The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

The Adverse Childhood Experiences (ACE) Study

• The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants)



What do we mean by Adverse Childhood Experiences?

- Experiences that represent medical and social problems of national importance.
 - childhood abuse and neglect
 - growing up with domestic violence, substance abuse or mental illness in the home, parental loss, or crime



ACE Study Design

VS.

Present

Health Status

Survey Wave 1 -- complete 71% response (9,508/13,454)

n=15,000
71% response
All medical evaluations
abstracted

Survey Wave II

n=15,000

All medical evaluations abstracted

Mortality

National Death Index

Morbidity

Hospital Discharge
Outpatient Visits
Emergency Room Visits
Pharmacy Utilization

The Adverse Childhood Experiences (ACE) Study

Summary of Findings:

- Adverse Childhood Experiences (ACEs) are very common
- ACEs are strong predictors of later health risks and disease
- This combination makes ACEs the leading determinant of the health and social well-being of our nation

Categories of Adverse Childhood Experiences

Category
Prevalence (%)

	(1.1)
Abuse, by Category	
Psychological (by parents)	11%
Physical (by parents)	11%
Sexual (anyone)	22%
Household Dysfunction, by Category	
Substance Abuse	26%
Mental Illness	19%
Mother Treated Violently	13%
Imprisoned Household Member	3%

Adverse Childhood Experiences Score

Number of categories adverse childhood experiences

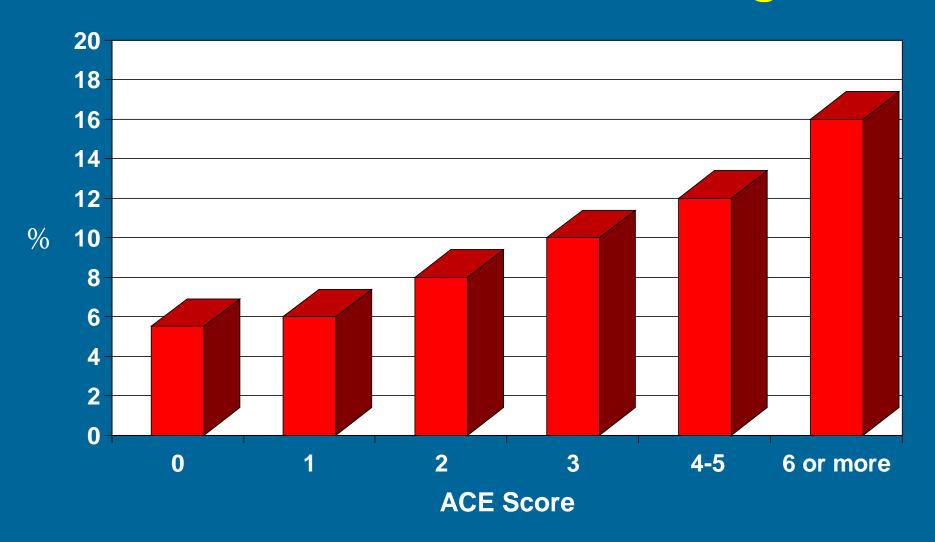
are summed ...

ACE score	Prevalence
0	48%
1	25%
2	13%
3	7%
4 or more	7%



- More than half have at least one ACE
- If one ACE is present, the ACE Score is likely to range from 2.4 to 4

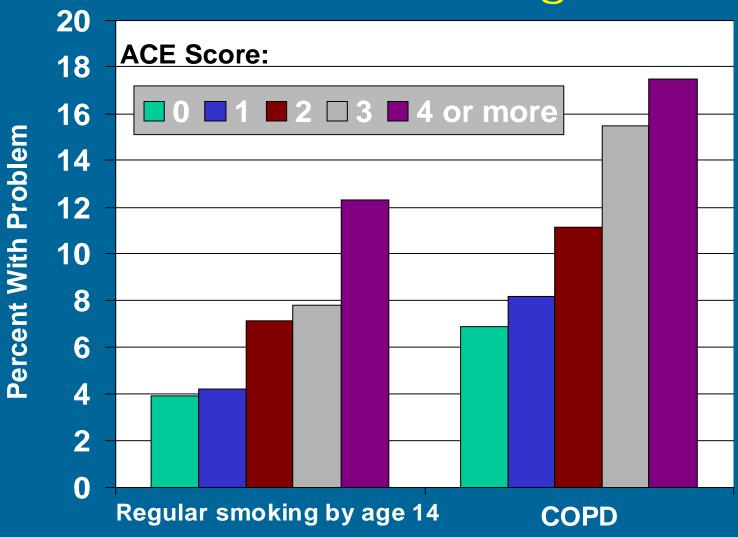
Adverse Childhood Experiences vs. Current Smoking



