Adverse Childhood Events (ACEs) articles


Objective: To examine adverse childhood experiences (ACEs) as a prospective predictor of the day-to-day associations between worries and positive thinking among late adolescents.

Method: Cumulative ACEs were measured from parent and youth reports between the ages of 9.9 and 18.1. Late adolescents (N = 103) reported daily worries and positive thoughts across ten days.

Results: Adverse childhood experiences predicted higher and more variable levels of day-to-day worry. Increases in positive thinking on one day predicted less next-day worry for adolescents with low, but not high, ACE scores.

Conclusions: Daily worry during late adolescence may be an important consequence of earlier exposure to ACEs. Early interventions focused on worry reduction and improved emotion regulation might mitigate worry among high-ACE youth.

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Childhood adversity can have long-term deleterious effects on adulthood mental health outcomes, but more research is needed examining how type and timing of childhood adversity affect mental health specifically during pregnancy. The current study examined the effects of total adverse childhood experiences (ACEs) on depression and posttraumatic stress disorder (PTSD) symptoms during pregnancy, unpacked effects of total adversity into childhood maltreatment versus family dysfunction experiences, and assessed age of onset effects of child maltreatment-specific experiences. Participants were 101 low-income pregnant women (M = 29.10 years, SD = 6.56, range = 18–44; 37% Latina, 22% African American, 20% White, 13% biracial/multiracial, 8% other; 26% Spanish-speaking) who completed instruments on childhood adversity, PTSD and depression symptoms during pregnancy, and demographics. Results indicated that total ACEs predicted elevated PTSD and depression symptoms during pregnancy, as did maltreatment ACEs, but not family dysfunction ACEs. Early childhood onset of maltreatment significantly predicted elevated PTSD symptoms during pregnancy, whereas middle childhood and adolescent onset did not. No age of onset of maltreatment variable significantly predicted depression symptoms during pregnancy. Findings underscore the importance of differentiating between childhood maltreatment versus family dysfunction ACEs and examining the timing and accumulation of maltreatment experiences during childhood, because these factors affect mental health during pregnancy. Findings also support universal prenatal screening for PTSD symptoms to identify at-risk pregnant women who could benefit from interventions to disrupt the
Objective Although identifying adverse childhood experiences (ACEs) among children with behavioral disorders is an important step in providing targeted therapy and support, little is known about the burden of ACEs among children with attention deficit–hyperactivity disorder (ADHD). We described the prevalence of ACEs in children with and without ADHD, and examined associations between ACE type, ACE score, and ADHD diagnosis and severity.

Methods Using the 2011 to 2012 National Survey of Children's Health, we identified children aged 4 to 17 years whose parents indicated presence and severity of ADHD, and their child's exposure to 9 ACEs. Multivariate logistic regression was used to estimate associations between ACEs, ACE score, and parent-reported ADHD and ADHD severity, adjusted for sociodemographic characteristics.

Results In our sample (N = 76,227, representing 58,029,495 children), children with ADHD had a higher prevalence of each ACE compared with children without ADHD. Children who experienced socioeconomic hardship (adjusted odds ratio [aOR], 1.39; 95% confidence interval [CI], 1.21–1.59), divorce (aOR, 1.34; 95% CI, 1.16–1.55), familial mental illness (aOR, 1.55; 95% CI, 1.26–1.90), neighborhood violence (aOR, 1.47; 95% CI, 1.23–1.75), and incarceration (aOR, 1.39; 95% CI, 1.12–1.72) were more likely to have ADHD. A graded relationship was observed between ACE score and ADHD. Children with ACE scores of 2, 3, and ≥4 were significantly more likely to have moderate to severe ADHD.

Conclusions Children with ADHD have higher ACE exposure compared with children without ADHD. There was a significant association between ACE score, ADHD, and moderate to severe ADHD. Efforts to improve ADHD assessment and management should consider routinely evaluating for ACEs.

