



ADVANCING HEALTH EDUCATION & RESEARCH

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: A New Way to use the Adverse Childhood Experiences Score: Identification of youth in need of psychological counseling and support

Reviewer: Nancy S. Hardt, MD, Professor, Pathology and Ob-Gyn, University of Florida College of Medicine Gainesville

Article(s): Improving the Adverse Childhood Experiences Study Scale Finklehor D, Shattuck A, Turner H, Hamby S JAMA Pediatr Vol 167 (1) Jan 2013

Article Summary:

Brief Overview:

The authors engaged in a study of the adverse childhood experiences (ACEs) as described by Felitti and Anda in 1998 in order to determine whether it might be useful to ask youth about their ACEs and consider a more comprehensive range of

adversities by correlating findings with psychological distress in youth.

The study population was over 2000 youth obtained from the National Survey of Children's Exposure to Violence (NatSEV), using telephone survey methodology to gather information about adverse childhood experiences. Youth were asked about their history of adverse experiences (as defined by as the original ACEs by Felitti and Anda), in addition to other victimization and adversity items which were not part of the original ACEs. The investigators also measured current symptoms of psychological distress. In addition to youth report, parents were queried as to some symptoms of psychological distress that their children exhibit.

Psychological distress was identified, for the purpose of this study, as symptoms of anger, depression, anxiety,

dissociation, and posttraumatic stress as measured by the Trauma Symptoms Checklist for Children (TSCC).

Relevant findings:

Because the original ACEs instrument was developed for adults and measured retrospective recall of adversity which was then correlated with chronic illness in adulthood, the authors hypothesized that identification of childhood distress could be enhanced by adding or subtracting some elements of the original ACEs. Added elements included peer victimization or bullying, victimization of property crime, violence in the neighborhood, social isolation, parental job loss, serious illness in a close relative or friend, poor school performance, experience of a natural disaster. Other elements ascertained from parent interviews, included whether the child was very overweight compared to peers, attained below average grades in school, had a physical disability, or was perceived as less feminine or masculine than peers.

In their predictive model for current youth psychological distress, they noted 24% of the variance in psychological distress explained by the original ACE score, but increased to 36% of the

variance if changes were made in the original ACE score. For example, “mother treated violently” was rephrased more broadly as “parents always arguing” and parental separation or divorce and incarceration of household member were removed and replaced with crime victimization, exposure to community violence, having no close friends, and victimization by bullies.

Authors' Conclusions:

The authors conclude that these changes improve the original ACE score, when the use of the score is to identify children with current symptoms of psychological distress. To be sure, this is quite a different use of the score than intended by Felitti and Anda, but offers health professionals, school administrators, and law enforcement a potential tool to identify children in need of counseling and support.

Reviewer's Comments:

One limitation of the tool is that it is rather lengthy and would not be practical in its present form to administer to each child. However, if one were to envision a world where all service providers for children were trauma informed, this might be a useful tool. Indeed, if schools could use this tool (or an abbreviated version of it) to

manage behavioral problems, address chronic absenteeism, and avoid suspension of children from school, this tool could represent an advance.

In summary, Finkelhor et al modify Felitti and Anda's ACE score to identify children currently symptomatic of psychological distress with the addition of adversities and modification of some of the original ACEs. The new tool they propose is too lengthy for screening, but could be used to guide child serving providers in addressing the root cause of problematic youth behaviors. Indeed, future research could include developing a validated short form of the tool to use in screening all children for psychological distress. Addressing trauma in children is a sound practice to prevent the health, social, educational, and legal behavioral risks which are more difficult and expensive to address in adulthood.