Smoking to Self-Medicate



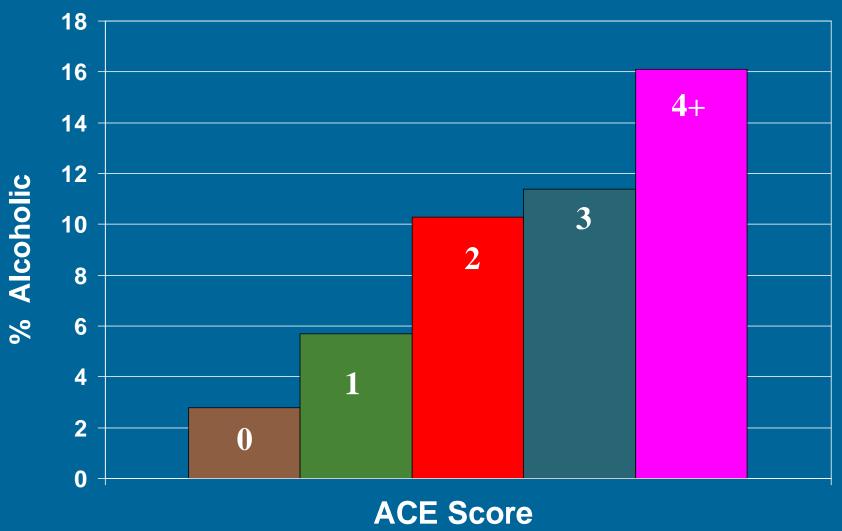
ACE Score vs. Smoking and COPD



Molestation in Childhood



Childhood Experiences vs. Adult Alcoholism



Some say depression is genetic.

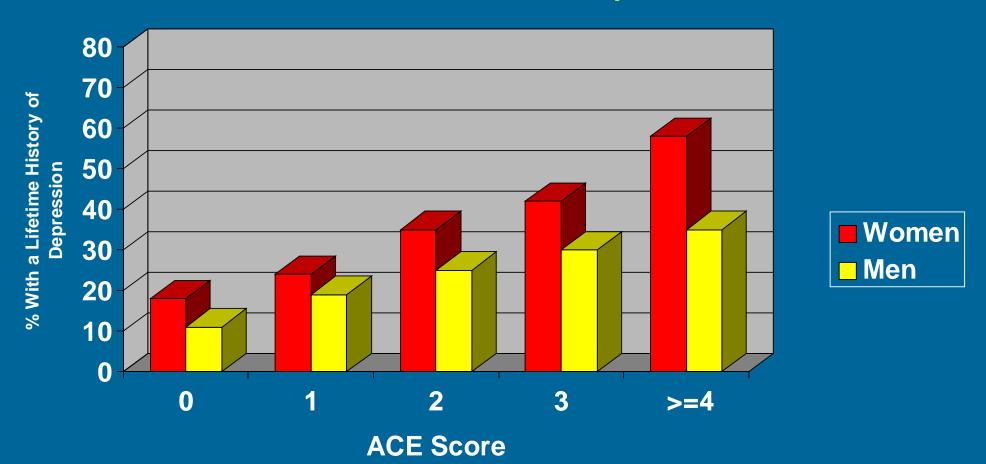
Some say depression is due to a chemical imbalance.



Might depression be a *normal* response to abnormal life experiences?