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Introduction: Pediatricians recognize a need to mitigate the negative impact that adverse childhood experiences (ACEs) can have on health and development. However, ACEs screening and interventions in primary care pediatrics may be inhibited by concerns about parental perceptions. We assessed parent perspectives of screening for ACEs in the pediatric primary care setting, to understand their views on the potential impact of their ACEs on their parenting and to identify opportunities for pediatric anticipatory guidance.; Method: We used purposive sampling to recruit parents of children <6 years receiving care at an urban, pediatric clinic. Semistructured questions guided 1:1 interviews that were later coded by multiple researchers to verify reliability. A thematic framework approach guided analysis and identified main themes and subthemes.; Results: We reached thematic saturation after 15 parent interviews, which consistently revealed 3 interrelated themes. First, parents strongly supported ACEs screening as a bridge to needed services, and they recommended using a trauma-sensitive, person-centered approach in pediatric practices. Second, parents
understood the intergenerational impact of ACEs and expressed a desire to break the cycle of adversity. Finally, parents saw their child's pediatrician as a potential change-agent who could provide support to meet their parenting goals.; Discussion: Parents want to discuss their ACEs and receive help and guidance from pediatricians. Furthermore, they perceive their child's pediatrician as having an important role to play in meeting their parenting goals. It is important to ensure that pediatricians have the training, skills and familiarity with available resources to meet parental expectations. (PsycINFO Database Record; (c) 2018 APA, all rights reserved).

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This article argues that it is still premature to start widespread screening for adverse childhood experiences (ACE) in health care settings until we have answers to several important questions: 1) what are the effective interventions and responses we need to have in place to offer to those with positive ACE screening, 2) what are the potential negative outcomes and costs to screening that need to be buffered in any effective screening regime, and 3) what exactly should we be screening for? The article makes suggestions for needed research activities.

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Ample evidence supports significant and enduring associations between adverse childhood experiences (ACEs) and negative outcomes later in life. Subsets of ACEs (e.g. childhood maltreatment and household dysfunction) have been examined in Chinese populations, but no known study has comprehensively examined the full constellation of different types of ACEs or patterns of ACE exposure in Chinese samples. As a direct response to the call to establish a global ACEs surveillance framework, this study provides the first translation and validation of the World Health Organization ACE – International Questionnaire (ACE-IQ). Further, patterns of ACE exposure were identified through latent class analysis. The 29-item ACE-IQ was translated and back-translated from English to traditional Chinese to measure exposure to 13 categories of ACEs. The Chinese ACE-IQ demonstrated good content validity; the ACE-IQ domain subscales also showed satisfactory test-retest reliability and semantic equivalence. In a sample of 433 Chinese young adults, three patterns of ACE exposure were uncovered: Low ACEs (65.82%), Household Violence (24.94%), and Multiple ACEs (9.24%). Concurrent exposure to physical abuse, domestic violence, and emotional abuse (i.e. Household Violence) was a novel pattern found in this study sample, and suggests there may be traditional Chinese norms that potentiate risks for violent household environments in the absence of other household risk factors. Findings underscore the importance of examining ACE exposure within local contexts, as children’s adverse experiences may be idiosyncratic to geographic, social, and cultural norms.

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Children who have been exposed to maltreatment and other adverse childhood experiences (ACEs) are at increased risk for various negative adult health outcomes, including cancer, liver disease, substance abuse, and depression. However, the proximal associations between ACEs and behavioral outcomes during the middle childhood years have been understudied. In addition, many of the ACE studies contain methodological limitations such as reliance on retrospective reports and limited generalizability to populations of lower socioeconomic advantage. The current study uses data from the Fragile Families and Child Wellbeing Study, a national urban birth cohort, to prospectively assess the adverse experiences and subsequent behavior problems of over 3000 children. Eight ACE categories to which a child was exposed by age 5 were investigated: childhood abuse (emotional and physical), neglect (emotional and physical), and parental domestic violence, anxiety or depression, substance abuse, or incarceration. Results from bivariate analyses indicated that Black children and children with mothers of low education were particularly likely to have been exposed to multiple ACE categories. Regression analyses showed that exposure to ACEs is strongly associated with externalizing and internalizing behaviors and likelihood of ADHD diagnosis in middle childhood. Variation in these associations by racial/ethnic, gender, and maternal education subgroups are examined. This study provides evidence that children as young as 9 begin to show behavioral problems after exposure to early childhood adversities.

