

# Contextualising ACEs: the relationship between childhood socioeconomic position and adverse childhood experiences

David Walsh, Gerry McCartney,  
Michael Smith, Gillian Armour

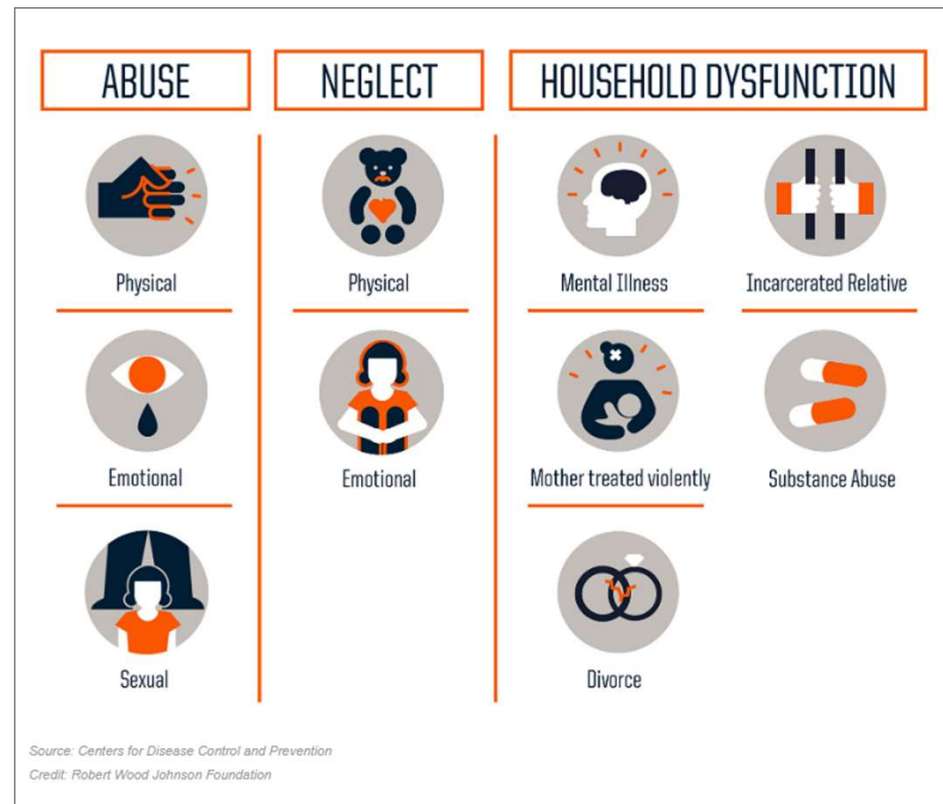
# Today

- Background: what are ACEs and why is this topic important?
- Aims: what's missing and what we were trying to do?
- Methods mercifully brief
- Results what does the evidence actually show?
- Conclusions: what all this means and why it matters for policy

# Background: adverse childhood experiences

- Childhood adversity associated with increased risk of negative outcomes in later life
- Evidence particularly influenced by CDC-Kaiser **Adverse Childhood Experiences** (ACE) Study (e.g. Felitti et al 1998):
  - (More or less) coined the term 'ACEs' to describe multiple facets of such adversity
  - Theirs now often cited as a 'standard' definition...

# Background: adverse childhood experiences



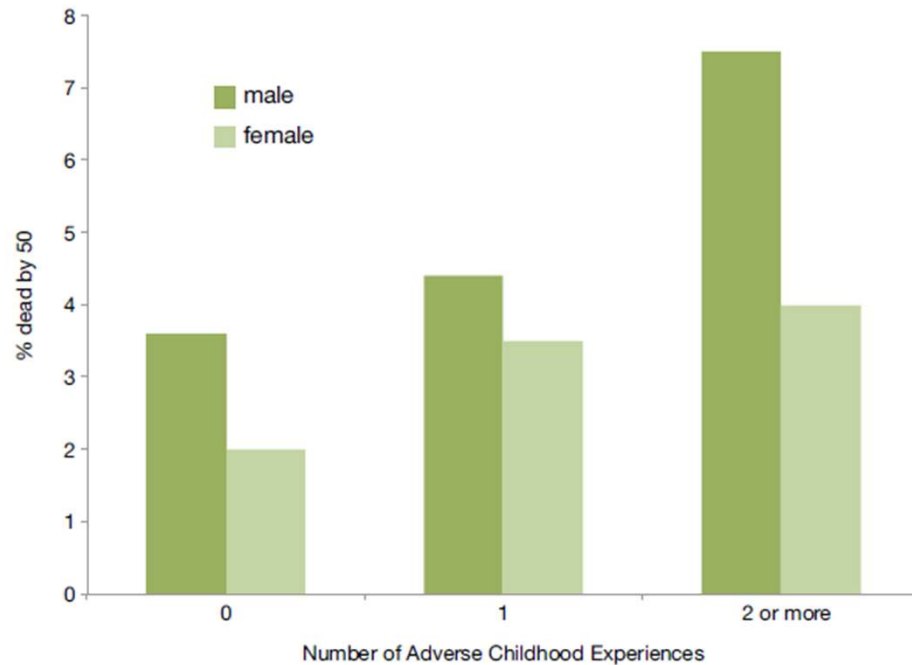
Source: CDC/NPR

# Background: adverse childhood experiences

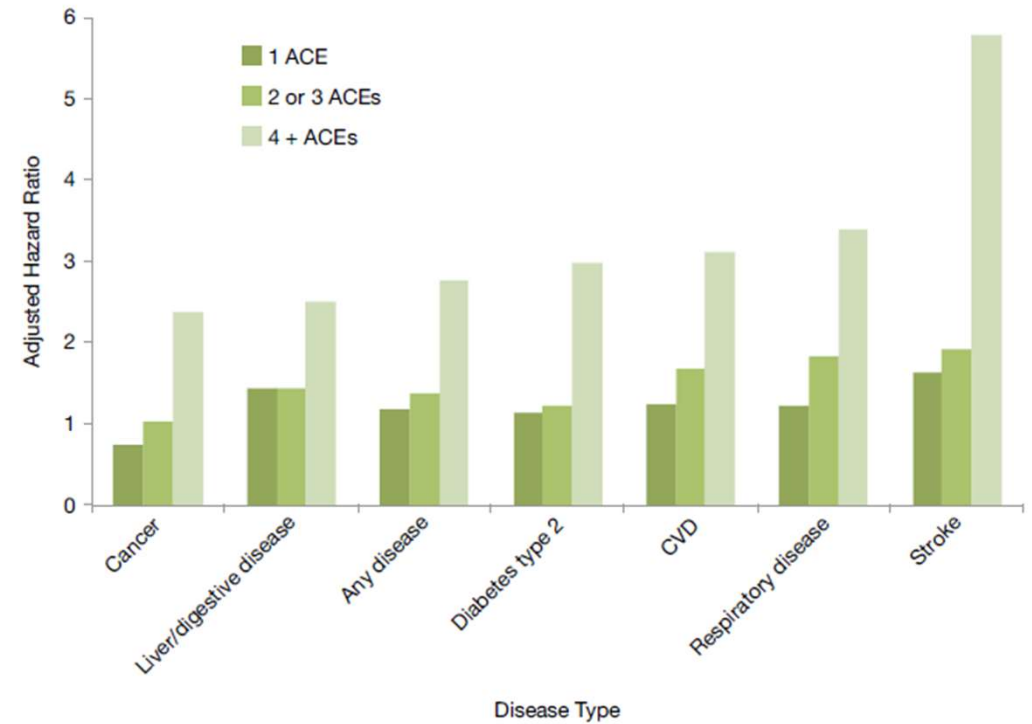
- Childhood adversity associated with increased risk of negative outcomes in later life
- Evidence particularly influenced by CDC-Kaiser Adverse Childhood Experiences (ACE) Study (e.g. Felitti et al 1998):
  - (More or less) coined the term 'ACEs' to describe multiple facets of such adversity
  - Theirs now often cited as a 'standard' definition...
- But actually (NB) ACEs defined in all sorts of different ways
- ACEs associated with very wide range of adverse outcomes...

# Background: adverse childhood experiences

**Figure 1**  
All-cause mortality rate by age 50 according to prevalence of adverse childhood experiences, British men and women, 2008



**Figure 2**  
Changes in risk of disease development with increased history of ACE, English survey data, 2013



Source: Allan M., Donkin A. The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects. London: UCL Institute of Health Equity; 2016 (using data from: Kelly-Irving et al 2013 (Figure 1); and Bellis et al 2014 (Figure 2))

# Background: adverse childhood experiences

- So, a major focus of policy e.g.
  - Lots going in Welsh policy and practice
  - Importance of ACEs emphasised by English DoH and UK Government Parliamentary Committees
  - And very clearly a priority of the Scottish Government...

# Background: adverse childhood experiences

- SG's Programme for Government 2018/19
- ACEs woven throughout:
  - 'healthy & active nation'
  - 'best place to grow up and learn' (major emphasis)
  - 'empowered, equal, safe Scotland' (local government, justice, domestic abuse)
  - 'creative, open, connected nation' (culture)





# Background: adverse childhood experiences

THE SCOTTISH TOUR

RE ATTACHMENT | dartmouth films | K P J R | NHS | connected baby

present

## RESILIENCE

THE BIOLOGY OF STRESS & THE SCIENCE OF HOPE

The acclaimed documentary on childhood trauma

Edinburgh • 17 May • 12noon Carnegie Cinema • <a href="http://tinyurl.com/175y">tinyurl.com/175y</a> <b>SOLD OUT!</b>	Perth • 21 June • 7:00pm MacArb Centre • <a href="http://tinyurl.com/16d3mzpk">tinyurl.com/16d3mzpk</a>
Tranent • 18 May • 7:00pm The Fraser Centre • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Dumfries • 24 June • 12noon Robert Burns Centre • <a href="http://tinyurl.com/1kzqzpkh">tinyurl.com/1kzqzpkh</a>
Glasgow • 20 May • 12noon Glasgow Film Theatre • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Dunlop • 24 June • 12noon Dunlop Village Hall • <a href="http://tinyurl.com/1ab3mzq2">tinyurl.com/1ab3mzq2</a>
Ardrossan • 20 May • 12noon Ardrossan Community Cinema • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Elgin • 24 June • 12:30pm Moray Playhouse • <a href="http://tinyurl.com/16d4k4">tinyurl.com/16d4k4</a>
Hamilton • 23 May • 12noon Cheshamvale Country Park • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Stirling • 1 July • 12noon MacRobert Arts Centre • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>
Airdrie • 25 May • 12noon Airdrie Town Hall • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Angus To be announced
Kirkcaldy • 1 June • 7:00pm Adam Smith Theatre • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Clackmannanshire To be announced
Dundee • 3 June • 11:00pm DCA • <a href="http://tinyurl.com/16fzkh4">tinyurl.com/16fzkh4</a> <b>SOLD OUT!</b>	East Renfrewshire To be announced
Galashiels • 3 June • 12noon MacArb Centre • <a href="http://tinyurl.com/16d2anna">tinyurl.com/16d2anna</a>	Falkirk To be announced
Greenock • 8 June • 7:00pm Waterfoot Cinema • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Isle of Arran To be announced
Inverness • 10 June • 12noon Eden Court • <a href="http://tinyurl.com/1kz8d42">tinyurl.com/1kz8d42</a>	Midlothian To be announced
Lerwick • 10 June • 12noon Marcel Cinema • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Monymusk, Inverurie To be announced
Aberdeen • 15 June • 4:00pm Belmont Filmhouse • <a href="http://tinyurl.com/16">tinyurl.com/16</a> <b>SOLD OUT!</b>	Renfrewshire To be announced
Lennoxtown • 17 June • 1:30pm Campsie Memorial Hall • <a href="http://tinyurl.com/1kzqzq89">tinyurl.com/1kzqzq89</a>	South Ayrshire To be announced
Oban • 17 June • 12noon Oban Phoenix Cinema • <a href="http://tinyurl.com/1kzqz6a">tinyurl.com/1kzqz6a</a>	Stornoway To be announced
Orkney • 17 June • 12noon Picaquoy Centre • <a href="http://tinyurl.com/1k2lmsl">tinyurl.com/1k2lmsl</a>	West Lothian To be announced