Childhood Experiences Underlie Chronic Depression



Childhood Experiences Underlie Suicide

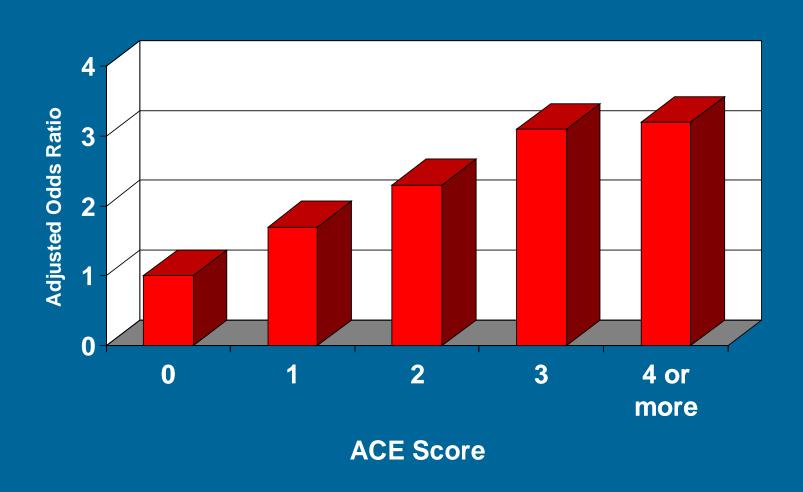


Estimates of the Population Attributable Risk* of ACEs for Selected Outcomes in Women

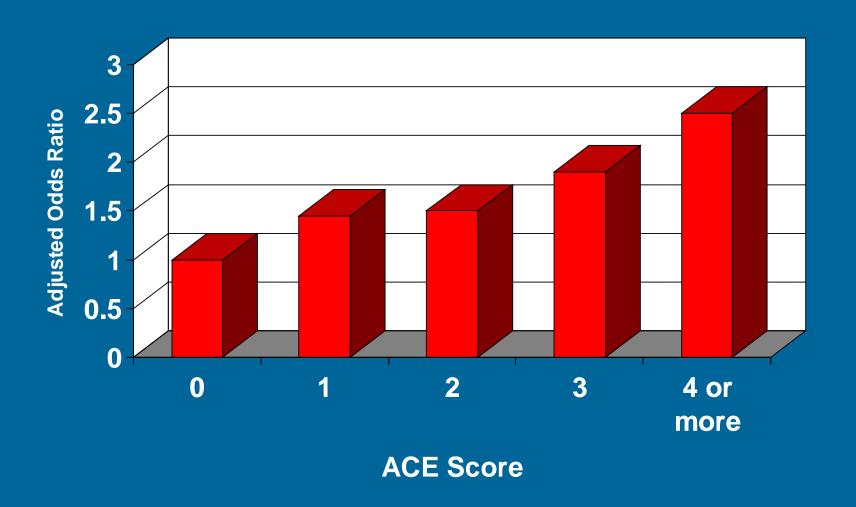
Mental Health	PAR
Current depression	54%
Chronic depression	41%
Suicide attempt	58%

^{*}That portion of a condition attributable to specific risk factors

Adverse Childhood Experiences vs. Likelihood of > 50 Sexual Partners



Adverse Childhood Experiences vs. History of STD

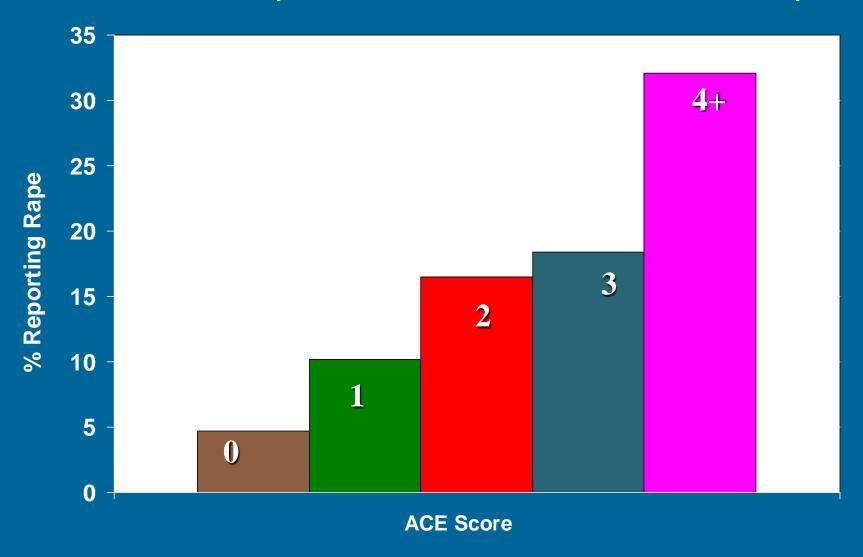


Adverse Childhood Experiences and the Risk of:

