Thomas Cole, *The Voyage of Life: Childhood*, 1842
National Gallery of Art, US, Open Access Image

Adverse Childhood Events (ACEs): *Evidence and Opportunities*

WHO Milestones Meeting
Violence Prevention Alliance
Ottawa, Canada

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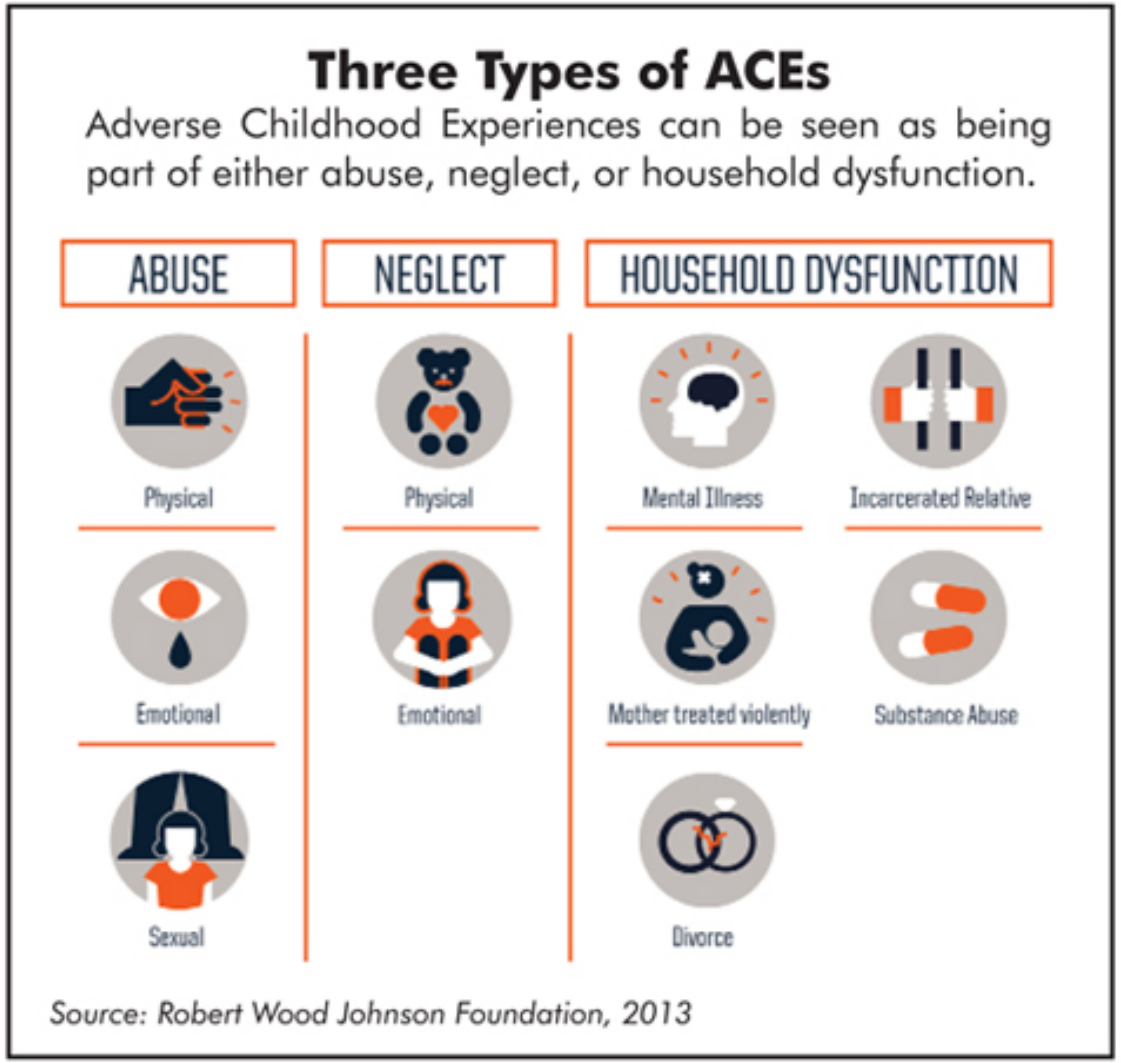
Source: The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016