Admission £7.50  
Booking and details at [www.connectedbaby.net/events/](http://www.connectedbaby.net/events/)



# Background: adverse childhood experiences





# adverse childhood experiences

Emotion Works Wellbeing in focusing on regular curriculum. The program learners across a 10-year development. Roll-out of the platform of social media mentors. Emotion Works from the start adapted resources contexts of Attainment C.

**What is the Solihull Approach?**

Experience Learning ONLINE and FACE to FACE

Beacon House  
Therapeutic Services and Trauma Team

THE WINDOW OF TOLERANCE

**ACEs-SP**

By developing connections in wellbeing becoming mature emotion. The step by step learning expert capabilities or Works 'Addictive'.

For more 0121 296 www.s www.i

Solihull

7 Day Face - Core/ in - Antenna - working - Foster - Worker - Keeping - practitioner - Whole s - twilight - Group F - To run - prenatal - for foster - Train the - cascade - Early Yes - Training - Advance - Develop - Seminar a

AC Educ children in Trauma thr in learning and as a n attachment and vulner Our course - Written b - Easy to a - Many co - We work

**Trauma Informed Schools UK**

We provide trauma informed communities and organisations healthy places for all... and w

Trauma Informed Schools UK is a not for profit org committed to improving the health and wellbeing of to learn of the most vulnerable children in the UK, those who have suffered trauma, abuse, neglect or have mental health problems or attachment issues.

We Offer

- Practitioner Trainings
  - Diploma in Trauma and Mental Health-Informed Sch (practitioner status)
  - 10 day (Level 5 Diploma) and 12 day (University roll over two terms (includes work based learning)
  - Cardiff, London, Worcester, Manchester, Ipswich, Dorset, Devon and Cornwall. We can offer training in any region so if you are interested in either hosting a course or attending one in your area please do get in touch.
- Senior Leads Training
  - 2 days to ensure your school is trauma and mental health informed.
- Whole School Inductions
  - Half or whole day to ensure whole school/organisation approach to mentally healthy school status.

September 2016

Briefing Session Glasgow

We are also holding an information on the 27th September 2016 at the Hotel, Beardmore Street, Clydebank

Please email [info@traumainformedschools.uk](mailto:info@traumainformedschools.uk) would like to attend or if you want a trainings, fees, awards, locations etc

[info@traumainformedschools.uk](mailto:info@traumainformedschools.uk)  
[www.traumainformedschools.uk](http://www.traumainformedschools.uk)  
[www.childmentalhealthcentre.org](http://www.childmentalhealthcentre.org)

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about

connected baby life.

We really do mean to life connection.

The past two decades of scientific function. We now understand just M

connected baby's aims are to help connection in our everyday lives. We from our shop.

Come and be part of the connected

ACEs are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or family incarceration.

Living with ACEs results in individuals developing coping and lifestyle strategies that are based on poor parental attachment and the effects of trauma.

Rock Pool can offer support to your workforce in a variety of ways. We provide both open and bespoke courses on understanding ACEs and their impact.

We have also designed a specific 10 week programme for families that have experienced ACEs.

**The Adult ACEs Recovery Toolkit.**

**About the programme:**

The Adult ACEs Recovery Toolkit has been written to assist any individual or agency working with individuals who have experienced ACEs resulting in trauma and are in a position to take part in a group.

The 18 weeks structured programme is written using a trauma informed approach and is influenced by Trauma Informed Cognitive Behavioural Therapy (recommended by NICE for the treatment of post-traumatic stress disorder).

The programme focuses on providing individuals with information and practical tools to develop their own resilience and the protective factors necessary to minimize the impact of ACEs on themselves and their children.

Rock Pool Overviews resilience through leisure informed interventions.

**GO TO SHOP!**

**teddy b**

**ROCK POOL**  
hope - resilience - recovery

**THE INSTITUTE FOR ARTS**

IN THERAPY & EDUCATION

**HYPER-AROUSAL**

**HYPO-AROUSAL**

**TRAUMA INFORMED SCHOOLS**

**CCMH**

**ACE**  
Adverse Childhood Experiences  
**RECOVERY TOOLKIT**

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**ROCK POOL**  
hope - resilience - recovery

**ACE**  
Adverse Childhood Experiences  
**RECOVERY TOOLKIT**

**It's changed my life... now I know exactly who I am, who I want to be, and who I can be. I'm not ashamed of what I've been through, my programme has helped me realize that with the right help, a hard childhood doesn't have to define you"**

**The Children and Young People (CYP) ACEs Recovery Toolkit** is a two course that trains individuals working with clients who have experienced ACEs to deliver the programme.

Living with ACEs forces children and young people to develop unconscious coping strategies that develop the experience of living with toxic stress on a daily basis. These ways of coping to survive the trauma may not be helpful in situations beyond the immediate family or their community.

**Aims of the programme:**

The aim of the CYP ACEs Recovery Toolkit is to provide strategies to support participants to better manage th challenging behaviours or coping strategies that have developed as a result of living with or having experienced several ACEs.

The programme provides information and education t will enable them to develop resilience to cope with adversity they have experienced giving them hope, promoting resilience and that will aid their recovery.

**What's included:**

The CYP ACEs Recovery Toolkit facilitates training incl a comprehensive manual that contains guidance for facilitators, weekly session plans, all handouts and not returned to run the sessions. During the two-day train delegates will have the opportunity to become family the underpinning principles of the programme and ho use the manual most effectively.

**Get In Touch:**

If you would like to find out more about how we can help you deliver our ACEs Recovery Toolkit, please contact us:

[admin@rockpool.life](mailto:admin@rockpool.life)  
[www.rockpool.life](http://www.rockpool.life)  
01803 659191

**ROCK POOL**  
hope - resilience - recovery

**CYP ACE**  
**RECOVERY TOOLKIT**

**The Thrive Approach: an effective response to the social and emotional needs of all children, including early help for those with interrupted learning or experience of adverse challenges in childhood.**

Thrive aims to enhance the healthy social and emotional development of children and young people so they are better able to deal with life's ups and downs, engage with learning and maximise their opportunities.

The Thrive Approach draws from the fields of neuroscience, attachment theory, transactional analysis and child development to better equip adults to understand, and appropriately respond to, children's individual needs. Where necessary, children and young people are supported to become more resilient, self-assured, capable and adaptable.

Thrive has been developed over more than 20 years and is currently accessible to more than 300,000 children and young people in the UK. Training can be accessed by anyone with an open and positive relationship with children from parents and foster carers to teachers, head teachers, assistants, healthcare workers and other professionals.

Schools using the approach have reported many benefits including reduced exclusions, fewer disruptions in class, improved relationships between pupils and staff and improved academic attainment. The Approach comprises two elements:

- Thrive-Online which is an online resource for screening, assessment, targeted action planning and progress monitoring for whole classes, groups or individuals.
- Training to meet different needs from Senior Leadership courses on how to introduce Thrive across a school to introductory sessions for parents and carers and skills training for those staff who wish to become licensed practitioners working with individual children and tailored action plans.

**The Thrive model of social and emotional development in relation to ACEs**

Social workers tell us that children find it difficult to grow out of a mental health diagnosis and what they often need is some health-giving help.

As an 'every child' approach, Thrive works alongside children as their lives unfold and is complementary to more formal interventions.

It recognises that both adverse and typically 'normal' events, such as the arrival of a new baby or moving away from a supportive network, have the potential to disrupt neurodevelopment leading to social, emotional and cognitive impairment.

The Thrive Approach utilises caring adults that are close to the child and helps them to see how children's behaviour may be a communication of unmet need, it is non-stigmatising for children and families and does not need a history or a clinical diagnosis.