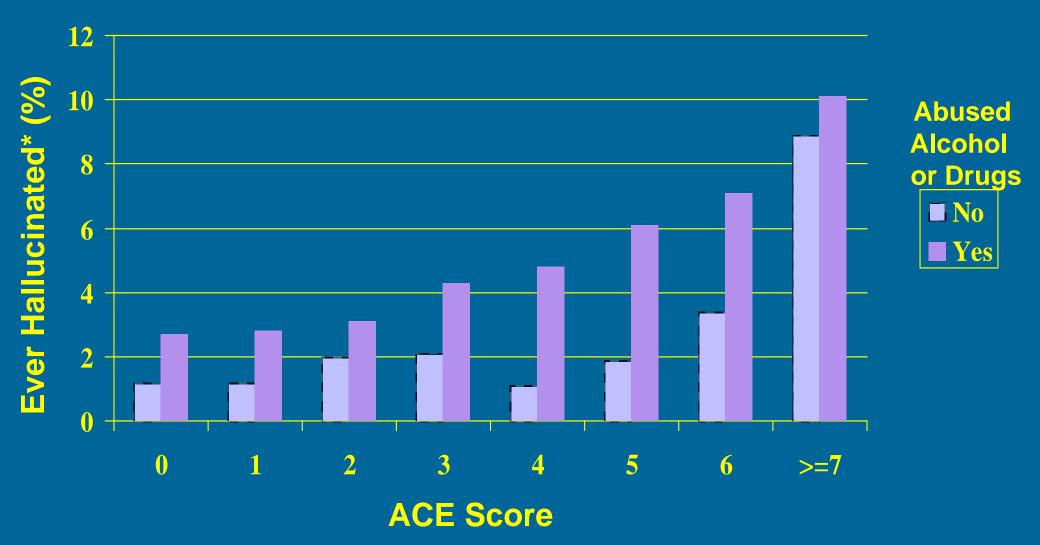
			Had Unwanted
	Multiple Sexual	3 or More	Pregnancy*
ACE Score	Partners*	Marriages*	(abortion)
0	1.0	1.0	1.0
1	1.6	1.5	1.5
2	1.9	1.6	1.7
3	3.4	2.3	2.3
4	4.4	2.9	2.1
<u>≥</u> 5	5.8	3.8	2.9

*Adjusted Odds Ratio

Childhood Experiences Underlie Rape



ACE Score and Hallucinations



*Adjusted for age, sex, race, and education.

Adverse Childhood Experiences and the Risk of:

Intimate Partner

ACE Score	Violence*	Being Raped*
0	1.0	1.0
1	1.9	2.0
2	2.1	2.8
3	2.7	4.2
4	4.5	5.3
<u>≥5</u>	5.1	8.9

*Adjusted Odds Ratio

Estimates of the Population Attributable Risk* of ACEs for Selected Outcomes in Women

Depression and Suicide	PAR 48%
Crime Victim	
Sexual Assault	62%
	= 0 0 /

52%

Domestic Violence

^{*}That portion of a condition attributable to specific risk factors

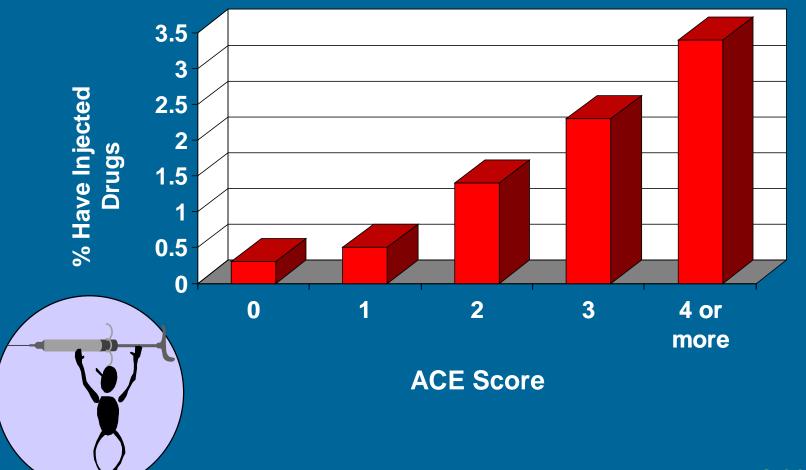
The traditional concept:

"Addiction is due to the characteristics intrinsic in the molecular structure of some substance."

We find that:

"Addiction highly correlates with characteristics intrinsic to that individual's childhood experiences."

