

Adverse Childhood Experiences and Child Maltreatment

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DISCLOSURE

I do not have any relevant financial relationship with commercial interest to disclose.

Objectives

Q-PEM 2018

My aim for today is to:

- Describe ACEs and the consequences of child maltreatment
- Highlight some of the important available literature resources available to help guide healthcare practitioners
- Discuss some of the recommended international approaches to support the families in order minimize the risk of maltreatment

The CDC-Kaiser Permanente (ACEs) Study (initial landmark)

(ACEs) is the term describes abuse, neglect, and other traumatic experiences for individuals <18 years

In 1998, a landmark ACEs study conducted by Kaiser Permanente and the (CDC)

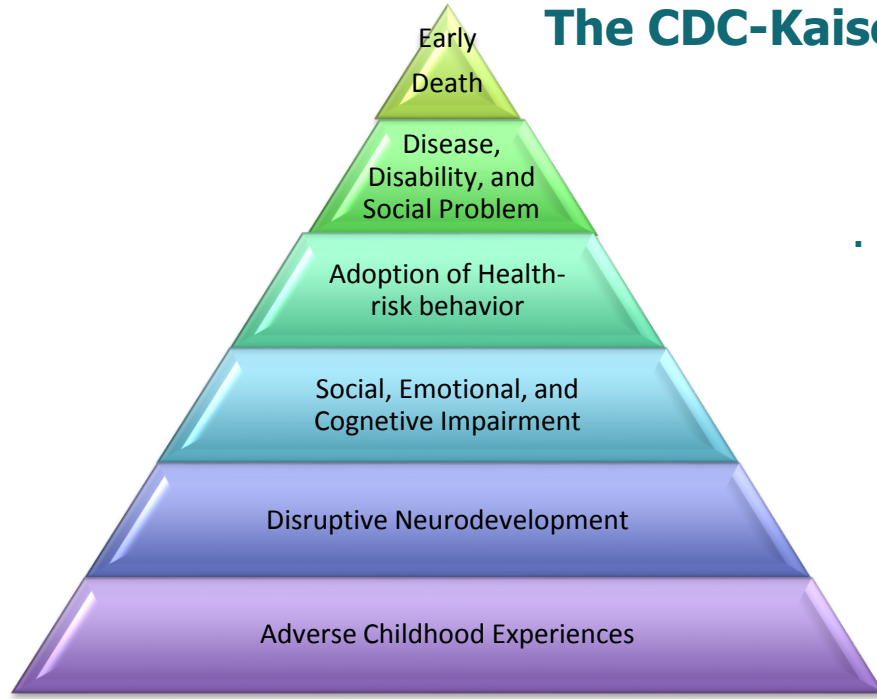
They examined the relationship between adverse experiences during childhood and reduced health and well-being in later life

The CDC-Kaiser Permanente (ACEs) Study:

The ACEs study formulated a score between 0 and 10 from these items:

1. Child abuse:
(physical, sexual, psychological) and neglect (physical, emotional)
2. Household dysfunction:
(growing up in household affected by substance abuse, mental illness, domestic violence, separation/divorce, and parental incarceration)

The CDC-Kaiser Permanente (ACEs) Study



Mechanism by which ACEs are related to development of risk factors for disease, and well-being throughout the life course.

- Research result found significant lifelong impacts on health and quality of life
- This includes: physical health, mental health, and risky behaviors
- Higher ACEs scores correlated with missed work/reduced productivity and even early mortality
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. [Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences \(ACE\) study](#). *Am J Prev Med*. 1998; 14: 245–258.

ACEs questionnaire- modified

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While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? or act in a way that made you afraid that you might be physically hurt?

Yes No

2. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? or ever hit you so hard that you had marks or were injured?

Yes No

Vincent J. Felitti. "Finding Your ACE Score" (PDF). The Adverse Childhood Experiences Study. Retrieved 25 March 2014.

ACEs questionnaire- cont'd.

3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? or attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

4. Did you often or very often feel that no one in your family loved you or thought you were important or special? or your family didn't look out for each other, feel close to each other, or support each other?

