Adverse Childhood Experiences (ACE) Research: Extension, Integration & Implications

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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.

(Thank you to Vincent Felitti for slides)
## 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 (after Wave 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>33%</td>
</tr>
<tr>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>5 or more</td>
<td>11%</td>
</tr>
</tbody>
</table>

- Approximately *two-thirds* have at least one ACE
- More than *one-third* 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

% Alcoholic vs. ACE Score
Childhood Experiences Underlie Chronic Depression

% With a Lifetime History of Depression

ACE Score

0 1 2 3 >=4

Women
Men
Childhood Experiences Underlie Suicide
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

![Bar chart showing the relationship between ACE Score and the percentage of people with serious job problems. The x-axis represents ACE Score (0, 1, 2, 3, 4 or more), and the y-axis represents the percentage with job problems (% with Job Problems). The chart shows an increase in the percentage of people with job problems as the ACE Score increases.](chart.png)
Adverse Childhood Experiences

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

- Disrupted Neurodevelopment
- Social, Emotional, and Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death
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.
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
## Person-in-Environment: A complex interplay of risk 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></td>
<td></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
• ACE Response website – January 2011
  (www.aceresponse.org)
Implications

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