ACE Score vs. Intravenous Drug Use



Adverse Childhood Experiences and the Risk of:

ACE Score	Alcoholism*	Parenteral Drug Abuse*	Attempted Suicide*
0	1.0	1.0	1.0
1	1.9	1.0	1.8
$\frac{1}{2}$	2.1	2.5	4.0
3	2.7	3.5	4.0
4	4.5	3.8	7.2
<u>≥</u> 5	5.1	9.2	16.8

*Adjusted Odds Ratio

Estimates of the Population Attributable Risk* of ACEs for Selected Outcomes in Women

Drug Abuse	PAR
Alcoholism	65%
Drug abuse	50%
IV drug use	78%

^{*}That portion of a condition attributable to specific risk factors

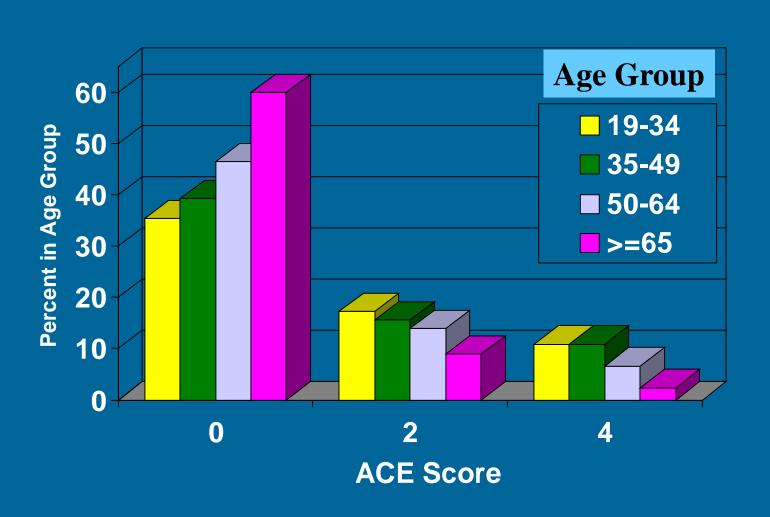
Adverse Childhood Experiences determine the likelihood of the ten most common causes of death in the United States.

Top 10 Risk Factors: smoking, severe obesity, physical inactivity, depression, suicide attempt, alcoholism, illicit drug use, injected drug use, 50+ sexual partners, h/o STD.

With an ACE Score of 0, the majority of adults have few, if any, risk factors for these diseases.

However, with an ACE Score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves.

Effect of ACEs on Mortality



Many chronic diseases in adults are determined decades earlier, in childhood.

Their risk factors are also reliable markers for antecedent problems.

"In my end is my beginning."

T.S. Eliot - Quartets

Dismissing them as "bad habits" or "self-destructive behavior" totally misses their function.



ACE Score vs. Serious Job Problems



Much of what causes time to be lost from work is actually predetermined decades earlier by the adverse experiences of childhood.

Premature mortality and excess morbidity are typically the result of a

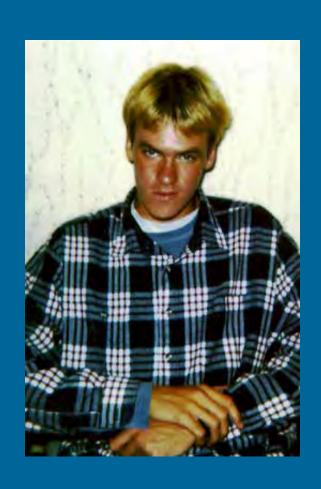
small number of common diseases.



ACE = Parental Loss

These chronic diseases in adults are determined decades earlier, by the experiences of childhood.





Risk factors for these diseases are initiated during childhood or adolescence . . .