**A health worker might ask:**  
"What is wrong with you?"

**Trauma & ACEs interventions might ask:**  
"What happened to you?"

**Thrive asks:**  
"What do you need now?"

**Thrive training in Scotland**

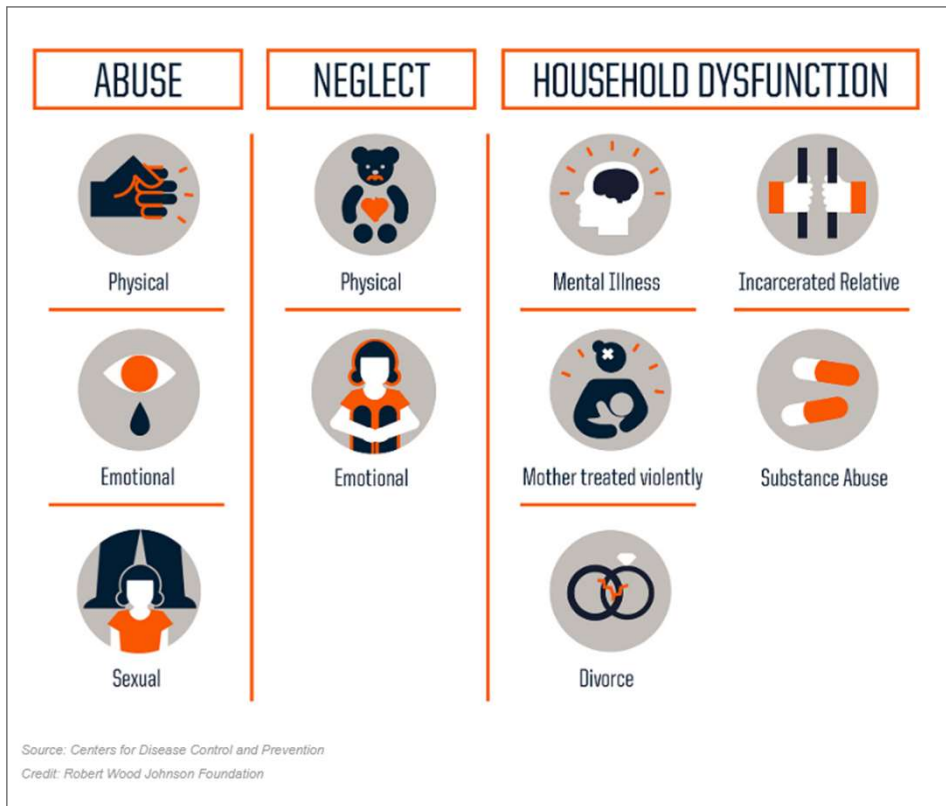
We're delighted to bring the Thrive Approach to Scotland, with two courses currently scheduled in Glasgow. To find out more, please use this link: <https://mythrive.uk/2AzyAMY>

Alternatively, you can view our full range of courses available in the UK here: <https://mythrive.uk/2BJEN4o>

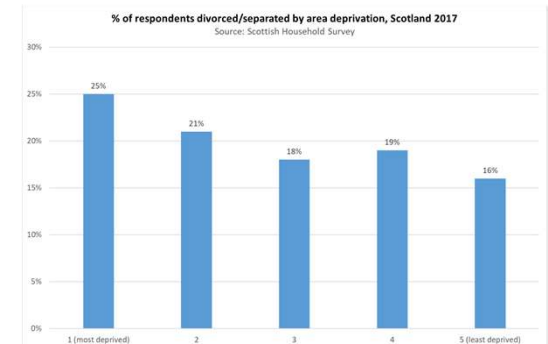
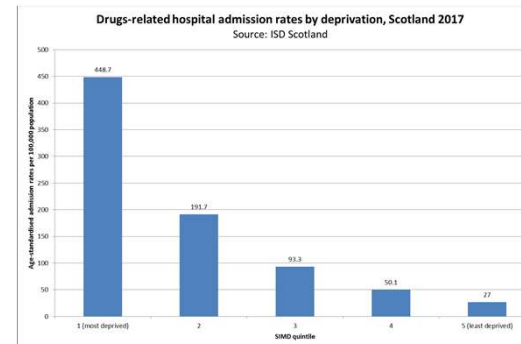
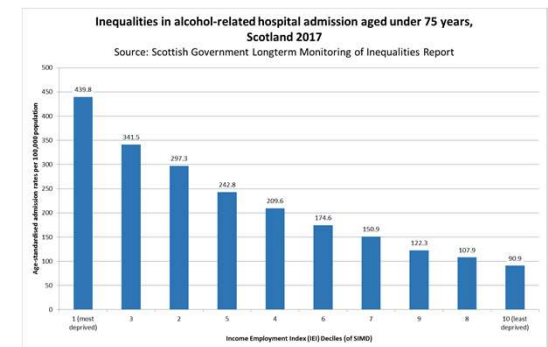
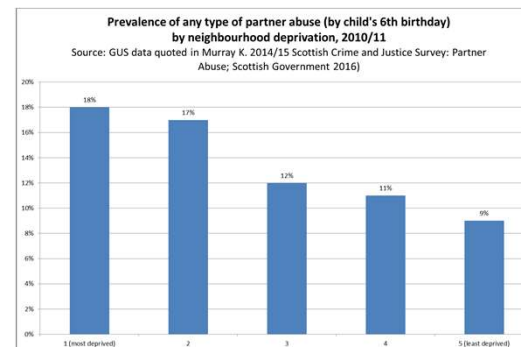
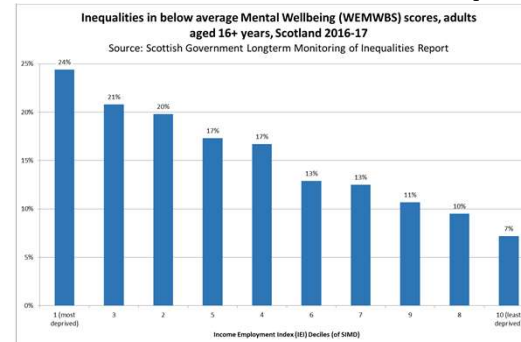
# Background: adverse childhood experiences and SEP

- Where is **poverty** (and broader socio-economic position (SEP)) in all this discussion?
- On the one hand:
  - Childhood adversity experienced across all social classes – e.g. CDC-Kaiser ACE Study itself (Felitti et al 1998 etc)
- But on the other hand:
  - All components of ACEs are very clearly socially patterned..

# Background: adverse childhood experiences and SEP



Source: CDC/NPR



# Background: adverse childhood experiences and SEP

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- But on the other hand:
  - All components of ACEs are very clearly socially patterned..
- So begs the question: what's the role of childhood SEP/poverty in understanding and addressing ACEs?
- What's the evidence?

# Aims and methods

- **Aim:** to systematically review and synthesise the literature on the relationship between childhood SEP and ACEs
- **Methods:**
  - Systematic literature review
  - Searched relevant databases for studies mentioning ACEs (or similar) **and** SEP (or similar)
  - Looking for **childhood** SEP, and where ACEs (or similar) were the **outcome**
  - Papers limited to 1998 onwards
  - Modified version of Hamilton tool\* used to assess study quality/bias etc

\* Effective Public Health Practice Project. Quality assessment tool for quantitative studies. Hamilton, Ontario: MERSC; 1998