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Objective To examine associations between adverse childhood experiences (ACEs) and attention-deficit/hyperactivity disorder (ADHD) at age 9 years using longitudinal data and assess the extent to which ACEs during middle childhood are independently associated with ADHD at age 9 years. Methods We conducted a secondary analysis of data from the Fragile Families urban birth cohort 5- and 9-year interviews. The sample was limited to children for whom mothers were the primary caregiver and mother-reported information on 8 ACEs and ADHD were available at age 5 and 9 years. We examined associations between ACEs and parent-reported ADHD at age 9 years using logistic regression and controlling for potential confounders. Results We included 1572 children; 48% were African American, 11% had parent-reported ADHD at age 9 years, 41% and 42% experienced ≥1 ACE by age 5 years and between the ages of 5 and 9 years, respectively. ACEs before age 5 years were associated with ADHD at age 9 years. One, 2, and ≥3 ACEs between age 5 and 9 years were associated with ADHD at age 9 years even after controlling for ACEs before age 5 years and ADHD at age 5 years (adjusted odds ratio [AOR], 1.9: 95% confidence interval [CI], 1.2–3; AOR, 2.1: 95% CI, 1.2–3.8; and AOR, 2.2: 95% CI, 1.1–4.3). Conclusions In this study of urban children, ACEs occurring before age 5 years as well as between the ages of 5 and 9 years were associated with ADHD at age 9 years. Even after controlling for early childhood ACEs and ADHD at age 5 years, the association between ADHD and ACEs in middle childhood remained significant, highlighting the importance of screening and intervention throughout childhood.

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Adverse Childhood Experiences (ACEs) are associated with poor health outcomes, underlining the significance of early identification and intervention. Currently, there is no validated tool to screen for ACEs exposure in childhood. To fill this gap, we designed and implemented a pediatric ACEs questionnaire in an urban pediatric Primary Care Clinic. Questionnaire items were selected and modified based on literature review of existing childhood adversity tools. Children twelve years and under were screened via caregiver report, using the developed instrument. Cognitive interviews were conducted with caregivers, health providers, and clinic staff to assess item interpretation, clarity, and English/Spanish language equivalency. Using a rapid cycle assessment, information gained from the interviews were used to iteratively change the instrument. Additional questions assessed acceptability of screening within primary care and preferences around administration. Twenty-eight (28) caregivers were administered the questionnaire. Cognitive interviews conducted among caregivers and among 16 health providers and clinic staff resulted in the changes in wording and addition of examples in the items to increase face validity. In the final instrument, no new items were added; however, two items were merged and one item was split into three separate items. While there was a high level of acceptability of the overall questionnaire, some caregivers reported discomfort with the sexual abuse, separation from caregiver, and community violence items. Preference for methods of administration were split between tablet and paper formats. The final Pediatric ACE and other Determinants of Health Questionnaire is a 17-item instrument with high face validity and acceptability for use within primary care settings. Further evaluation on the reliability and construct validity of the instrument is being conducted prior to wide implementation in pediatric practice.

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Objective:
To estimate the prevalence of adverse childhood experiences in low-income Latino children and examine differences in the prevalence of adverse childhood experiences by immigrant generational status.; Study Design: This is a secondary data analysis of the 2011-2012 National Survey of Children’s Health, a telephone survey of parents/caregivers of a nationally representative sample of US children. The study sample was limited to Latino children in households with an annual income ≤200% of the federal poverty level (FPL) whose parents responded to a 9-item inventory of adverse childhood experiences. Descriptive statistics estimated the prevalence of adverse childhood experiences and examined differences in prevalence by immigrant generational status.; Results: Of 22,297 children, 29% (n = 6,483) were Latino (9% first generation, 57% second generation, 30% third or higher generation); 25% (n = 1,692) of all Latino children were exposed to 2 or more adverse childhood experiences. Latino immigrant children had a lower prevalence (13%; n = 801) compared with nonimmigrant Latino children (40%; n = 772). The most common adverse childhood experiences were financial hardship and parent divorce/separation. The total number and mean number of adverse childhood experiences differed by child generational status, and the differences persisted after stratification by age and FPL. The prevalence of exposure to adverse childhood experiences was highest among third- or higher-generation nonimmigrant
children and lowest among second-generation immigrant children.; Conclusions: The prevalence of adverse childhood experiences in low-income Latino children is similar to the prevalence for all US children; however, the prevalence is significantly higher in nonimmigrant children. Targeted screening to address adverse childhood experiences, policy changes, and guidance regarding care practices to address adverse childhood experiences in Latino children are needed.; Copyright © 2017 Elsevier Inc. All rights reserved.