Yes No

ACEs questionnaire- cont'd.

5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or, your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes No

6. Were your parents ever separated or divorced?

Yes No

ACEs questionnaire- cont'd.

7. Was your mother or stepmother: often or very often pushed, grabbed, slapped, or had something thrown at her? or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

ACEs questionnaire- cont'd.

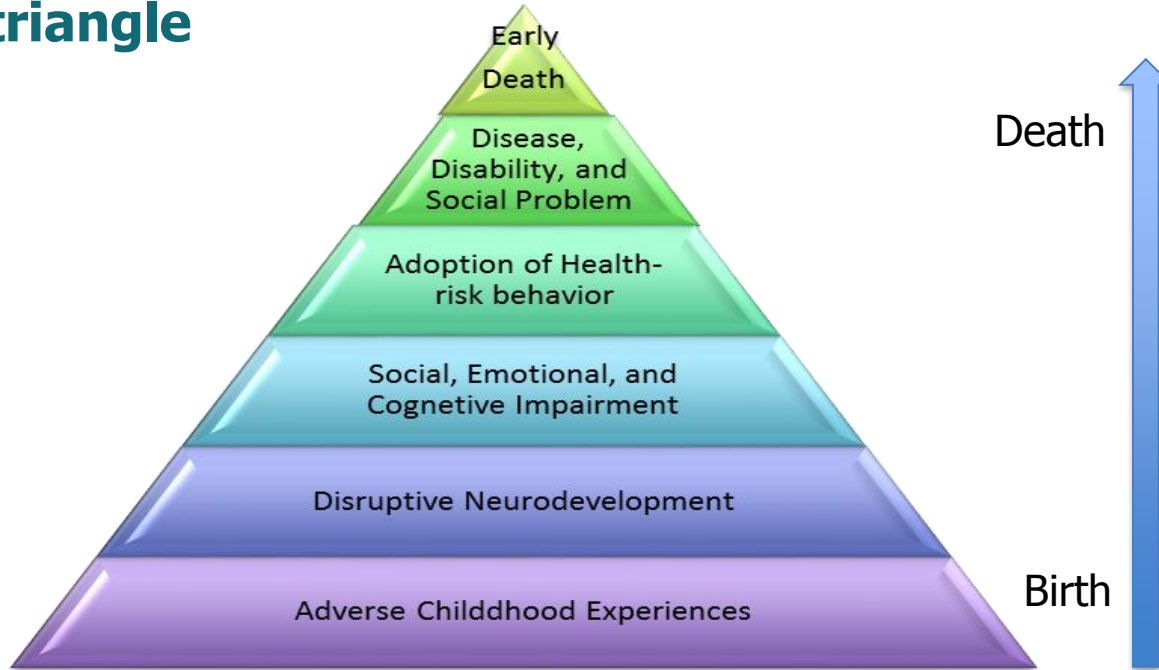
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes No

10. Did a household member go to prison?

Yes No

Now add up your “Yes” answers: This is the ACEs Score.

ACEs triangle



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

Health risks related to ACEs

As the number of ACEs increases so does the risk for the following

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life

Health risks related to ACEs

- 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

Health risks related to ACEs

- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

Other research studies....

A review of three prospective studies by Kaufman and Zigler (1987) concluded that about one-third ($30 \pm 5\%$) of abused American children are likely to become abusing parents

Berlin et al (2011) showed that of the mothers who experienced childhood physical abuse, 16.7% had children who are victims of maltreatment, compared to 7.1% of the mothers who did not experience childhood physical abuse.

kaufman, J., & Zigler, E. (1987). Do abused children become abusive parents? American Journal of Orthopsychiatry, 57, 186–192.