# Results 1: Childhood SEP and ACEs



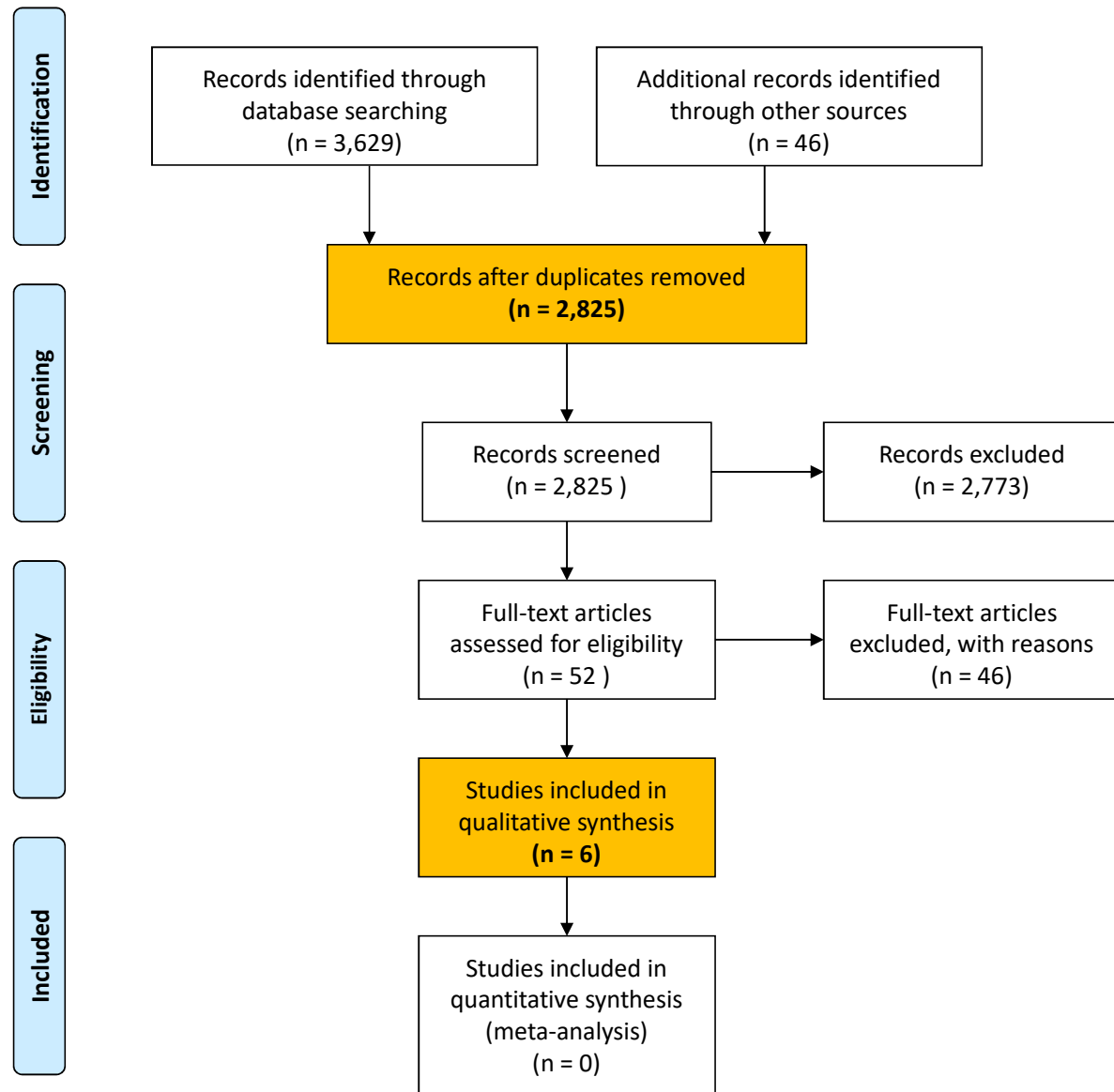
**PRISMA 2009 Flow Diagram**



# Results 1: Childhood SEP and ACEs



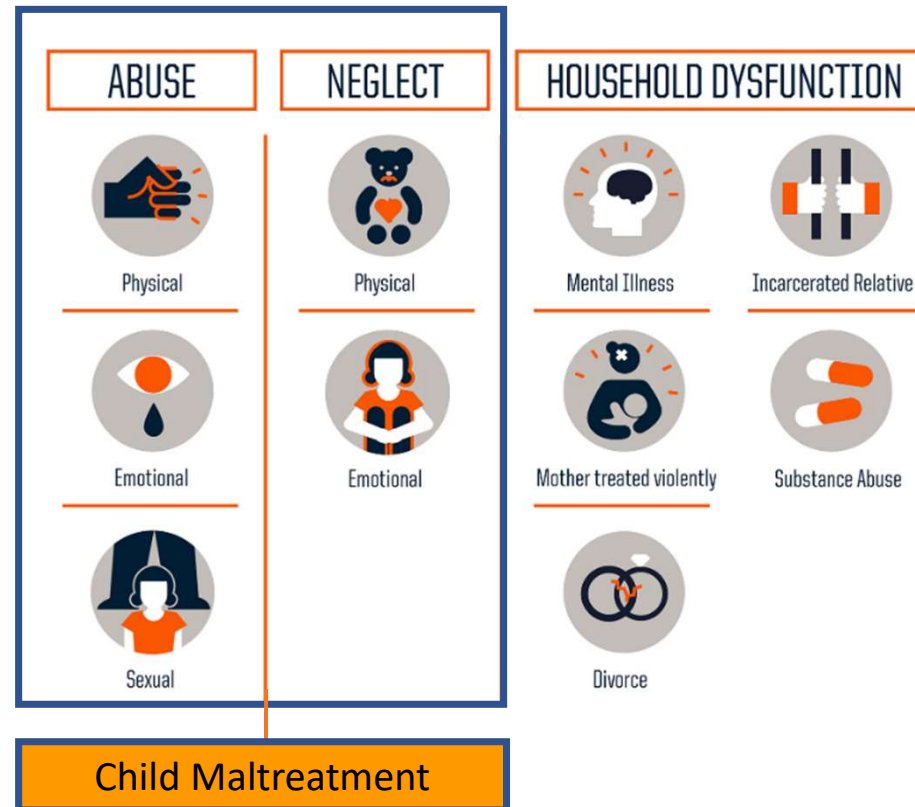
PRISMA 2009 Flow Diagram



## Results 2: SEP and ACEs *and child maltreatment*

- More evidence in the literature re. **child maltreatment** (rather than ACEs) and SEP/poverty
- NB obvious differences between broader aspects of childhood adversity (ACEs) and much more specific maltreatment
- But maltreatment is a large component (half of the 10 'standard' ACEs definition)...

# Results 2: SEP and ACEs *and* child maltreatment

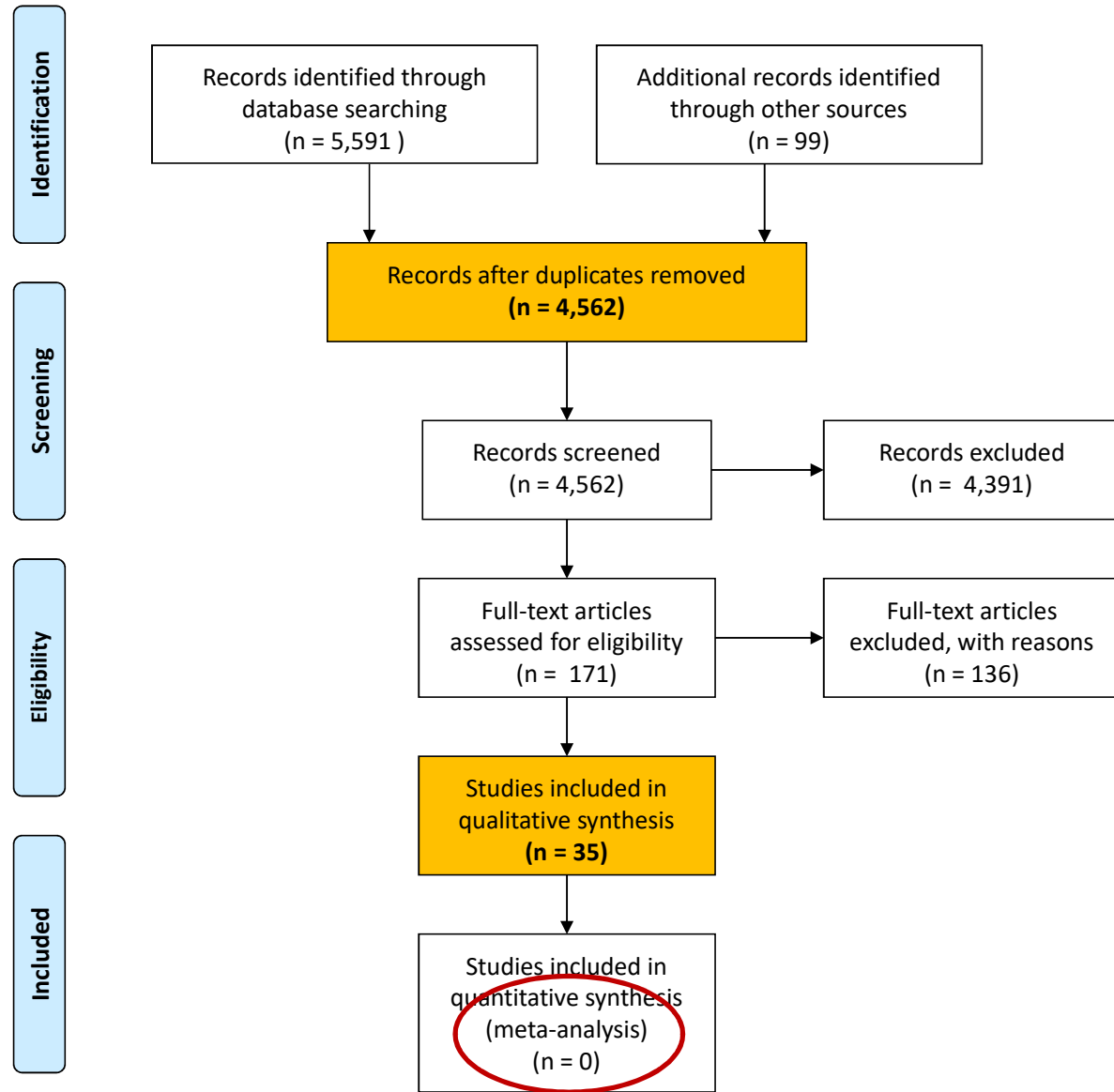


Source: CDC/NPR

# Results 2: Childhood SEP and ACEs/maltreatment



PRISMA 2009 Flow Diagram



## Results 2: childhood SEP and ACEs/maltreatment

- No meta-analysis of data possible
- Relatively small number of papers
- (Of which c. half deemed to be ‘high quality’)
- NB despite limitations, association between childhood SEP and childhood adversity **very clear**:
  - Meaningful (“significant”!) statistical associations observed in the vast majority of studies..
  - ..including all bar one of those deemed ‘high quality’
  - For example...

# Results 2a: Childhood SEP and ACEs (selected examples)

Child Abuse & Neglect 51 (2016) 21–30

Contents lists available at ScienceDirect

Child Abuse & Neglect

Research article

**Adverse childhood experiences: Prevalence and related factors in adolescents of a Brazilian birth cohort<sup>2</sup>**

Ana Luiza Gonçalves Soares<sup>3,\*,</sup> Laura D. Howe<sup>4</sup>, Alicia Matijasevich<sup>5</sup>, Fernando C. Wehrmeister<sup>3</sup>, Ana M.B. Menezes<sup>3</sup>, Helen Gonçalves<sup>3</sup>

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 Child abuse  
 Risk factors  
 Cohort studies

**Introduction**

Adverse childhood experiences (ACEs) correspond to sources of stress that people may suffer early in life, usually before the age of 18. They are recognized as a public health problem, which can affect children's health and wellbeing not only at

<sup>2</sup> This article is based on data from the study "Pelotas Birth Cohort, 1993" conducted by the Postgraduate Program in Epidemiology at Federal University of Pelotas with the collaboration of the Brazilian Public Health Association (ABRASCOS). Funding for this study was provided by the Wellcome Trust, the European Union, National Support Program for Centers of Excellence (PRONEX), the Brazilian National Research Council (CNPq), and the Brazilian Ministry of Health. ALCGS is supported by the Brazilian National Research Council (CNPq). LDH is supported by a Career Development Award from the UK Medical Research Council (MR/M020094/1) and works in a unit that receives funds from the UK MRC (MC/L/J/L/2013/5). All the founding sources had no role in the study design, collection, analysis or interpretation of the data, writing the manuscript, or the decision to submit the paper for publication.  
<sup>\*</sup> Corresponding author at: Postgraduate Program in Epidemiology of Federal University of Pelotas, Rua Marechal Deodoro, 1160-3<sup>o</sup> andar, Pelotas, RS CEP 96020-220, Brazil.  
<http://dx.doi.org/10.1016/j.chabu.2015.11.017>  
 0145-2134/© 2015 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

**Table 4**  
 Adjusted odds ratio of ACE score according to socioeconomic, demographic, and family-related characteristics, estimated by multinomial logistic regression. 1993 Pelotas Birth Cohort, Brazil (N = 3,951).

Variables	Number of ACEs				
	0	1	2	3	4+
<b>Skin color</b>					
White	1	1	1	1	1
Non-white	1	1.3 (1.1, 1.7) <sup>*</sup>	2.1 (1.7, 2.6) <sup>*</sup>	2.0 (1.5, 2.6) <sup>*</sup>	3.1 (2.2, 4.3) <sup>*</sup>
<b>Family income at birth (quintile)<sup>a</sup></b>					
1st (lowest)	1	1.3 (1.0, 1.7)	1.8 (1.3, 2.4) <sup>**</sup>	2.7 (1.8, 3.9) <sup>*</sup>	2.4 (1.4, 3.9) <sup>**</sup>
2nd	1	1.2 (0.9, 1.7)	1.6 (1.2, 2.3) <sup>*</sup>	2.3 (1.5, 3.6) <sup>*</sup>	1.6 (0.9, 2.8)
3rd	1	1.2 (0.9, 1.6)	1.3 (0.9, 1.7)	2.1 (1.4, 3.2) <sup>*</sup>	1.6 (0.9, 2.8)
4th	1	1.2 (0.9, 1.6)	1.2 (0.9, 1.7)	1.7 (1.2, 2.6) <sup>*</sup>	1.5 (0.9, 2.6)
5th (highest)	1	1	1	1	1
<b>Income change from 0 to 15 years<sup>a</sup></b>					
Always poor	1	1.5 (1.2, 2.0) <sup>**</sup>	2.2 (1.6, 2.9) <sup>*</sup>	3.1 (2.3, 4.4) <sup>*</sup>	3.5 (2.3, 5.4) <sup>*</sup>
Non poor–poor	1	2.2 (1.5, 3.2) <sup>*</sup>	2.6 (1.8, 3.9) <sup>*</sup>	4.6 (3.0, 7.1) <sup>*</sup>	6.1 (3.6, 10.3) <sup>*</sup>
Poor–non poor	1	1.1 (0.9, 1.4)	1.5 (1.2, 1.9) <sup>**</sup>	1.6 (1.1, 2.2) <sup>**</sup>	1.6 (1.0, 2.5) <sup>**</sup>
Never poor	1	1	1	1	1
<b>Mother's schooling (years)<sup>a</sup></b>					
0–4	1	1.9 (1.4, 2.7) <sup>*</sup>	2.8 (1.9, 4.1) <sup>*</sup>	3.2 (1.9, 5.4) <sup>*</sup>	6.1 (2.5, 14.8) <sup>*</sup>
5–8	1	1.9 (1.4, 2.6) <sup>*</sup>	2.4 (1.7, 3.5) <sup>*</sup>	2.7 (1.7, 4.5) <sup>*</sup>	4.1 (1.8, 9.9) <sup>**</sup>
9–11	1	1.6 (1.1, 2.2) <sup>**</sup>	1.7 (1.1, 2.5) <sup>**</sup>	1.5 (0.8, 2.5)	2.6 (1.0, 6.7) <sup>**</sup>
12 or more	1	1	1	1	1
<b>Mother's age at birth (years)<sup>b</sup></b>					
<20	1	1.8 (1.2, 2.7) <sup>**</sup>	2.4 (1.6, 3.6) <sup>*</sup>	2.7 (1.6, 4.4) <sup>*</sup>	3.6 (1.8, 7.0) <sup>*</sup>
20–24	1	1.3 (0.9, 1.7)	1.4 (1.0, 1.9)	1.5 (0.9, 2.3)	2.1 (1.1, 3.9) <sup>**</sup>
25–29	1	1.3 (0.9, 1.8)	1.2 (0.9, 1.7)	1.4 (0.9, 2.1)	1.8 (1.0, 3.5)
30–34	1	1.1 (0.8, 1.5)	1.0 (0.7, 1.4)	1.1 (0.7, 1.8)	1.2 (0.6, 2.4)
≥35	1	1	1	1	1
<b>Number of siblings<sup>b</sup></b>					
0	1	1	1	1	1
1	1	0.8 (0.6, 1.0)	0.8 (0.6, 1.0)	0.7 (0.5, 0.9) <sup>**</sup>	1.0 (0.7, 1.4)
2	1	0.9 (0.6, 1.1)	0.9 (0.7, 1.3)	0.8 (0.6, 1.2)	1.3 (0.9, 2.1)
3 or more	1	0.9 (0.7, 1.2)	0.9 (0.6, 1.2)	0.9 (0.6, 1.4)	0.9 (0.5, 1.5)