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Background

Long term negative physical and mental health problems occur from the lack of appropriate interventions targeting the adult population who experienced adverse childhood experiences (ACEs) and partake in risky alcohol consumption behaviors. Objective This study aimed to identify the risk for alcohol consumption behaviors, specifically binge drinking (BD) and any drinking (AD), among adults with a history of adverse childhood experiences (ACEs).

Methods Behavioral Risk Factor Surveillance System (BRFSS) 2011–2012 data were used. Descriptive statistics were completed followed by simple and multiple logistic regression to determine the strength of association between ACEs and alcohol consumption, controlling for sociodemographic factors.

Results The final adjusted sample size was 69,793. Adults who experienced household abuse were 30% more likely to BD (Odds Ratio (OR): 1.30, 95% Confidence Interval (CI): 1.20–1.41) and 21% more likely for AD (OR: 1.21, 95% CI: 1.14–1.28) in the past month. Males were over two times more likely to BD (OR: 2.12, 95% CI: 1.96–2.29) and 60% more likely for AD (OR: 1.60, 95% CI: 1.51–1.69) in the past month compared to females. Individuals who completed some college were at higher risk of BD (OR: 1.51, 95% CI: 1.26–1.82), whereas those who graduated college were nearly two and a half times more likely to report AD in the past month (OR: 2.27, 95% CI: 1.99–2.59) compared to individuals with less than high school education.

Conclusion Adults who experienced household abuse, are male, or possess at least some college education are at increased risk for BD and AD.

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This year marks the 20th anniversary of publication in this journal of the first of many articles on the adverse childhood experiences (ACEs) research by Drs. Felitti, Anda, and colleagues. As we celebrate the impact of this seminal research, it is also imperative to assess critically its serious limitations: an unrepresentative study population and narrow operationalization of childhood adversity lead to undercounting adverse experiences and misrepresenting their social distribution. Placing ACEs research—and the movement it has generated—in the wider contexts provided by the social determinants of health framework, and by the rapidly growing biology and neuroscience of early childhood adversity, can enrich ACEs research and extend its impact to shaping primary prevention policies that address social and economic conditions producing adversity.

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**Background:** Exposure to adverse childhood experiences (ACE) and cognitive deficits are both prevalent in psychosis. While it has been repeatedly demonstrated that ACE contribute to cognitive dysfunctions, the specific nature of this contribution remains elusive. Recent evidence suggests that types of adversities during critical periods have deleterious effects on brain structures that are important for cognitive functioning. The present study sought to clarify which types of adversities experienced at which time during development aggravate cognitive deficits in psychosis.

**Methods:** Exposure to abuse and neglect during childhood and adolescence were retrospectively assessed in N=168 adult individuals with psychotic disorder. Conditioned random forest regression was used to define the importance of type and timing of ACE for predicting domains of the MATRICS Consensus Cognitive Battery (MCCB).

**Results:** Significant importance of ACE was determined for 5 out of 7 MCCB domains. Particularly abuse at age 3 contributed to dysfunctional cognitive domains attention, learning, and working memory. Social cognition was related to neglect experienced at 11-12 years, and to cumulative ACE.

**Conclusion:** Abuse and neglect at periods when children spend substantial time in their families affect cognitive functioning, and hence aggravate dysfunction in psychosis. Results support the neurodevelopmental perspective on psychosis and the diagnostic value of type and timing of ACE.

