ADDRESSING ADVERSE CHILDHOOD EXPERIENCES IN EARLY CHILDHOOD

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OBJECTIVES

• Discuss the ACEs study
• Define ACEs
• Identify strategies to address ACEs in the practice setting

What are ACEs?
KEMPE RAISES RECOGNITION OF CHILD ABUSE AS MEDICAL CONCERN

"Above all, the physician’s duty and responsibility to the child requires a full evaluation of the problem and a guarantee that the expected repetition of trauma will not be permitted to occur."


ACES STUDY OVERVIEW

- CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study
- 1995 to 1997 with two waves of data collection
- 17,000 HMO members from Southern CA receiving physical exams completed surveys on childhood experiences and current health status and behaviors
- Found that ACEs are related to poor health outcomes as adults

TYPES OF ACES

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>2.5%</td>
<td>2.3%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>3.5%</td>
<td>3.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Neglect</td>
<td>2.3%</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>2.3%</td>
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</tr>
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Note: The prevalence estimates reported below are from the entire ACE Study sample (n=47,327)

Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2

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Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2

<table>
<thead>
<tr>
<th>Number of Adverse Childhood Experiences (ACE) Score</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>24.3%</td>
<td>23.9%</td>
<td>24.1%</td>
</tr>
<tr>
<td>1</td>
<td>19.3%</td>
<td>18.9%</td>
<td>19.1%</td>
</tr>
<tr>
<td>2</td>
<td>14.9%</td>
<td>14.6%</td>
<td>14.7%</td>
</tr>
<tr>
<td>3</td>
<td>11.2%</td>
<td>11.1%</td>
<td>11.1%</td>
</tr>
<tr>
<td>4</td>
<td>6.9%</td>
<td>6.8%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Note: Research papers that use Wave 1 alone or Wave 2 alone may contain slightly different prevalence estimates.

ACES ARE RELATED TO RISK FACTORS FOR POOR HEALTH OUTCOMES

Adverse Childhood Experiences (ACES) are common. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACES.

The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly reveal a graded dose-response relationship between ACES and negative health and well-being outcomes across the life course.

As the number of ACES increases so does the risk for the following:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal alcohol
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence

- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Untreated depression
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

One response describes the changes in an outcome (e.g., alcoholism) associated with differing levels of exposure (or dose) to a trauma (e.g., ACE). A graded dose-response means that as the dose of the exposure increases the intensity of the outcome also increases.

https://www.cdc.gov/violenceprevention/acestudy/about.html


https://www.cdc.gov/violenceprevention/acestudy/about.html
We recognize that adverse events can cause long term adverse health outcomes.

How common is this problem?

Focus specifically on exposures to physical abuse, sexual abuse, and neglect (emotional abuse).

WHAT IS THE IMPACT?

NCANDS data

- Voluntary system
- Reported to CPS
- Underestimate

FROM THE AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT


d “AAP is committed to leveraging science to inform the development of innovative strategies to reduce the precipitants of toxic stress in young children and to mitigate their negative effects on the course of development and health across the life span.”

In 29 reporting states, 12.2 percent of child fatalities involved families who had received family preservation services in the previous 5 years.

In 38 reporting states, 1.8 percent of child fatalities involved children who had been in foster care and were reunited with their families in the previous 5 years.

CHILD FATALITIES AND INJURIES DESPITE MEDICAL CARE

31% of 173 abused children with head injuries were seen after injury and not recognized

Mean time to correct dx: 7 days

28% reinjured after first injury

41% complications related to missed dx

Lost dx in white and intact families

31% of children had previous sentinel injury vs. 8% of those with intermediate concern for abuse vs. 0% in non-abused

Providers aware 43% of cases

Common sentinel injuries
  • Bruise before cruise
  • Oral injury

FINANCIAL COSTS
**Financial Burden High**

- Child abuse and neglect cost the United States $124 billion
  - The total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse and neglect)
- The lifetime cost for each living victim was $210,012, comparable to:
  - Stroke with a lifetime cost per person estimated at $159,846
  - Type 2 diabetes, estimated $181,000 to $253,000

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**Financial Burden High**

- The costs of each death due to child maltreatment are even higher
  - The estimated average lifetime cost per victim of nonfatal child maltreatment includes:
    - $32,648 in childhood health care costs
    - $10,530 in adult medical costs
    - $144,360 in productivity losses
    - $7,728 in child welfare costs
    - $24,737 in criminal justice costs
    - $7,999 in special education costs
  - The estimated average lifetime cost per death includes:
    - $14,100 in medical costs
    - $1,258,800 in productivity losses

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**Engage in Meaningful Prevention Programs**

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**Feeling Overwhelmed?**
TRAUMA TOOLBOX FOR PRIMARY CARE

- Adverse Childhood Experiences and the Lifelong Consequences of Trauma
- Addressing Adverse Childhood Experiences and Other Types of Trauma in the Primary Care Setting
- The Medical Home Approach to Identifying and Responding to Exposure to Trauma
- Bring Out the Best in Your Children
- When Things Aren’t Perfect: Caring for Yourself and Your Children
- Protecting Physician Wellness: Working With Children Affected by Traumatic Events

Why are we looking at this issue?

