

Childhood Adversity and Adult Health

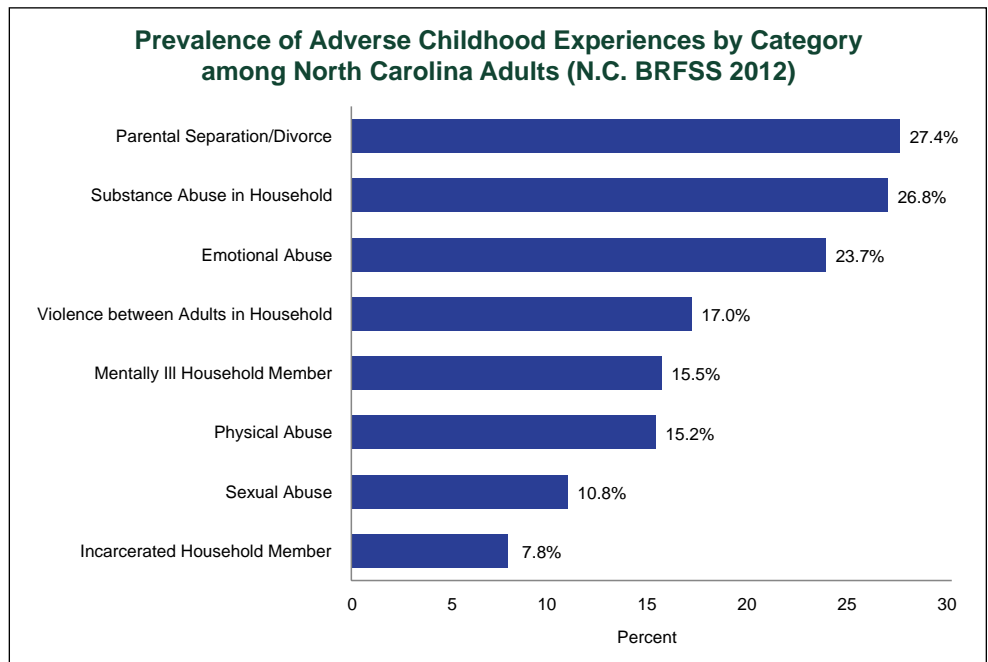
Adverse childhood experiences (ACEs) are traumatic or stressful events experienced before age 18 and include eight categories of childhood abuse and household dysfunction, such as physical, sexual and emotional abuse; adult substance abuse and household domestic violence.

A growing body of evidence shows that these early experiences are common and can have long-lasting effects on mental and physical wellbeing. Findings from a sentinel ACE Study have demonstrated a strong, graded relationship between ACEs and several poor health outcomes in adulthood.¹ Additionally, this study found that as the number of ACEs a person experiences increase, so do the risks of alcohol and drug abuse, obesity, suicidality, depression, intimate partner violence, heart disease and a range of other poor health outcomes in adulthood.

North Carolina data on adverse childhood experiences first became available in 2012 when questions about ACEs were included on the North Carolina Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS is a telephone survey of adults aged 18 and older that is sponsored by the Centers for Disease Control and Prevention (CDC). North Carolina BRFSS data on ACEs and associated risk factors were recently analyzed and a comprehensive report was published on the State Center for Health Statistics website.

The report revealed that North Carolina mirrored the findings of the original ACE study. ACEs were found to be common among North Carolinians: 58 percent reported at least one ACE and 22 percent reported three or more ACEs. As shown in the chart below, over a quarter of North Carolinians reported having grown up with an adult who was abusing alcohol or drugs, and one in 10 reported that they had been sexually abused by an adult.

In addition, ACEs were found to cluster among North Carolinians— if a person reported having experienced one ACE, it was highly likely that he/she had also experienced additional ACEs. The analysis also indicated a statistically significant increase in risk for current smoking, binge drinking, obesity, HIV risk behaviors, poor physical and mental health, activity limitation, chronic obstructive pulmonary disease, cardiovascular disease, arthritis, depression and disability with increasing ACE exposure, even after controlling for sex, age, race and education.



Examining the epidemiology of ACEs and associated outcomes emphasizes the importance of a life course perspective and strengthens the argument for focusing on the prevention of ACEs as an effective long-term strategy for improving population health outcomes in North Carolina.

References

1. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*. 1998; 14(4):245–58.

Note: The complete State Center for Health Statistics report upon which this summary is based can be accessed at: www.schs.state.nc.us/schs/pdf/SCHS_Study_167_FIN_20140505.pdf.