Domestic Violence
	Household Substance Abuse
	Household Mental Illness
	Parental Separation or Divorce
	Incarcerated Household Member

Key Considerations: ACEs double the risk of an individual developing some of the greatest health problems of our time, including diabetes, obesity, heart disease, and stroke. However, this is not merely a contemporary problem. A study by Dube demonstrated that the effects of ACEs on health has been consistent throughout this century, and seems to be independent of the change in culture over time:

“The risk of depressed affect, suicide attempts, multiple sexual partners, sexually transmitted diseases, ever

Increased Risk After ACE Exposure



smoking cigarettes, and alcoholism increased in a graded manner as the ACE score increased in each of four successive birth cohorts from 1900 to 1978...Thus, the strong association in successive 20th century birth cohorts between the ACE score and the six health outcomes offers compelling evidence that the impact of ACEs on multiple types of health problems is a consistent phenomenon that may have its roots in the inherent biologic effects of traumatic stressors (ACEs) on the developing nervous system of children.” (Dube 2003)

In addition, people that have Adverse Childhood Experiences may sub-consciously self-medicate with overeating, alcohol, nicotine, or drugs. Nicotine has “antianxiety, antidepressant, anger suppressant, and appetite suppressant properties” (Felitti 2009), while the street drug methamphetamine was originally used to treat depression.

Current Solutions: In “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study,” Felitti et al suggest adding specialists in parenting and childhood development to pediatric and family practices. These specialists would then have regular home and office visits with families of young children, from when the child is born until age three. This solution is supported by the U.S. Advisory Board on Child Abuse and Neglect.

Recommendations

- Create a nationwide program of childhood home visits and parenting education to help reduce the number of ACEs that happen.
- Teach doctors how to handle touchy topics like alcohol abuse and domestic and sexual violence, and encourage them to ask about these topics on a regular basis.
- Teach everyone the warning signs of self-treatment of ACEs, such as such as regular use of alcohol, nicotine, and drugs. If someone uses these substances more than recreationally they should be encouraged to seek counseling and medical care to help them remain healthy and deal with the effects of ACEs in a safer manner.
- We should begin “universal screening of ACEs in urban medical centers serving youth” (Burke 2011) ☒



“...what happens in childhood—like a child’s footprints in wet cement—commonly lasts throughout life. Time does not heal; time conceals.” (Felitti 2009)

Notes: Adults sourced for the studies described do not include the homeless or people incarcerated or institutionalized at the time of the study. Adjusted Odds Ratios (AORs) are how you determine something is more likely to happen to one person compared to the general population. These ratios are usually adjusted for age, sex, race, and educational attainment.

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