Lisa J. Berlin, Karen Appleyard, Kenneth A. Dodge. Intergenerational Continuity in Child Maltreatment: Mediating Mechanisms and Implications for Prevention. Child Dev. 2011 January; 82(1): 162–176

Other research studies

- Dixon et al, found that within 13 months after birth:
 - 1 in 15 of families with history of child maltreatment when they were young were referred for maltreating their own child in comparison to 1 in 234 for families with no history of abuse
- Significantly higher number of other risk factors associated with child maltreatment which are:
 - ✓ Parenting under 21 years
 - ✓ History of mental illness or depression
 - ✓ Residing with a violent adult

Dixon L, Browne K, Hamilton-Giachritsis [Risk factors of parents abused as children: a mediational analysis of the intergenerational continuity of child maltreatment \(Part I&2\)](#). J Child Psychol Psychiatry. 2005 Jan;46(1):47-57.

Other studies:

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Pears and colleagues conducted a longitudinal study that assessed parents and children, with children reporting maltreatment

- Parents who reported childhood abuse were significantly more likely to engage in abusive behaviors toward the next generation
- Parents who had experienced multiple acts of abuse and at least one physical impact were more likely to maltreat their children than the other parents.

Pears KC, Capaldi DM. Intergenerational transmission of abuse: a two-generational prospective study of an at-risk. Child Abuse Negl. 2001 Nov;25(11):1439-61.



There is enough evidence to show that ACEs can lead to child maltreatment later in life in addition to other major health issues

Reducing the exposure to adverse experiences from birth, would potentially improve physical and mental health well being, and that is including child maltreatment

What can be done to improve ACEs?

- **High quality child care**
- **Parental training programs and social support for parents**
- **Home visiting to pregnant women and families with newborn**
- Intimate partner violence prevention
- Mental illness and substance abuse prevention
- Sufficient support for low income families

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

Studied interventions

Incorporating the risk factors of child maltreatment in the prevention programming that can be done through:

- Reducing parental impulsivity
This is very important initial measure and helps control anger and responses to children behavior
- Reducing the stigma associated with asking for parenting help
A good example will be parental support groups and media support for parents. This would help in improving public awareness

Poole MK, Seal DW, Taylor CA. A systematic review of universal campaigns targeting child physical abuse prevention. Health Educ Res. 2014 Jun;29(3):388-432.

Studied interventions

- Increasing social support for parents. Support could be from the family, the community or health services
- Increasing knowledge and use of positive parenting techniques
- Better understanding of the appropriate expectations for a child's developmental stage

Poole MK, Seal DW, Taylor CA. A systematic review of universal campaigns targeting child physical abuse prevention. Health Educ Res. 2014 Jun;29(3):388-432.

Studied interventions- cont'd.

The Triple P – Positive Parenting Program

Triple P has become one of the world's most-trusted parenting interventions, cited by bodies such as the WHO, CDC, and the United Nations. Its known value in reducing child maltreatment is well studied and proven of value

Poole MK, Seal DW, Taylor CA. A systematic review of universal campaigns targeting child physical abuse prevention. Health Educ Res. 2014 Jun;29(3):388-432.

The Triple P program

The Triple P – Positive Parenting Program

- Is a family support system designed to prevent and treat behavioral and emotional problems in children and teenagers
- The aims are to prevent problems in the family, school and community, and to create creative family environments that encourage children improve their skills and potentials

Triple P intervention program- cont'd.

They are 5 levels of the program

Level 1: is a communications strategy that programmed to reach a broad section of the population that delivers positive parenting information and messages

Level 2: This include the provision of one-time assistance to parents who are generally coping well but have one or two concerns with their child's behavior or development

