

# Adverse Childhood Experiences (ACEs)

**Tracie O. Afifi, PhD**

**Associate Professor**

**CIHR New Investigator (2013-2018)**

**Associate Editor, *Child Abuse & Neglect***

Departments of Community Health Sciences and Psychiatry

Max Rady College of Medicine

Rady Faculty of Health Sciences

University of Manitoba



UNIVERSITY  
OF MANITOBA

Rady Faculty of  
Health Sciences

Department of Community Health Sciences  
MAX RADY COLLEGE OF MEDICINE

# In Canada

- Data Needs
- Data Sources
- Data Gaps



# Current Canadian ACEs Data Landscape

- Many studies have been conducted in Canada that use the term Adverse Childhood Experiences or ACEs.
- Many of these are referring to one to several types of child abuse or child abuse with some household dysfunction.
- Few studies have been conducted in Canada in the published literature that examine what is typically included as 8 ACEs in ACEs studies.



# Examples of Canadian Studies

- Clinical sample from Ontario (n = 2038) examining child abuse, parental addiction and substance use in the InterRAI child and youth mental health database (Baiden, Stewart, Fallon, 2017).
- Clinical sample from Calgary (n = 4000) adults from primary care clinics in EmbrACE study and included 5 types of child abuse and 5 types of household dysfunction to examine depression outcomes (Poole, JC et al 2017).
- Representative Military sample CCHS 2002 CAF data examining ACEs including child abuse, poverty, exposure to IPV, divorce, parental substance use, hospitalization as a child, apprehension CPS in relation to mood and anxiety disorders (Sareen et al. 2013).



# Current Canadian ACEs Data Landscape

- There are many groups in Canada who are conducting child abuse research.
- Some of these groups may also be assessing household dysfunction.
- However, it is not known how many research groups in Canada are specifically conducting ACEs research that specifically includes the typical 8 ACEs.



# Data Needs

- ***Why do we need Canadian Data?***
  - ACEs have gained attention in the US and been related to health, social services, and justice.
  - Simple screening tools have been developed for people to quickly generate an ACEs score. This is often reported on in the US media.
  - Some in the US are advocating for general screening of ACEs in child and adult clinical settings.



# Data Needs

- ***Why do we need Canadian Data?***

- We currently do not have ACEs data in Canada to help to guide similar discussions.
- Canadian ACEs studies are needed so that we are not generalizing data or adopting practice, policy, or prevention strategies for the US or other countries.
- Canadian ACEs data could be collected using a variety of samples including general population, clinical, and at-risk samples.
- Data that can be collected longitudinally rather than cross-sectionally would be ideal.



# Data Sources

- ***What is available?***
  - Very few ACEs studies in the published literature from Canada
  - It is largely unknown what is currently being conducted by research groups at this time.





# Data Sources

- ***What could be developed?***
  - Primary data collect using surveys in general population based samples
  - Data collection using surveys in clinical samples
  - Data collection in at-risk samples (e.g., added to CIS reported case of child abuse)
  - Data collection in Statistics Canada surveys (currently not being done)
  - Linking ACEs survey data to Administrative health, social, and justice databases
  - Others?



# Data Knowledge Gaps

- ***What should we include as ACEs?***
  - There has been some work encouraging how we conceptualize childhood adversity (Finkelhor et al., 2012; Purewal et al., 2016; Afifi et al., 2017).
    - Peer Rejection
    - Bullying
    - Discrimination
    - Poverty
    - Spanking



# Data Knowledge Gaps

- ***What should we include as ACEs?***
  - *Should the list of ACEs be expanded to include other experiences?*
  - *What should be included as ACEs in Canada?*
  - *Do ACEs vary by specific country or regions in the world?*
  - *How should a revised list of ACEs be generated?*



# Data Knowledge Gaps

- ***What should we measure ACEs?***
  - The original ACEs study included single item questions on several types of child abuse and household dysfunction. For the most part, the assessment of ACEs has not advanced from what was done in the 1990s.
  - However, measurement in the child abuse field has developed over the last 20 years with more valid and reliable tools for assessing child abuse.
  - Do we need to advance the measurement of ACEs beyond the often used single item indicators?



# Data Knowledge Gaps

- ***What should we analyze ACEs?***
  - Many ACEs studies from the US have counted ACEs and have found a dose-response relationship between increased number of ACEs and significantly higher odds of a wide range of poor outcomes.
  - This has led to mainstream ACE Score calculators in the US and campaigns that ask “*What is your ACE score*” or “*Know your ACE score.*” There is utility in assessing dose-response relationships, but how does this translate to practice, policy and prevention?



# Data Knowledge Gaps

- ***What should we analyze ACEs?***
  - Is it also important to focus on individual ACEs? Are there clinical and policy implications related to understanding how individual ACEs are associated with poor outcomes or if certain ACEs may have stronger effects?
  - Should we continue examining ACE scores, but also place a greater focus on individual ACEs?



# Data Knowledge Gaps

- ***Push for General Screening?***

- There is a major movement in the US and elsewhere for routinely screening for ACEs in health care settings.
- However, there is no evidence that the benefits of routine screening would outweigh the potential harms. We need evidence to understand how or if screening would be appropriate before making general and large-scale recommendations.
- What role can data from Canada play in the ACEs screening controversy?