Screening Priority Hierarchy

- (1) Current conditions that can be easily counseled by provider
  - Infant sleep practices, Sleep hygiene, smoking cessation
- (2) Current conditions with EBP referrals that ar available
  - Posttraumatic Stress Symptoms, Depression, Substance Use/Abuse; Parenting
- (3) Current conditions less clear community resources/availability
  - SafeCare program for neglect not widely available
  - Food insecurity/Housing problems
- (4) Past conditions that may still have present consequences
  - Child sexual abuse
  - *Current conditions generally have more diagnostic relevance, more specific treatment implications and more likelihood of effective outcomes than historical events, experiences and conditions*
  - DEPENDS ON LEVEL/STANDARD TRAINING OF BEHAVIOURAL HEALTH PRACTITIONERS
    - adapted from D. Finkelhor, ISPCAN 2017, with permission



ACEs as a Population Screener

ISSUES	APPLICATIONS	ADOLESCENT HELATH RELEVANCE
DEFINITION	CHILD ABUSE/NEGLECT	BEHAVIOURAL REFERENTS VS. SELF-LABELLING AS "ABUSE"
ACCURACY	SENSIITIVY – RULE OUT SPECIFICITY – RULE IN	QUALITY IMPROVEMENT INTERVENTION ADVANCE TO OTHER SCREENING - PTSD SYMPTOMS (TF-CBT); SELF-HARM
FRQUENCY	4+ ACES	CUMULATIVE STRESS STRESS-REDUCTION ACTION: EXERCISE; MINDFULNESS; "EASTERN ARTS"
RISK	CONTEXTS – POVERTY, CHILD CARE CENTRES	**RISK TERRAIN MODELLING & TARGETED PREVENTION (predict CM; Dayley et al., 2016)**
OUTCOMES/CONSEQUENCES	NONCOMMUNICABLE DISEASES LOW SCHOOL ENGAGEMENT 48% of 3+ ACEs Youth; Child Trends 2014	**SUBSTANCE USE PROBLEMS** MHEALTH/SUICIDALITY SCHOOL SAFETY (Moore & Ramirez, 2016) SCHOOL COMPLETION RATES
PREVENTION	GENDER YOUTH PARTICIPATION HEALTH PROMOTION EDUCATION	**SEXUAL HEALTH** **SEXUAL VIOLENCE/DATING VIOLENCE PREVENTION**
COST	EFFICIENCY OF RESOURCES; NOT INTERVENING	HUMAN AND SOCIAL CAPITAL

ACEs: Substance Use/Mental Health Problems

- 4+ ACEs (Hughes et al., 2017)
- Smoking OR 2.82
- Heavy Alcohol Use OR 2.20
- **Problematic Alcohol Use OR 5.84**
- Illicit Drug Use OR 5.62
- **Problematic Drug Use OR 10.22**
- Anxiety OR 3.70
- Depression OR 4.40
- **Suicide Attempt OR 30.14**

CA + Household Challenges

(Lee & Chen, 2017)

Binge-drinking 1.39

(+ household) 1.49

Current Depression 1.86

(+ household) 5.58

CA = child physical, sexual, emotional abuse

- Externalizing CSA/Child Welfare 2.17
- Internalizing CSA/Child Welfare 1.89

- (34% 3+ ACES; most common include hospitalized for medical condition, neglect, IPV and community violence exposure; Garcia et al., 2017)

Sexual Health & Violence

- 4+ ACEs - Early Sexual Initiation OR 3.72
- 4+ ACEs - Teenage Pregnancy OR 4.20
- 4+ ACEs – Multiple Sexual Partners OR 3.64
- **4+ ACEs – Sexually Transmitted Infections OR 5.92**
    - **Violence Victimization OR 7.51**
    - **Violence Perpetration OR 8.10**

- *Issue: Need to consider ACES outcomes in Child Abuse/Risk Samples of Adolescents to maximally yield "triple dividend" in adolescent health*
- E.g., child welfare-involved, street-involved, rural/remote; Indigenous youth
- *In these sub-groups, there may be relevant gender differences*

- Reference: Hughes et al. (2017) *Lancet Public Health* (Open Access http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext)

Child sexual abuse & other ACES: Males

Harsh physical punishment	OR 4.02
Physical Abuse	OR 5.18
Emotional Abuse	OR 5.84
Emotional Neglect	OR 2.98
Exposure to IPV	OR 5.10

CSA alone or with other forms of maltreatment showed significantly higher odds for major depression, dysthymia, mania, any mood disorder, panic disorder, generalized anxiety disorder, any anxiety disorder and suicide attempts compared to child maltreatment w/out CSA, controlling for background factors in the AOR range of 3.22 (depression) to 8.57 (suicide attempts) with CSA only