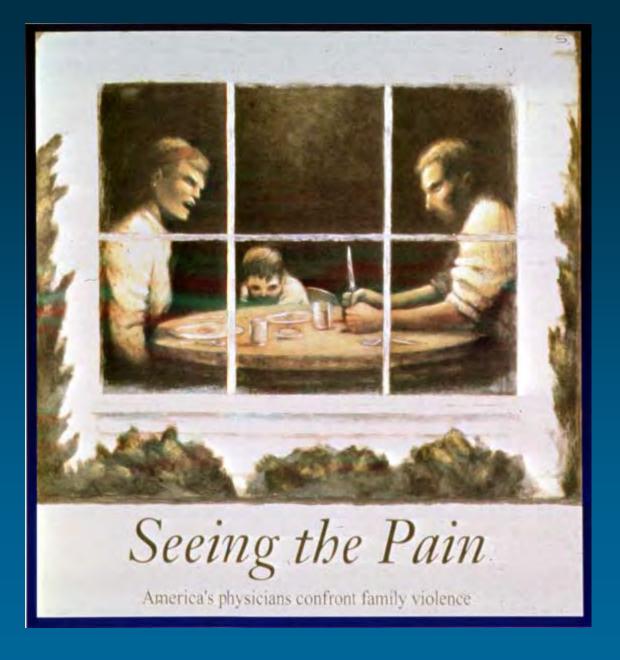
... and continue into adult life.

Outcome: social and biomedical damage



Another possible outcome.

The risk factors underlying these adult diseases are effective coping devices.





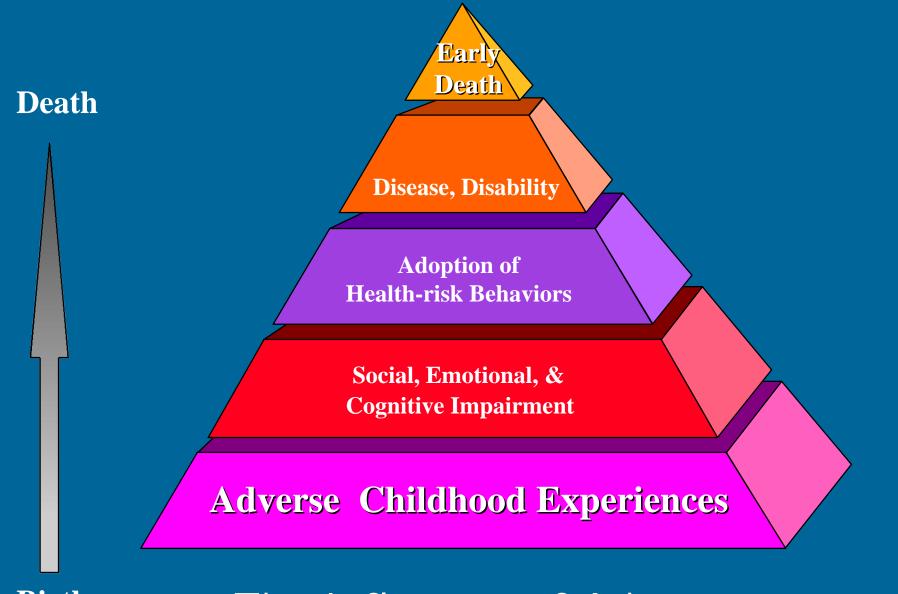
Why is this so difficult to treat later?

Healthy Brain Front Front An Abused Brain This PET scan of This PET scan of the brain of a northe brain of a Romal child shows remanian orphan, gions of high (red) who was instituand low (blue and tionalized shortly black) activity. At after birth, shows birth, only primithe effect of extive structures such treme deprivation as the brain stem in infancy. The tem-(center) are fully poral lobes (top), Temporal lobes functional: in rewhich regulate Temporal gions like the tememotions and reporal lobes (top). ceive input from the early childhood exsenses, are nearly periences wire the quiescent. Such children suffer circuits. emotional and cognitive problems. MOST ACTIVE LEAST ACTIVE Back Back



What is conventionally viewed as a problem is actually a solution to an unrecognized prior adversity.

Adverse childhood experiences are the most basic cause of health risk behaviors, morbidity, disability, mortality, and healthcare costs.



Birth The Influence of Adverse Childhood Experiences Throughout Life

"The truth about childhood is stored up in our bodies and lives in the depths of our souls. Our intellect can be deceived, our feelings can be numbed and manipulated, our perceptions shamed and confused, our bodies tricked with medication, but our soul never forgets. And because we are one, one whole soul in one body, someday our body will present its bill."

Alice Miller

Bridging the Chasm

Child
health
and
well-being
as it
stands
today.

Acknowledgment that the problem exists.

Recognition of cases in medical practice.

Child
health
and
well-being
as it
could be.

What Can We Do Now?

- Routinely seek history of adverse childhood experiences from *all* patients
- Acknowledge their reality by asking, "How has this affected you later in life?"
- Arrange a return appointment to discuss possibilities for helping them.