

Press Release

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Adverse Childhood Experiences Linked to Poor Adult Health Issue Briefs One and Two of a Five Issue Brief Series

The Oklahoma Institute for Child Advocacy has released the first two issue briefs in a series of five documenting how adverse childhood experiences effect health in adulthood. Anne Roberts, OICA Executive Director and author of the issue briefs, stressed the importance of the study. "The implications of the ACEs Study are profound and far-reaching, and should lead us to reevaluate how we practice medicine and treat children their families."

The information presented in these issue briefs is derived from the ACE (Adverse Childhood Experience) Study, a collaborative research project of the Centers for Disease Control (CDC) and the Department of Preventive Medicine at Kaiser Permanente (KP) in San Diego, California. This on-going study has tracked over 17,000 middle-class people to determine the correlation between childhood experiences and adult health.

"It is surprising how common these experiences are," Roberts said. "Adverse childhood experiences happen much more than we think. Plus, the study group was not taken from a population of disadvantaged or poor people. These were fully-employed, fully-insured, middle-class adults we can all relate to."

Divided into ten ACE categories, the study examines five areas of child maltreatment and five areas of household or family dysfunction: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce and incarcerated household member.

The first Issue brief, "Childhood Stress: a Ticking Time Bomb" gives the overall findings of the study, including the implications of these findings, and explains in detail the ten ACE categories used in the study. It also ranks Oklahoma counties by ACE indicators. The study showed that people with four or more adverse factors were twice as likely to be smokers, 12 times more likely to have attempted suicide, seven times more likely to be an alcoholic and 10 times more likely to have injected illegal drugs. Higher adverse factors also show a link to other behaviors, including overeating and promiscuity.

ACE second issue brief looks more closely at the issue of child maltreatment, including Oklahoma-specific data on abuse and neglect. Policy opportunities include creating new diagnostic tools and training for health professionals and investing in young children and families to prevent adverse childhood experiences. This could include parent education and child abuse prevention programs, after school and positive youth development programs along with substance abuse prevention and treatment for families and supporting domestic violence prevention programs. Issue briefs three through five will be released throughout the month of January.

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OICA is hosting a series of presentations by Dr. Vincent Felitti, author of the Adverse Childhood Experiences (ACE) Study, on January 25th at Children's Hospital and the Oklahoma History Center. On that same day, OICA will release the *2006-07 Oklahoma KIDS COUNT Factbook* that highlights the ACEs Study, and documents the status of Oklahoma's children and youth on a county-by-county basis. For a detailed agenda and registration information, go to www.oica.org.

Adverse Childhood Experience categories

CHILD MALTREATMENT

Emotional Abuse:

An adult in the household often swearing, insulting or putting down a child and /or the child occasionally fearing being physically hurt.

Physical abuse:

A child being pushed, grabbed, slapped or having an object thrown so hard that marks or injuries were made.

Sexual abuse:

An adult touching or fondling a child in a sexual way.

Emotional neglect:

Participants used a scored scale to show the extent that their family was a source of strength including feeling loved, special, protected and supported.

Physical neglect:

Participants used a scale to show how the household adults met their physical needs such as having enough to eat, having clean clothes and being taken to the doctor.

HOUSEHOLD OR FAMILY DYSFUNCTION

Mother treated violently:

A child hearing or seeing the mother or stepmother being physically abused.

Household substance abuse:

A child living with a person who abused alcohol or drugs.

Household mental illness:

A child living with a person who was depressed or mentally ill or had attempted suicide.

Parental separation or divorce Incarcerated household member

Parents were ever separated or divorced.

Incarcerated household Member:

A household member went to prison.