Source: Soares A.L., Howe L.D., Matijasevich A. et al. Adverse childhood experiences: Prevalence and related factors in adolescents of a Brazilian birth cohort. Child Abuse Negl. 2016; 51: 21-30.

# Results 2a: Childhood SEP and ACEs (selected examples)

Child Abuse & Neglect 51 (2016) 21–30

Contents lists available at ScienceDirect

**Child Abuse & Neglect**

ELSEVIER

Research article

**Adverse childhood experiences: Prevalence and related factors in adolescents of a Brazilian birth cohort<sup>2</sup>**

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**ARTICLE INFO**

**ABSTRACT**

**Introduction**

Adverse childhood experiences (ACEs) correspond to sources of stress that people may suffer early in life, usually before the age of 18. They are recognized as a public health problem, which can affect children's health and wellbeing not only at

**Keywords:**  
 Adverse childhood experiences  
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**Introduction**

Adverse childhood experiences (ACEs) correspond to sources of stress that people may suffer early in life, usually before the age of 18. They are recognized as a public health problem, which can affect children's health and wellbeing not only at

<sup>2</sup> This article is based on data from the study "Pelotas Birth Cohort, 1993" conducted by the Postgraduate Program in Epidemiology at Federal University of Pelotas with the collaboration of the Brazilian Public Health Association (ABRASCOS). Funding for this study was provided by the Wellcome Trust, the European Union, National Support Program for Centers of Excellence (PRONEX), the Brazilian National Research Council (CNPq), and the Brazilian Ministry of Health. ALCGS is supported by the Brazilian National Research Council (CNPq). LDH is supported by a Career Development Award from the UK Medical Research Council (MR/M020094/1) and works in a unit that receives funds from the UK MRC (MC/L/J/L/2013/5). All the founding sources had no role in the study design, collection, analysis or interpretation of the data, writing the manuscript, or the decision to submit the paper for publication.

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 0145-2134/© 2015 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

**Table 4**

Adjusted odds ratio of ACE score according to socioeconomic, demographic, and family-related characteristics, estimated by multinomial logistic regression. 1993 Pelotas Birth Cohort, Brazil (N = 3,951).

Variables	Number of ACEs				
	0	1	2	3	4+
<b>Skin color</b>					
White	1	1	1	1	1
Non-white	1	1.3 (1.1, 1.7) <sup>*</sup>	2.1 (1.7, 2.6) <sup>*</sup>	2.0 (1.5, 2.6) <sup>*</sup>	3.1 (2.2, 4.3) <sup>*</sup>
<b>Family income at birth (quintile)<sup>a</sup></b>					
1st (lowest)	1	1.3 (1.0, 1.7)	1.8 (1.3, 2.4) <sup>**</sup>	2.7 (1.8, 3.9) <sup>*</sup>	2.4 (1.4, 3.9) <sup>**</sup>
2nd	1	1.2 (0.9, 1.7)	1.6 (1.2, 2.3) <sup>*</sup>	2.3 (1.5, 3.6) <sup>*</sup>	1.6 (0.9, 2.8)
3rd	1	1.2 (0.9, 1.6)	1.3 (0.9, 1.7)	2.1 (1.4, 3.2) <sup>*</sup>	1.6 (0.9, 2.8)
4th	1	1.2 (0.9, 1.6)	1.2 (0.9, 1.7)	1.7 (1.2, 2.6) <sup>*</sup>	1.5 (0.9, 2.6)
5th (highest)	1	1	1	1	1
<b>Income change from 0 to 15 years<sup>a</sup></b>					
Always poor	1	1.5 (1.2, 2.0) <sup>**</sup>	2.2 (1.6, 2.9) <sup>*</sup>	3.1 (2.3, 4.4) <sup>*</sup>	3.5 (2.3, 5.4) <sup>*</sup>
Non poor–poor	1	2.2 (1.5, 3.2) <sup>*</sup>	2.6 (1.8, 3.9) <sup>*</sup>	4.6 (3.0, 7.1) <sup>*</sup>	6.1 (3.6, 10.3) <sup>*</sup>
Poor–non poor	1	1.1 (0.9, 1.4)	1.5 (1.2, 1.9) <sup>**</sup>	1.6 (1.1, 2.2) <sup>**</sup>	1.6 (1.0, 2.5) <sup>**</sup>
Never poor	1	1	1	1	1
<b>Mother's schooling (years)<sup>a</sup></b>					
0–4	1	1.9 (1.4, 2.7) <sup>*</sup>	2.8 (1.9, 4.1) <sup>*</sup>	3.2 (1.9, 5.4) <sup>*</sup>	6.1 (2.5, 14.8) <sup>*</sup>
5–8	1	1.9 (1.4, 2.6) <sup>*</sup>	2.4 (1.7, 3.5) <sup>*</sup>	2.7 (1.7, 4.5) <sup>*</sup>	4.1 (1.8, 9.9) <sup>**</sup>
9–11	1	1.6 (1.1, 2.2) <sup>**</sup>	1.7 (1.1, 2.5) <sup>**</sup>	1.5 (0.8, 2.5)	2.6 (1.0, 6.7) <sup>**</sup>
12 or more	1	1	1	1	1
<b>Mother's age at birth (years)<sup>b</sup></b>					
<20	1	1.8 (1.2, 2.7) <sup>**</sup>	2.4 (1.6, 3.6) <sup>*</sup>	2.7 (1.6, 4.4) <sup>*</sup>	3.6 (1.8, 7.0) <sup>*</sup>
20–24	1	1.3 (0.9, 1.7)	1.4 (1.0, 1.9)	1.5 (0.9, 2.3)	2.1 (1.1, 3.9) <sup>**</sup>
25–29	1	1.3 (0.9, 1.8)	1.2 (0.9, 1.7)	1.4 (0.9, 2.1)	1.8 (1.0, 3.5)
30–34	1	1.1 (0.8, 1.5)	1.0 (0.7, 1.4)	1.1 (0.7, 1.8)	1.2 (0.6, 2.4)
≥35	1	1	1	1	1
<b>Number of siblings<sup>b</sup></b>					
0	1	1	1	1	1
1	1	0.8 (0.6, 1.0)	0.8 (0.6, 1.0)	0.7 (0.5, 0.9) <sup>**</sup>	1.0 (0.7, 1.4)
2	1	0.9 (0.6, 1.1)	0.9 (0.7, 1.3)	0.8 (0.6, 1.2)	1.3 (0.9, 2.1)
3 or more	1	0.9 (0.7, 1.2)	0.9 (0.6, 1.2)	0.9 (0.6, 1.4)	0.9 (0.5, 1.5)

Source: Soares A.L., Howe L.D., Matijasevich A. et al. Adverse childhood experiences: Prevalence and related factors in adolescents of a Brazilian birth cohort. Child Abuse Negl. 2016; 51: 21-30.



# Results 2a: Childhood SEP and ACEs (selected examples)

'Frequent family financial problems'

Article

## Rethinking the Measurement of Adversity: Moving Toward Second-Generation Research on Adverse Childhood Experiences

Child Maltreatment  
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SAGE

Joshua P. Mersky<sup>1,2</sup>, Colleen E. Janczewski<sup>1,2</sup>, and James Topitzes<sup>1,2</sup>

**Abstract**  
Research on adverse childhood experiences (ACEs) has unified the study of interrelated risks and generated insights into the origins of disorder and disease. Ten indicators of child maltreatment and household dysfunction are widely accepted as ACEs, but further progress requires a more systematic approach to conceptualizing and measuring ACEs. Using data from a diverse, low-income sample of women who received home visiting services in Wisconsin (N = 1,241), this study assessed the prevalence of and interrelations among 10 conventional ACEs and 7 potential ACEs: family financial problems, food insecurity, homelessness, parental absence, parent/sibling death, bullying, and violent crime. Associations between ACEs and two outcomes, perceived stress and smoking, were examined. The factor structure and test-retest reliability of ACEs was also explored. As expected, prevalence rates were high compared to studies of more representative samples. Except for parent/sibling death, all ACEs were intercorrelated and associated at the bivariate level with perceived stress and smoking. Exploratory factor analysis confirmed that conventional ACEs loaded on two factors, child maltreatment and household dysfunction, though a more complex four-factor solution emerged once new ACEs were introduced. All ACEs demonstrated acceptable test-retest reliability. Implications and future directions toward a second generation of ACE research are discussed.