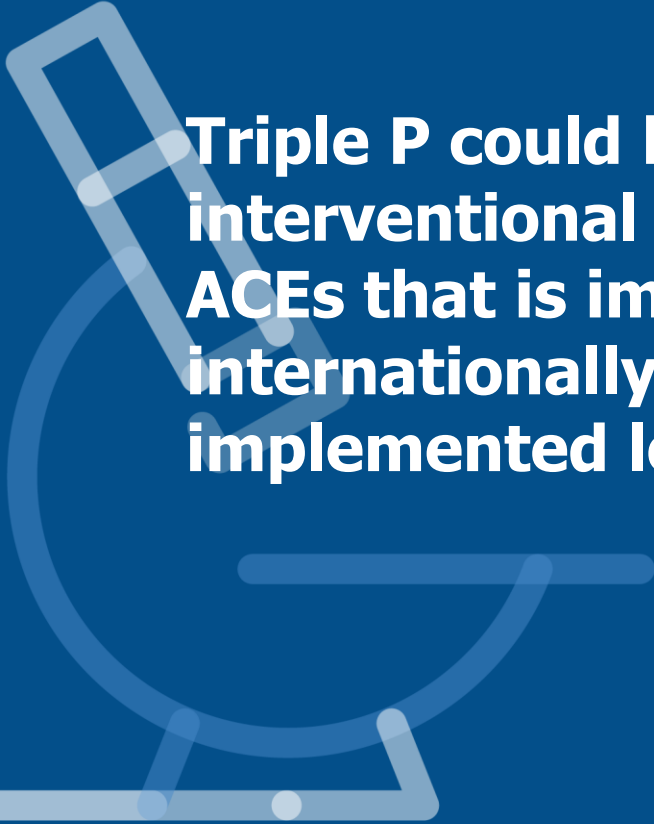
Triple P intervention program- cont'd.

Level 3: Targeted counseling for parents of a child with mild to moderate behavioral difficulties. A brief face-to-face or telephone intervention with a provider

Level 4: For parents of children with severe behavioral difficulties, more intensive few sessions

Triple P intervention program- cont'd.

Level 5: Intensive support for families with complex concerns. Parents must complete a Level 4 Standard or Group program before (or in conjunction with) a Level 5 course.

A faint, light blue graphic of a microscope is positioned on the left side of the slide, behind the text. The microscope is oriented diagonally, with its eyepiece pointing towards the top left and its base towards the bottom left. The text is overlaid on the right side of the microscope graphic.

**Triple P could be one of the suitable
interventional programs to improve
ACEs that is implemented
internationally and could easily be
implemented locally in Qatar**

Other studied interventions

US and UK studies showed that home visits were found positively affect:

- Child abuse
- Mother-infant interaction
- Maternal depression
- Cognitive development and externalizing behaviors of children.

Levey EJ, Gelaye B, Bain P, et al. A systematic review of randomized controlled trials of interventions designed to decrease child abuse in high-risk families. *Child Abuse & Neglect* 65 (2017) 48–57

Studied interventions- cont'd.

Factors associated with greater efficacy included:

- Intervention starting in pregnancy and continuing for at least two years
- Longer follow-up post-intervention, AND
- Specificity of intervention content

Levey EJ, Gelaye B, Bain P, et al. A systematic review of randomized controlled trials of interventions designed to decrease child abuse in high-risk families. *Child Abuse & Neglect* 65 (2017) 48–57

Health promotion programs- WHO

Health promotion enables people to increase control over their own health

It covers a wide range of social and environmental interventions that improve and protect individual health and quality of life

It addresses the causes of ill health, not just focusing on the treatment

Health promotion programs- cont'd.

There are 3 key elements of health promotion:

1. Good governance for health

Health promotion requires policy makers across all departments to support health as one of the top priorities

2. Health literacy

People need to acquire the knowledge, skills and information to make healthy choices

3. Healthy cities

Cities have a key role to play in promoting good health

Health promotion programs- cont'd.

Qatar experience:

PHCC health promotion is targeting schools starting from primary schools

It is most effective if it started at early age

The target was to improve:

- The new generation's health and lifestyles
- Improved physical activity, nutrition, and psycho-social health and well-being,"

Health promotion programs- cont'd.

The health promoters Sidra Medicine:

Will be working closely with registered health professionals and key partners in Qatar

They will contribute to the planning, development, delivery and evaluation of community health and wellbeing programs in the country

Health promotion programs- cont'd.

As part of Sidra team, Health Promoters will help educate and support the community to improve their health and wellbeing

We are advocating better quality care

Some of the international programs can be implemented locally, and we are hoping- as part of Sidra team- this might be a kick start for new programs

And/or support for the existing health improving programs

In summary

We discussed:

- ACEs and the consequences of child maltreatment
- Some of the important available literature resources available to help guide healthcare practitioners
- Some of national and international recommended approaches to support the families in order minimize the risk of maltreatment

Thank You