



ADVANCING HEALTH EDUCATION & RESEARCH



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AVA Research Reviews provides AVA members with recent published, peer-reviewed articles in a broad array of violence and abuse topics. The goal is to highlight and disseminate violence and abuse research in a timely fashion, and to enhance healthcare providers' practice by fostering the educational mission of AVA

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AVA Research Review

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Review Title: Expanding Concepts Related to Adverse Childhood Experiences

Reviewers: Harini Vakamudi BS, Rayleen Lewis, BS, & Betty S. Lai PhD, School of Public Health, Georgia State University

Article: Adverse Childhood Experiences: Expanding the Concept of Adversity. Peter Cronholm, Christine Forke, Roy Wade, Megan Bair-Merritt, Martha Davis, Mary Harkins-Schwarz, Lee Pachter, & Joel Fein (2015). *American Journal of Preventive Medicine*, 49(3):354-61.

Introductory Comment:

It is well documented that Adverse Childhood Experiences (ACEs) are associated with poor health outcomes. However, research on ACEs has primarily been conducted with homogenous samples (i.e., white, middle- and upper-class participants). This paper significantly

expands current knowledge about ACEs by assessing ACEs among diverse participants and by enlarging the scope of ACEs assessed.

Background:

ACEs are a class of traumatic early life events used to measure adversity. Felitti et al. (1998) demonstrated that Conventional ACEs, adverse experiences occurring in the home such as neglect, abuse, and household dysfunction, serve as reliable predictors of adverse health outcomes in adulthood. However, Felitti and colleagues utilized a relatively homogenous sample of primarily white, educated, medically insured Kaiser Permanente customers.

One gap in the current literature is the need to demonstrate the validity of ACEs as a measure of adversity in diverse populations. Furthermore, despite an association between ACEs that occur outside the

home (e.g., community violence, peer victimization, and racism) and poor health outcomes, the current literature has not adequately assessed community-level ACEs. Considering that children in low-income, minority, and urban populations might experience ACEs not previously considered in the Kaiser Permanente sample, the current definition of ACEs (i.e., Conventional ACEs) should be expanded to include these adverse, community events (i.e., Expanded ACEs).

Aims/hypotheses of article:

The study examined Conventional and Expanded ACEs among a racially and socioeconomically diverse sample of adults in order to evaluate the relationship between demographic variables and ACEs and the reliability of both Conventional and Expanded ACEs as measures of adversity in minority, low-income populations. Examining ACE scores as a function of demographic characteristics, Cronholm et al. (2015) hypothesized a greater prevalence of Expanded ACEs and some Conventional ACEs among less affluent, minority subsets of the sample. Additionally, Cronholm et al. (2015) compared the prevalence of Conventional ACEs in the study sample with the predominately white, upper

middle class sample used in the Kaiser Permanente study. They hypothesized that the current sample would demonstrate a greater prevalence of total ACEs but a lower prevalence of some Conventional ACEs in certain subgroups.

Methods:

As part of a larger study, 1,784 adults (45.2% White, 43.6% Black, 3.6% Latino, 3.7% Asian, and 3.9% Other) in Philadelphia participated in a telephone survey assessing Conventional and Expanded ACEs. Univariate analyses were performed to determine the prevalence of both Conventional and Expanded ACEs in the sample. Prevalence estimates of Conventional ACEs were compared to those of the original Kaiser Permanente sample. Ordinal logistic regression was utilized to examine associations between demographic characteristics and Conventional and Expanded ACEs.

Relevant Findings:

The findings demonstrated a higher prevalence of Conventional ACEs in the present sample compared to the original Kaiser sample, indicating greater adversity in minority and low-income populations. Expanded ACEs were also more prevalent

amongst these groups. More specifically, factors associated with higher Expanded ACE scores included: male gender, non-white race, divorced status, full-time employment, and an income level below 150% the poverty line.

Conclusions:

The findings indicate greater adversity in minority and low-income populations, indicated by the relatively greater prevalence of Conventional and Expanded ACEs. The high prevalence of Expanded ACEs indicates that without the inclusion of community-level indicators, the proportion of children exposed to ACEs would have been underrepresented. This is consistent with the assertion to expand the definition of ACEs to include adversity occurring outside the home, commonly experienced by non-white, low-income children. Significant differences in the prevalence of ACEs as a function of race, gender, marital status, and socioeconomic status suggest the special needs of subgroups be considered when developing new policies, interventions, and programs addressing early life adversity.

Limitations:

Though methodologically sound, the study is still prone to limitations. The use of self-

report measures in participants when asked to recollect potentially traumatic, stigmatizing, or embarrassing experiences from their childhood introduces the potential for social desirability and recall bias. Despite the positive response rate, the presence of non-responders may introduce selection bias if non-responders differed from responders in demographic variables or childhood experiences of survey items. Additionally, as the current study is a follow-up to a previously conducted, unrelated survey, the comparability of findings should be considered.

Reviewer's Comments:

This paper provides compelling data indicating that the definition of ACEs should be expanded to include community-level experiences of adversity. Further research is needed examining proportions of ACEs experienced by minority and low-income groups. In addition, future research should examine the relationship between health and Expanded ACEs among diverse populations.