**Keywords**  
measurement, exploratory factor analysis, definitional issues, home visiting, instrument development

Over the past two decades, research on adverse childhood experiences (ACEs) has helped to unify the study of interrelated risks and understand the origins of dysfunction, disorder, and disease. Results from the U.S. National Comorbidity Study (Kessler, Davis, & Kendler, 1997), the seminal ACEs Study (Felitti et al., 1998), and scores of investigations since have shown that ACEs are prevalent. Although estimates vary across samples, they consistently show that over half of American adults have suffered at least one ACE (e.g., Chapman et al., 2013; Felitti et al., 1998; Kessler et al., 1997). ACEs also often co-occur and most adults who report at least one ACE have a history of multiple ACEs (Felitti et al., 1998; Green et al., 2010). This revelation is magnified by the repeated observation that with an increasing number of ACEs comes an elevated risk of poor health-related outcomes (Felitti et al., 1998; Green et al., 2010).

Despite the proliferation of ACE research, scientific gaps remain. First, low-income groups are understudied even though they are likely to be at a high risk of ACEs. Data from the National Survey of Child Health, for example, revealed that the poorest children averaged more than twice as many ACEs as did children in the highest income stratum (Slopen et al., 2016). Yet the effects of ACEs on low-income samples appear to be comparable to the effects on more representative or advantaged samples (Cambron, Gringeri, & Vogel-Ferguson, 2014; Mersky, Topitzes, & Reynolds, 2013). Hence, it seems that ACEs are not only more prevalent among the poor, but they are also associated with deleterious effects net of the effects of poverty.

Second, most research in this area has been restricted to ACEs that were assessed in the ACEs Study, including five forms of child maltreatment (physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect) and five forms of household dysfunction (substance abuse, mental illness, domestic violence, incarceration/jail, and divorce/separation). When scored as an additive index, their predictive

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Table 3. Co-Occurrence of Adverse Childhood Experiences.

Adverse Childhood Experiences	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Physical abuse	—																
2. Sexual abuse	.28	—															
3. Emotional abuse	.47	.30	—														
4. Physical neglect	.22	.21	.23	—													
5. Emotional neglect	.33	.35	.40	.50	—												
6. Alcohol/drug problem	.32	.25	.29	.15	.24	—											
7. Mental illness	.30	.26	.31	.15	.28	.41	—										
8. Domestic violence	.48	.30	.32	.21	.28	.42	.33	—									
9. Incarceration/jail	.15	.14	.18	.10	.14	.38	.25	.24	—								
10. Divorce/separation	.11	.12	.12	.02	.08	.21	.18	.17	.18	—							
11. Financial problems	.26	.24	.33	.23	.30	.24	.24	.29	.14	.10	—						
12. Food insecurity	.23	.17	.23	.29	.29	.23	.16	.22	.11	<b>.02</b>	.46	—					
13. Homelessness	.22	.21	.24	.24	.25	.22	.20	.23	.21	.08	.33	.27	—				
14. Parental absence	.21	.17	.25	.15	.22	.23	.20	.22	.24	.29	.16	.12	.25	—			
15. Parent/sibling death	<b>.03</b>	<b>.03</b>	.09	<b>.02</b>	<b>.03</b>	<b>.05</b>	<b>.02</b>	<b>.03</b>	.08	<b>.01</b>	<b>.06</b>	<b>.04</b>	<b>.06*</b>	.10	—		
16. Peer victimization	.22	.27	.31	.13	.24	.19	.28	.16	.08	.08	.26	.14	.13	.12	<b>.01</b>	—	
17. Violent crime victim	.21	.32	.26	.17	.27	.22	.24	.20	.17	<b>.06*</b>	.17	.20	.21	.14	.09	.18	—
Number of other ACEs, if item endorsed (mean)	6.9	7.5	7.9	8.7	8.8	6.5	6.8	7.1	6.4	5.8	<b>7.2</b>	8.0	7.7	5.8	5.6	7.0	8.1

Note. Coefficients given in boldface are nonsignificant. ACE = adverse childhood experiences.  
\*p < .05. All other coefficients p < .01.

Source: Mersky J.P., Janczewski C.E., Topitzes J. Rethinking the Measurement of Adversity: Moving Toward Second-Generation Research on Adverse Childhood Experiences. Child Maltreatment 2017; 22 (1): 58–68.



# Results 2a: Childhood SEP and ACEs (selected examples)

Open access Original article

**BMJ Paediatrics Open**

## Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study

Louise Marryat, John Frank

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**ABSTRACT**  
Background and objectives: Adverse childhood experiences (ACEs) have been associated with a range of poorer health and social outcomes throughout the life course, however, to date they have primarily been conducted retrospectively in adulthood. This paper sets out to determine the prevalence of ACEs at age 8 in a recent prospective birth cohort and examines associations between risk factors in the first year and cumulative ACEs.  
**Design:** This study uses the Growing Up in Scotland Birth Cohort 1, in which children born in Scotland in 2004/5 were identified using Child Benefit Records and followed up for 7 years (n=3119). ACE scores and sample characteristics were calculated and described. Logistic regression models were fitted to explore associations between risk factors (sex, mother's age and education, household income, area level deprivation and urban/rural indicator) and ACE scores.  
**Results:** Seven ACEs (or proxies) were assessed: physical abuse, domestic violence, substance abuse, mental illness, parental separation, parental incarceration and emotional neglect. Instances of sexual abuse were too few to be reported. Emotional abuse and physical neglect could not be gathered. Around two-thirds of children had experienced one or more ACE, with 10% experiencing three or more in their lifetime. Higher ACE scores were associated with being male, having a young mother, low income and urban areas.  
**Conclusions:** Using prospective data, the majority of children born in 2004/2005 in Scotland experienced at least one ACE by age 8, although three ACEs could not be assessed in this cohort. ACEs were highly correlated with socioeconomic disadvantage in the first year of life.

**What is already known on this topic?**

- Adverse childhood experiences (ACEs) have been found to be commonly reported across adult populations. Limited evidence suggests that higher levels of ACEs are found among adults who had a younger mother and who live in more deprived neighbourhoods.
- Lower levels have been seen in older populations, white or Asian populations and among graduates.

**What this study hopes to add?**

- ACEs were associated with being male, low income, younger mothers and urban areas in a current child cohort.

Living in adverse socioeconomic circumstances during childhood has a demonstrated association with later physical and mental health outcomes.<sup>1-3</sup> ACEs go beyond this to look at other adversities, for example, abuse and parental imprisonment. While there is likely to be a substantial overlap with deprivation, this is generally unknown, although evidence of associations with individual measures does exist.<sup>4-6</sup> The original ACE study included only adults with private health insurance, suggesting that, as adults, this group were relatively affluent.<sup>6</sup> Neighbourhood deprivation has been associated with increased levels of ACEs,<sup>7</sup> however, Bellis *et al* only found deprivation to be associated with having four or more ACEs.<sup>10</sup> Higher levels of ACEs have been associated with having a younger mother,<sup>11</sup> while lower levels have been found among older people, white or Asian people and graduates.<sup>6</sup> ACEs have been linked to adverse outcomes in childhood and adulthood:<sup>2,12-19</sup> they have been associated with poorer self-rated health, premature mortality, suicide attempts, depression, behavioural health disease, cancer, chronic lung disease, skeletal fractures, liver disease, fecal death and chronic obstructive pulmonary

**INTRODUCTION**  
The adverse childhood experiences (ACEs) scale was first explored with US adults, who were asked a series of questions covering childhood psychological, physical and sexual abuse and household dysfunction. Around half (52.1%), reported experiencing at least one item.<sup>6</sup> Evidence from England and Wales, respectively, showed similar results.<sup>2,3</sup> A study from New Zealand, exploring ACEs in the 1970s, suggested that c.28% in a retrospective study and c.65% in a retrospective study experienced at least one ACE.<sup>2</sup>

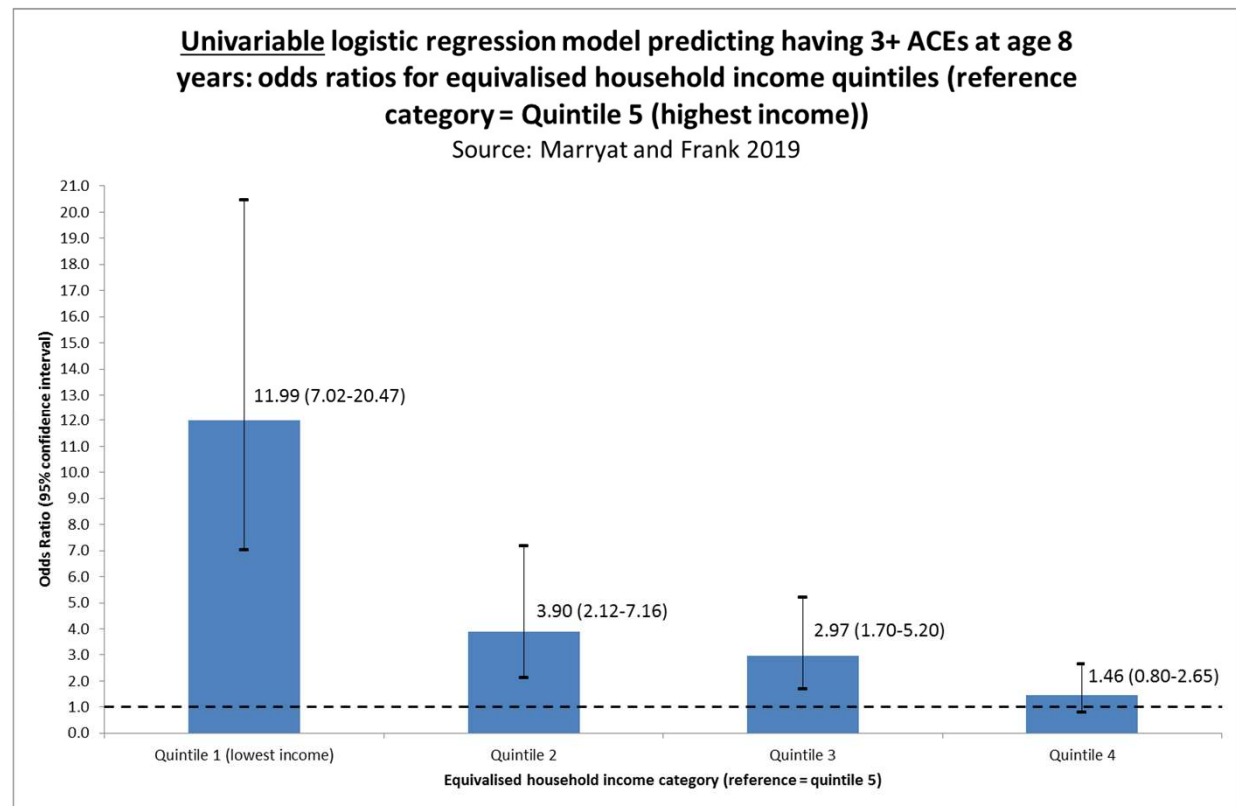
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Source: Marryat, L., and Frank, J., Factors associated with Adverse Childhood Experiences in Scottish children: a prospective cohort study. *BMJ Paediatrics Open* 2019; 3: e000340