What are we looking for?

How do we find it?

What do we do once we have found it?

Healthy Foster Care America

Trauma Toolbox for Primary Care

This 7/11/2017

4 STEP PROCESS

Why are we looking at this issue?

What are we looking for?

How do we find it?

What do we do once we have found it?

Practice Champion

Educate

- Physicians
- Interprofessional team members
- Office staff
- Patients/families


"WHAT ARE WE LOOKING FOR?"

- What concern do we focus on?
  - Which ACE?
  - Number vs type vs impact?
- Who do we ask?
  - Parents?
  - Children?
  - Which visit?

"HOW DO WE FIND IT?"

- Screening tool?
  - Which one?
  - How distribute?
- Interview?
  - By whom?

"ACES SCREENING"

- Adapt original ACES questionnaire
- Frame to answer from perspective of child’s exposure
- Child and teen surveys
- Ask number, not type
- Scores inform
  - Anticipatory guidance
  - Referrals
- Not validated


**SEEK MODEL - SAFE ENVIRONMENT FOR EVERY KID**

- Dubowitz and Lane at University of Maryland
- Trains PCPs to screen for and address
  - Parental Depression
  - Parental Substance Abuse
  - Harsh Punishment
  - Major Parental Stress
  - Intimate Partner Violence
  - Food insecurity
  - Link to resources
  - Validated for use in primary care practice

"Evidence-based tool to briefly and systematically screen parents for prevalent psychosocial problems that are risk factors for child maltreatment, and that generally jeopardize children's health, development and safety."

**DID IT WORK?**

- **SEEK did not require additional time for providers**
- **SEEK cost $3.58 per child per year and $20.21 per case of psychological aggression or physical assault averted.** Expansion of the SEEK model of pediatric primary care has the potential to decrease medical, mental health, and social service costs associated with child maltreatment.

**DID IT WORK?**

- **Improved competence and practice behavior**
- **Less maltreatment**
  - Per parental report of how they handled conflict with their child
  - By review of medical records and CPS reports
  - Over the 30-month study period, SEEK families were significantly less likely to be reported to CPS than controls (13.3% vs. 19.2%).
  - SEEK mothers reported less harsh physical punishment and psychological aggression
    - Significant after 12 months
    - Did not require more time for docs
    - Cost effective

**SCREENING IS NOT ENOUGH**

- Must train providers to
  - Have difficult conversations
  - Address positive screens
  - Principles of motivational interviewing are incorporated to help engage parents in developing a plan.
  - Professionals are encouraged to also identify and enlist families’ strengths and resources.
“WHAT DO WE DO ONCE WE HAVE FOUND IT?”

- What resources are available in my community?
- Who can help us find them?
- How do we refer?
- Do we track?
  - Quality Improvement approach

WHAT’S THE HARM IN JUST DOING SOMETHING?

- Need thoughtful plan
  - Iterative process
- Potential for harm
  - Need to ask trauma questions in sensitive manner
  - Risk of no action
  - Risk of uninformed action
  - Legal/reporting risks

INDIVIDUAL WORK

- Individual work
  - Complete worksheet
  - Brainstorms to share with your practice
  - 10 minutes
- Pair and share
  - Take turns sharing brainstorm
  - Give feedback
  - 5 minutes
LESSON TWO—BE A COMMUNITY ADVOCATE

ADVOCATE FOR EVIDENCE-BASED/INFORMED COMMUNITY PROGRAMS

- Durham Connects
  - “Mission is to increase child well-being by bridging the gap between parent needs and community resources”
  - Free to all newborns in Durham County

- Difficult to measure impact on numbers of abuse/neglect
- Positively impacts parenting practices, maternal anxiety/depression, child’s development, and home environment
- Most useful for young mothers and low SES homes

http://www.durhamconnects.org/about/

CHILD FATALITY PREVENTION TEAM AND COMMUNITY CHILD PROTECTION TEAM

- Each county has teams
- Intentional Death Prevention
  - Preventing abuse and neglect, suicide, and homicide
  - Increased the penalty for selling a gun to a minor and manufacturing methamphetamine in a location that endangers children
  - Support for trauma-informed care
- Re-written child welfare laws, supported home visiting and family preservation programs, promoted Safe Surrender

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