

ADVERSE CHILDHOOD EXPERIENCES



Adverse childhood experiences (ACEs) are a significant risk factor for substance use disorders and can impact prevention efforts.

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

ACEs are a good example of the types of complex issues that the prevention workforce often faces. The negative effects of ACEs are felt throughout the nation and can affect people of all backgrounds. Successfully addressing their impact requires:



- **ACEs are common.** For example, 28% of study participants reported physical abuse and 21% reported sexual abuse. Many also reported experiencing a divorce or parental separation, or having a parent with a mental and/or substance use disorder.

- **ACEs cluster/strong.** Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more. Because ACEs cluster, many subsequent studies now look at the cumulative effects of ACEs rather than the individual effects of each.
- **ACEs have a dose-response relationship with many health problems.** As researchers followed participants over time, they discovered that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be comorbid or co-occurring.

ACEs and Prevention Efforts

Preventing ACEs and engaging in early identification of people who have experienced them could have a significant impact on a range of critical health problems. You can strengthen your substance misuse prevention efforts by:

- Informing local decision-making by collecting state- and county-level ACEs data
- Increasing awareness of ACEs among state- and community-level substance misuse prevention professionals, emphasizing the relevance of ACEs to behavioral health disciplines
- Including ACEs among the primary risk and protective factors when engaging in prevention planning efforts
- Selecting and implementing programs, policies, and strategies designed to address ACEs, including efforts focusing on reducing intergenerational transmission of ACEs
- Using ACEs research and local ACEs data to identify groups of people who may be at higher risk for substance use disorders and to conduct targeted prevention

ACEs Research and Behavioral Health

Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.

ACEs and Substance Use Disorders

- **Early initiation of alcohol use.** Underage drinking prevention efforts may not be effective unless ACEs are addressed as a contributing factor. Underage drinking prevention programs may not work as intended unless they help youth recognize and cope with stressors of abuse, household dysfunction, and other adverse experiences.
- **Higher risk of alcohol abuse as an adult.** ACEs such as child abuse, parental alcoholism, and family dysfunction correlate with a higher risk of problem drinking behavior in adulthood.
- **Continued tobacco use during adulthood.** Prevalence ratios for current and ever smoking increased as ACEs scores increased.
- **Prescription drug use.** Prescription drug use increased as ACEs scores increased.
- **Lifetime illicit drug use, drug dependency, and self-reported addiction.** Each ACE increased the likelihood of early initiation into illicit drug use by 2- to 4-fold..

ACEs and Behavioral Problems

- **Increased risk of suicide attempts.** ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan.
- **Lifetime depressive episodes.** Exposure to ACEs may increase the risk of experiencing depressive disorders well into adulthood—sometimes decades after ACEs occur.
- **Sleep disturbances in adults.** People with a history of ACEs have a higher likelihood of experiencing self-reported sleep disorders..
- **High-risk sexual behaviors.** Women with ACEs have reported risky sexual behaviors, including early intercourse, having had 30 or more sexual partners, and perceiving themselves to be at risk for HIV/AIDS.
- **Fetal mortality.** Fetal deaths attributed to adolescent pregnancy may result from underlying ACEs rather than adolescent pregnancy..

Publications and Resources

[The Role of Adverse Childhood Experiences in Substance Abuse and Related Behavioral Health Problems](#)

[Adverse Childhood Experiences: Risk Factors for Substance Abuse and Mental Health Video – 2012](#)

[Adverse Childhood Experiences: Implications for Transforming Our Systems of Care Video – 2012](#)