# Results 2b: Childhood SEP and maltreatment (selected examples)

Child Abuse & Neglect 64 (2017) 47–60

Contents lists available at ScienceDirect

Child Abuse & Neglect

Risk factors for child maltreatment in an Australian population-based birth cohort

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**ARTICLE INFO**

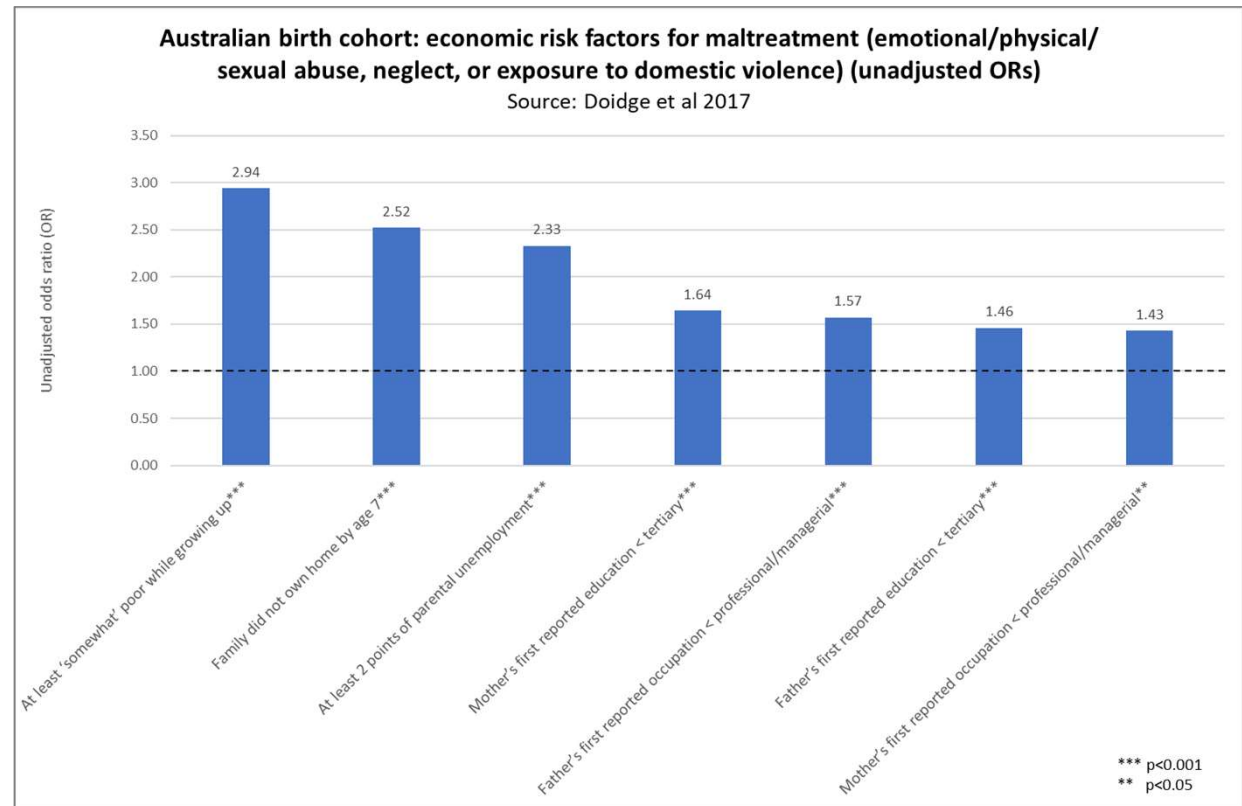
**ABSTRACT**

**1. Introduction**

Adverse childhood experiences such as child abuse and neglect exert a high toll on population health, making prevention of child maltreatment a priority in both developing and developed countries (Gilbert et al., 2009; United Nations Children's Fund, 2012). Research which identifies the predictors of child maltreatment can inform and enhance prevention initiatives in two ways: by identifying vulnerable 'high-risk' individuals or groups for better targeting of prevention services, and

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# Results 2b: Childhood SEP and maltreatment (selected examples)

Child Abuse & Neglect 37 (2013) 841–851

Contents lists available at ScienceDirect

Child Abuse & Neglect

ELSEVIER

The prevalence of child maltreatment in the Netherlands across a 5-year period<sup>a</sup>

Saskia Euser<sup>a</sup>, Lenneke R.A. Alink<sup>a,\*</sup>, Fieke Pannebakker<sup>b</sup>, Ton Vogels<sup>b</sup>, Marian J. Bakermans-Kranenburg<sup>a</sup>, Marinus H. Van IJzendoorn<sup>a</sup>

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ARTICLE INFO

ABSTRACT

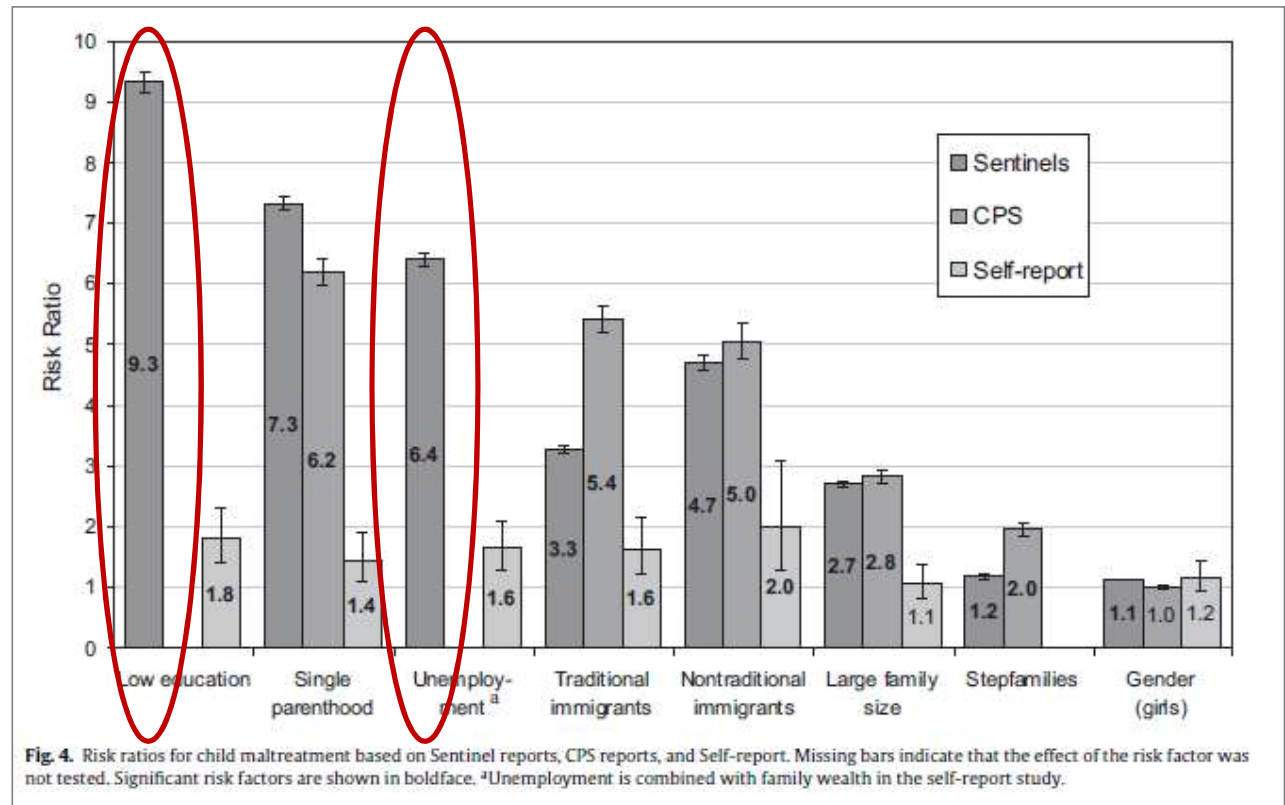
**Keywords:**  
Child maltreatment  
Child abuse  
Child neglect  
Prevalence  
Sentinel  
Self-report

The prevalence of child maltreatment in the Netherlands was in 2005 first systematically examined in the Netherlands' Prevalence study on Maltreatment of children and youth (NPM-2005), using sentinel reports and substantiated CPS cases, and in the Pupils on Abuse study (PoA-2005), using high school students' self-report. In this second National Prevalence study on Maltreatment (NPM-2010), we used the same three methods to examine the prevalence of child maltreatment in 2010, enabling a cross-time comparison of the prevalence of child maltreatment in the Netherlands. First, 1,127 professionals from various occupational branches (sentinels) reported each child for whom they suspected child maltreatment during a period of three months. Second, we included 22,661 substantiated cases reported in 2010 to the Dutch Child Protective Services. Third, 1,920 high school students aged 12–17 years filled out a questionnaire on their experiences of maltreatment in 2010. The overall prevalence of child maltreatment in the Netherlands in 2010 was 33.8 per 1,000 children based on the combined sentinel and CPS reports and 99.4 per 1,000 adolescents based on self-report. Major risk factors for child maltreatment were parental low education, immigrant status, unemployment, and single parenthood. We found a large increase in CPS-reports, whereas prevalence rates based on sentinel and self-report did not change between 2005 and 2010. Based on these findings a likely conclusion is that the actual number of maltreated children has not increased from 2005 to 2010, but that professionals have become more aware of child maltreatment, and more likely to report cases to CPS.  
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The negative consequences of child maltreatment have been documented since several decades (e.g., Cyr, Euser, Bakermans-Kranenburg, & Van IJzendoorn, 2010). However, the actual prevalence of child maltreatment in the Netherlands was only recently systematically examined in the Netherlands' Prevalence study of Maltreatment of children and youth (NPM-2005; Euser, Van IJzendoorn, Prinsze, & Bakermans-Kranenburg, 2010). Based on the National Incidence Studies (NIS), large periodically conducted studies on the prevalence of child maltreatment in the USA (e.g., Sedlak et al., 2010), the NPM-2005 used reports from professionals working with children (sentinels) and substantiated cases reported to Child Protective Services (CPS). This NPM methodology combined with self-report measures of child maltreatment was repeated in the current study, enabling a cross-time comparison of the prevalence of child maltreatment in the Netherlands.