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Supportive social relationships can reduce both psychological and physiological responses to stressful experiences. Recently, studies have also assessed the potential for social relationships to buffer the intergenerational transmission of stress. The majority of these studies, however, have focussed on social learning as a mechanism responsible for the intergenerational transmission of stress. Evidence of biological mechanisms is lacking. The objective of the current study was, therefore, to determine whether the association between maternal adverse childhood experiences (ACEs) and infant hypothalamic-pituitary-adrenal (HPA) axis function is mediated by maternal HPA axis function during pregnancy and moderated by social support. Data were from 243 mother-infant dyads enrolled in a prospective longitudinal cohort (the Alberta Pregnancy Outcomes and Nutrition Study). Maternal history of ACEs was retrospectively assessed while maternal perceived social support and salivary cortisol were assessed prospectively at 6-22 weeks gestation (Time 1) and 27-37 weeks gestation (Time 2), and infant cortisol reactivity to a laboratory stressor and maternal perceived social support were assessed at 5-10 months postnatal (Time 3). Results revealed that maternal HPA axis function during pregnancy mediated the effects of maternal ACEs on infant HPA axis reactivity, suggesting that the maternal HPA axis is a mechanism by which maternal early life stress is transmitted to offspring. Furthermore, social support in the prenatal and postnatal periods moderated the cascade from maternal ACEs to infant HPA axis reactivity. Specifically, prenatal social support moderated the association between ACEs and maternal HPA axis function during pregnancy, and postnatal social support moderated the association between maternal HPA axis function and infant cortisol reactivity. These
findings highlight the social sensitivity of the HPA axis and suggest the utility of social relationships as an intervention target to reduce the effects of maternal early life stress on infant outcomes.

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Adverse Childhood Experiences (ACEs) are negative childhood events occurring in a child's family or social environment, that may cause harm or distress. Children with intellectual disabilities (ID) and their families are underrepresented in international ACEs research, while current insights can also contribute to the improvement of their health and well-being. Deficiencies in intellectual and adaptive functioning and living circumstances can increase their vulnerability to adversities. In the present exploratory study 69 case-files of children referred to a Dutch national center for residential youth care for children with ID were analyzed to assess the prevalence and associations of ACEs. It was found that almost half (49.3%) of the children experienced 2 ACEs from the original ACEs framework or more (M (mean) = 2.1; SD (standard deviation) = 1.8) and that the number of ACEs in children was related to the presence of ACEs in parents. Both child and parental ACEs were also related to attachment- and trauma- and stressor-related disorders. Finally, living circumstances and multiple ACEs from the expanded ACEs framework, especially related to parental characteristics, were found to be related to ACEs in children with ID. This implicates the importance of a transgenerational approach when further investigating the impact of ACEs on mental and physical health in children with ID (intellectual disabilities).

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Adverse childhood experiences (ACEs) have been identified as a key risk factor associated with a wide range of negative life outcomes, including juvenile delinquency. Much less work has explored whether certain combinations of ACEs, or typologies of trauma, exist, and whether or not these subgroups are differentially associated with certain youth-level and/or community-level characteristics. The current study uses latent class analysis to examine ACE typologies among a sample of over 92,000 juvenile offenders between the ages of 10 and 18 in the state of Florida (52% male, 37.3% White, 46.8% Black, 15.9% Hispanic). Multilevel multinominal logistic regression is used to assess the relationship between both individual- and community-level factors and class membership. The findings suggest that a total of five distinct ACE typologies exist among the sample of juvenile offenders, and age, race, and sex were significantly associated with class membership. Additionally, controlling for individual-level characteristics, community-level measures of immigrant concentration, residential instability, and two separate measures of concentrated disadvantage and affluence were significantly related to class membership. This study contributes to the understanding of
adverse childhood experiences, and adds to existing knowledge regarding the relationship between contextual factors and childhood abuse, maltreatment, and trauma. The identification of ACE subgroups with distinct characteristics may help guide prevention strategies and tailor treatment provided by the juvenile justice system. [ABSTRACT FROM AUTHOR]

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Exposure to adverse childhood experiences (ACE) has been found to have a profound negative impact on multiple child outcomes, including academic achievement, social cognition patterns, and behavioral adjustment. However, these links have yet to be examined in preschool children that are already experiencing behavior or social-emotional problems. Thus, the present study examined the links between the caregiver's and the child's exposure to ACE and multiple child and caregiver's outcomes in a sample of 30 preschool children enrolled in a Therapeutic Nursery Program (TNP). Children are typically referred to this TNP due to significant delays in their social emotional development that often result in difficulty functioning in typical childcare, home, and community settings. Analyses revealed some contradictory patterns that may be specific to this clinical sample. Children with higher exposure to ACE showed more biased social information processing patterns and their caregivers reported lower child social skills than caregivers of children with less exposure, however their inhibitory control levels were higher (better control) and staff reported that these children exhibited better social skills as well as better approaches to learning than children with less exposure. No such contradictions were found in relation to the caregiver's exposure to ACE, as it was positively associated with a number of negative child and caregiver outcomes.

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