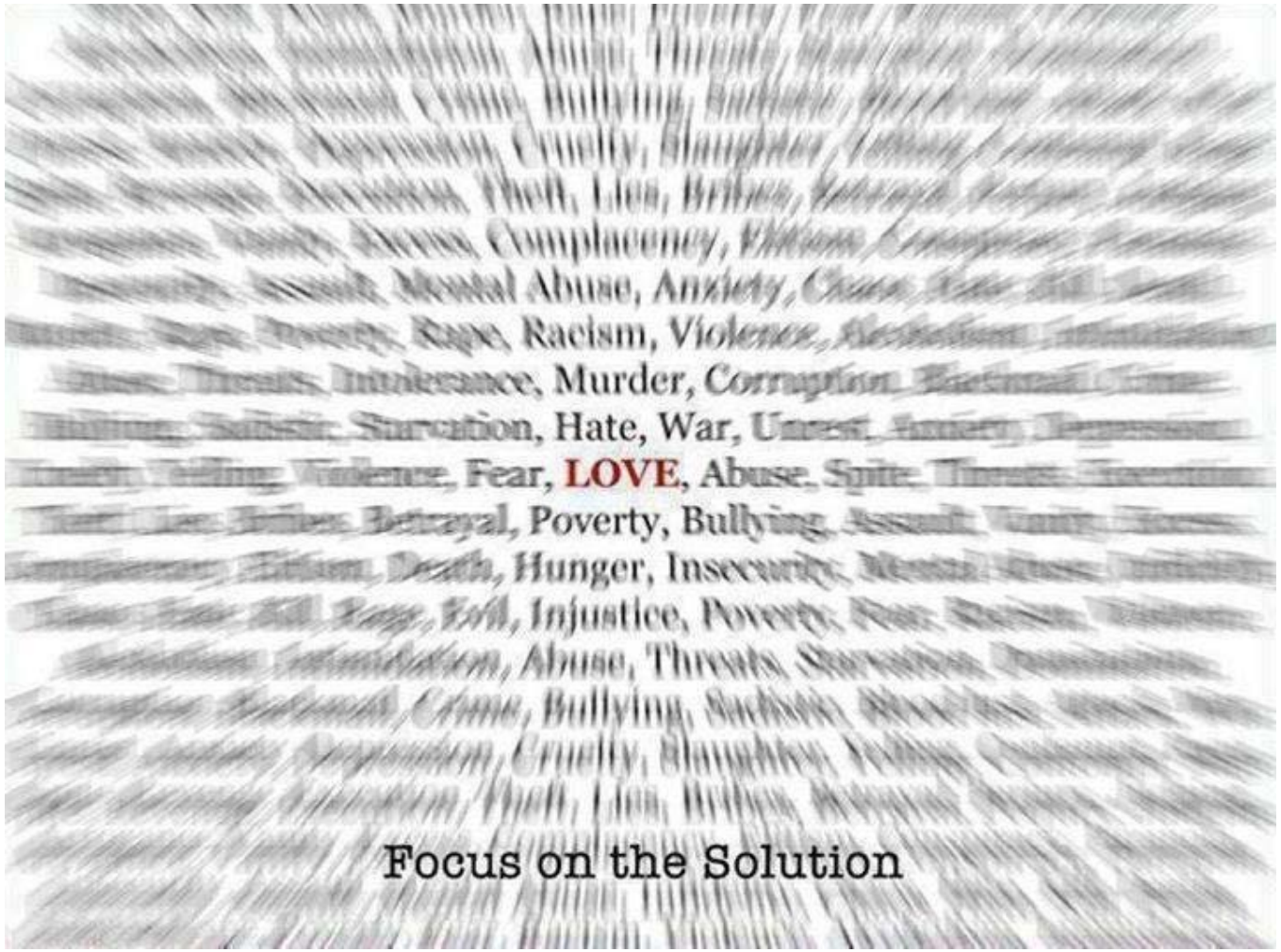
Turner, Taillieu, Cheung, & Afifi (2017) Open Access

Focus on Adolescent Health

- 1.8 billion 10-24 year olds worldwide
- ***ACEs > responding with mental health promotion education***
- → Solution: Enhance health promotion education to address NCD risk behaviors
  - (1) Service-to-needs match
  - (2) Efficiency in targeting multiple outcomes e.g., substance use problems & mental health
  - (3) Maintain personal and psychological safety focus – trauma & violence-informed approach
  - (4) Actively bolster resilience

Thank you for your attention!

For #CIHRTeamSV information, see www.in-car.ca



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