Adverse Childhood Experiences (ACE) Research: Implications

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Thank you to Dr. Vincent Felitti for sharing the ACE slides at the beginning of this presentation.
The Adverse Childhood Experiences Study

The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (Felitti & Anda)

- Experiences while growing up that deeply impact a young person and profoundly affect emotional and physical health later in life.
## Categories of Adverse Childhood Experiences

### Abuse, by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological (by parents)</td>
<td>11%</td>
</tr>
<tr>
<td>Physical (by parents)</td>
<td>11%</td>
</tr>
<tr>
<td>Sexual (anyone)</td>
<td>22%</td>
</tr>
</tbody>
</table>

### Household Dysfunction, by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse in family</td>
<td>26%</td>
</tr>
<tr>
<td>Mental Illness in family</td>
<td>19%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>13%</td>
</tr>
<tr>
<td>Imprisoned Household Member</td>
<td>3%</td>
</tr>
<tr>
<td>Loss of parent</td>
<td>23%</td>
</tr>
</tbody>
</table>
Adverse Childhood Experiences Score

Number of categories of childhood experiences are summed

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>48%</td>
</tr>
<tr>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>4</td>
<td>7%</td>
</tr>
</tbody>
</table>

• More than *half have at least one ACE*
• Slightly more than one quarter have experienced 2 – 4 ACE categories
The Adverse Childhood Experiences (ACE) Study

Summary of Findings:
• Adverse Childhood Experiences (ACEs) are very common
• ACEs are strong predictors of adult health risks and disease
• ACEs are implicated in the 10 leading causes of death in the U.S.!
• “I was actually stunned and I wept over what I saw.” ACEs researcher Rob Anda, M.D.
• Virtually every study shows that ACEs are strong predictors of homelessness (Burt, 2001)
Adverse Childhood Experiences and Current Smoking
Childhood Experiences and Adult Alcoholism

ACE Score

% Alcoholic

0 1 2 3 4+

0 2 3 4
Childhood Experiences Underlie Chronic Depression

% With a Lifetime History of Depression

ACE Score

0
1
2
3
>=4

Women
Men
Childhood Experiences Underlie Suicide

% Attempting Suicide

ACE Score

0 1 2 3 4+

25
20
15
10
5
0
ACE Score and Hallucinations

*Adjusted for age, sex, race, and education.
ACE Score and Intravenous Drug Use

% Have Injected Drugs

ACE Score

N = 8,022  p<0.001
ACE Score and Serious Job Problems

ACE Score

% with Job Problems

0 1 2 3 4 or more

0 2 4 6 8 10 12 14 16 18

ACE Score and Serious Job Problems

ACE Score

% with Job Problems

0 1 2 3 4 or more

0 2 4 6 8 10 12 14 16 18
Death

Birth

Early Death

Disease, disability & social problems

Adoption of Health-risk Behaviors

Social, Emotional, & Cognitive Impairment

Adverse Childhood Experiences
A Connection with Homelessness

- Mental illness and substance abuse problems are more common among homeless people
- ACEs connection to substance abuse and mental illness
- Even non-homeless people with either substance abuse problems or mental illness are less likely to hold a job
- More than half of sample with ACE Score of 4 or higher
University at Albany School of Social Welfare: ACE Response

• Enhance our understanding of ACEs

• Integrate with literature on resiliency and protective factors

• Prevention and Intervention for each ACE outcome

• Support systems transformation
A complex interplay of risks and resources

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>COLLECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE impact on developing self (overwhelming feelings, activation of defense mechanisms, etc.)</td>
<td>Health Risk Behaviors (substance abuse, sexual and other risk-taking, etc.)</td>
</tr>
<tr>
<td></td>
<td>Medical problems (both short &amp; long-term)</td>
</tr>
<tr>
<td></td>
<td>Changes in developing brain</td>
</tr>
<tr>
<td>INDIVIDUAL</td>
<td>COLLECTIVE</td>
</tr>
<tr>
<td>Family meanings</td>
<td>Family relational system/ACEs</td>
</tr>
<tr>
<td>Cultural values</td>
<td>Social violence</td>
</tr>
<tr>
<td>Social taboos</td>
<td>Health, Mental health, &amp; Substance abuse services</td>
</tr>
<tr>
<td>Victim blaming</td>
<td>Social service, school, &amp; criminal justice systems</td>
</tr>
<tr>
<td>“rugged individualism”</td>
<td>Public health policy responses</td>
</tr>
</tbody>
</table>
Development, behavior, health, culture, and systems

- Developmental theorists (Piaget, Kohlberg, Gilligan, Loevinger, Freud, and others)

- Impact of ACEs and health risk behaviors on development

- The role of culture and social systems

- Service interventions that prevent or effectively treat ACEs sooner might prevent homelessness (& other serious health and social outcomes) later in life
Key Milestones

• Policy Lunch – May 2009
• Council on Children and Families – June 2009, September 2009
• ACE Think Tank and Action Teams
  – Rob Anda, Vincent Felitti, Fred Bolton
• ACE Steering Committee
• NYS Omnibus Survey
• Multi-state ACE Learning Community
Planned NYS Omnibus Survey

• ACE Questions
• 800 NYS residents over 18 years
• demographic factors
  – age, education, household income, gender, marital and family status, geographic region, partisan affiliation, race and ethnicity

• Move toward ongoing BRFSS ACE data collection as policy tool
Implications

• ACE Response: Fostering resilience & mobilizing protective factors
• Workforce development
• Practice, programs, policies that take trauma into account
• The Healing Power of Social Networks
• Cross-system linkages/ service integration (TRANSFORMATION)