<sup>a</sup> The study was supported by the Dutch Ministry of Health, Welfare and Sport, and by the Netherlands Organization for Scientific Research (MBK; VICI Grant no. 453-09-003; MIVV); NWO SPINOZA prize.  
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# Results 2b: Childhood SEP and maltreatment (selected examples)

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OTHER ORIGINAL ARTICLE

## Characteristics of non-Aboriginal and Aboriginal children and families with substantiated child maltreatment: a population-based study

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**Objectives** To investigate specific child and parental factors associated with increased vulnerability to substantiated child maltreatment.

**Methods** A retrospective cohort study of all children born in Western Australia during 1990-2005 using de-identified record linked child protection, disability services and health data. Cox regression was used for univariate and multivariate analysis to determine the risk of substantiated child maltreatment for a number of child and parental factors, including child disability, parental age, socio-economic status, parental mental health, substance use and assault-related hospital admissions. Separate analyses were conducted for Aboriginal and non-Aboriginal children.

**Results** This study found a number of child and parental factors that increase the risk of substantiated child maltreatment. The strongest factors were child intellectual disability, parental socio-economic status, parental age and parental hospital admissions related to mental health, substance use and assault.

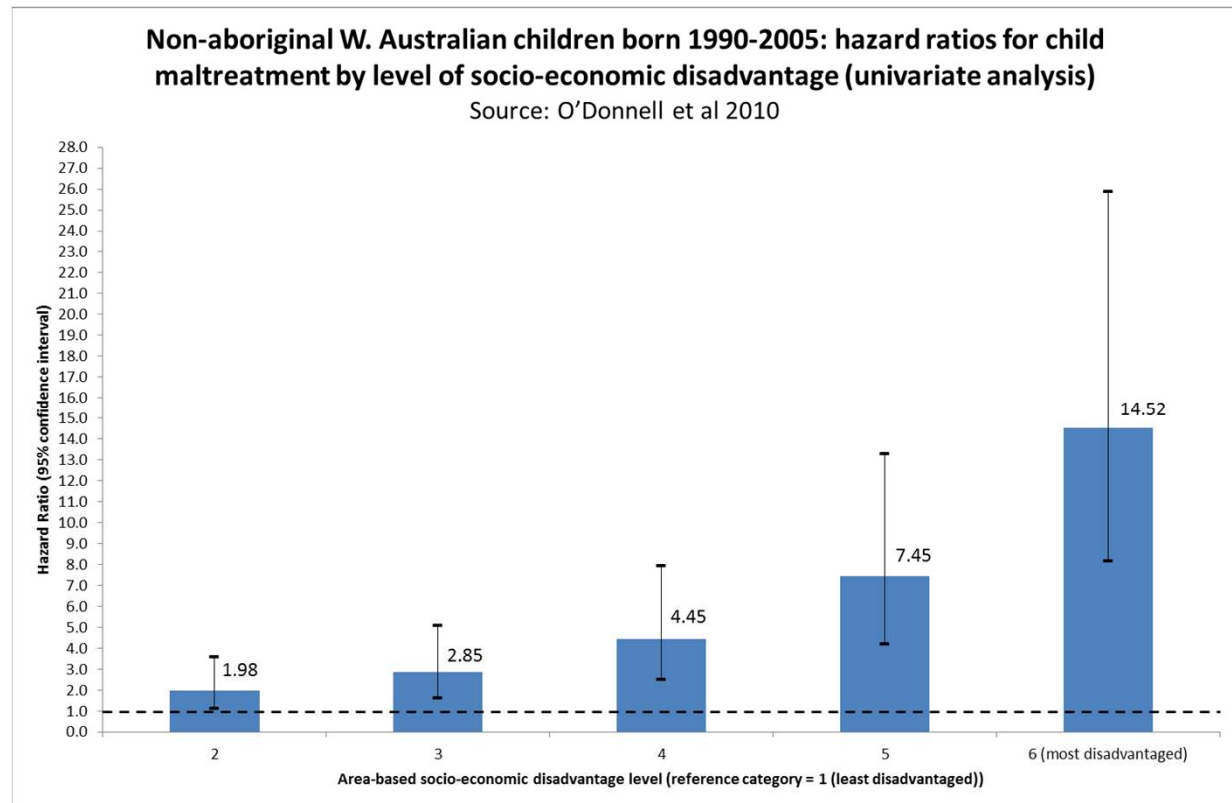
**Conclusions** Awareness of the factors that make children and families vulnerable may aid the targeting of child maltreatment prevention programmes. To prevent child abuse and neglect it is essential that we have a platform of universal services, which assist parents in their role, as well as targeted services for at-risk families.

**Keywords** Child abuse, population study, child family factors

**Introduction** Researchers such as Macmillan *et al.*<sup>1</sup> have called for 'more efforts to be directed towards prevention before a pattern of abuse and neglect is established in a family' (p. 1786). Governmental responses to maltreatment have excessively focused on crises services, with primary and secondary prevention largely neglected. Therefore, it is important that we fully understand the factors which can affect vulnerability

The prevention of child abuse and neglect is an important public health issue not only because once maltreatment occurs there are effects on children's development, but also because there are no programmes that can guarantee the prevention of recidivism in families in which abuse has occurred.<sup>1</sup>

921



Source: O'Donnell M., Nassar N., Leonard H. Et al. Characteristics of non-Aboriginal and Aboriginal children and families with substantiated child maltreatment: a population-based study, International Journal of Epidemiology 2010; 39 (3): 921-928

# Conclusions: what does all this mean? (1)

- Clear relationship between SEP in childhood and risk of experiencing ACEs and maltreatment
  - robust across countries, measures of SEP and adversity, and the age at which adversity is measured
- But much more research into maltreatment – suggests that childhood SEP/poverty is not integrated into the understanding of what causes ACEs

## Conclusions: what does all this mean? (2)

- So findings echo others' concerns re. the **decontextualised** manner in which ACEs are discussed – both in **policy** and **research**...



# Decontextualisation of ACEs

Social Policy & Society, page 1 of 12  
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## A Critique of the Adverse Childhood Experiences Framework in Epidemiology and Public Health: Uses and Misuses

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Adverse childhood experiences (ACEs) have emerged as a major research theme. They make reference to an array of potentially harmful exposures occurring from birth to eighteen years of age and may be involved in the construction of health inequalities over the lifecourse. As with many simplified concepts, ACEs present limitations. They include diverse types of exposures, are often considered cumulatively, can be identified using prospective and retrospective approaches, and their multidimensional nature may lead to greater measurement error. From a public health perspective, ACEs are useful for describing the need to act upon complex social environments to prevent health inequalities at a population level. As the ACEs concept becomes popular in the context of policy interventions, concerns have emerged. As a probabilistic and population-level tool, it is not adapted to diagnose individual-level vulnerabilities, an approach which could ultimately exacerbate inequalities. Here, we present a critique of the ACEs framework, discussing its strengths and limits.

**Keywords:** Adverse childhood experiences, health inequalities, epidemiology, public health, policy.

### Introduction

The scientific literature on Adverse Childhood Experiences (ACEs) is burgeoning, and the term has also become commonplace outside the academic scientific milieu, including policy practice and social work. This article will examine the importance of the ACEs framework as it emerged in the field of epidemiology in the late 1990s and 2000s, and how it influenced research on the aetiology of health and the social determinants of health. We will also discuss the important societal issues that have emerged as the population-level epidemiological research has increasingly been used in other fields and at the individual level.

'Adverse childhood experiences' is a catch-all term that some authors have attempted to use and define more specifically (Brown *et al.*, 2010). From a methodological perspective, the type of approaches mainly involves collecting recall data through questionnaires (Felitti *et al.*, 1998), but some papers also identify ACEs using prospectively collected data (Kelly-Irving *et al.*, 2013a). Across all fields of research recorded using the Web of Science, the number of papers referring to 'Adverse Childhood Experiences' in their title has increased from one publication in 1985 to two hundred and one in 2018'.

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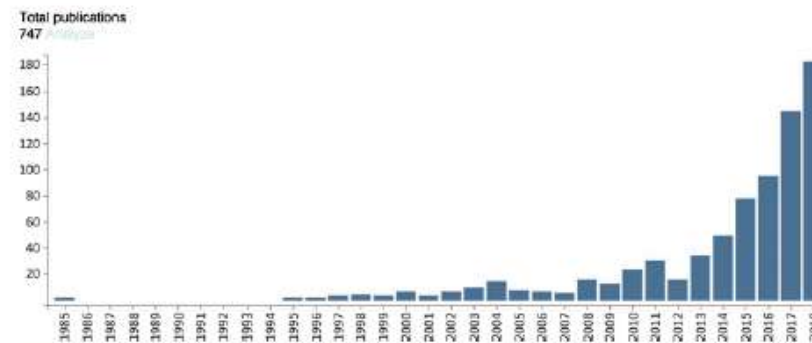


Figure 1. Number of scientific publications with 'Adverse childhood experience' in their titles per year recorded on the Web of science<sup>1</sup>

- Increase attributable to various factors
- 'such a sudden increase in interest may have contributed to the decontextualisation of ACEs from the wider socioeconomic landscape and to a mismatch regarding links with policy'

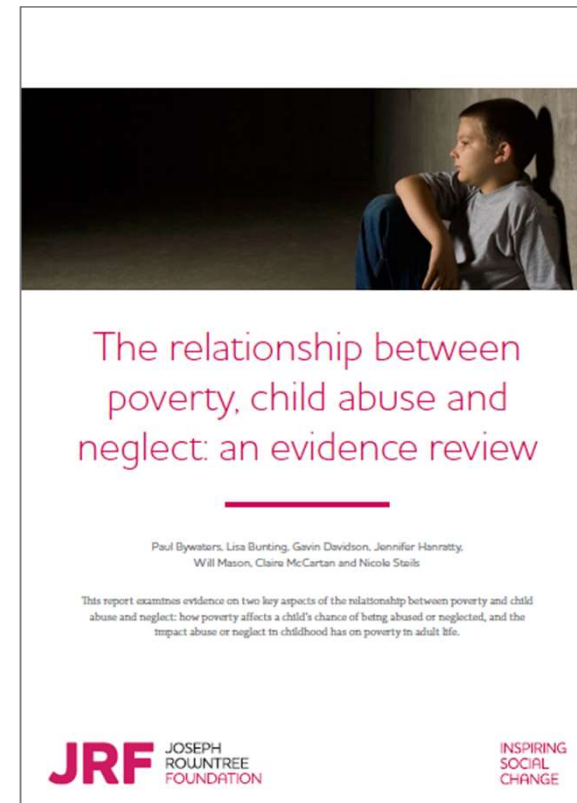
# Decontextualisation of child maltreatment?

- Importance of poverty much more explicit in the U.S. literature on maltreatment
  - Less so in the U.K. maltreatment literature



# Child maltreatment and poverty

- Lots of US research, but...
- ‘UK evidence base is limited’
- ‘there is a lack of joined up thinking and action about poverty and child abuse and neglect in the UK’

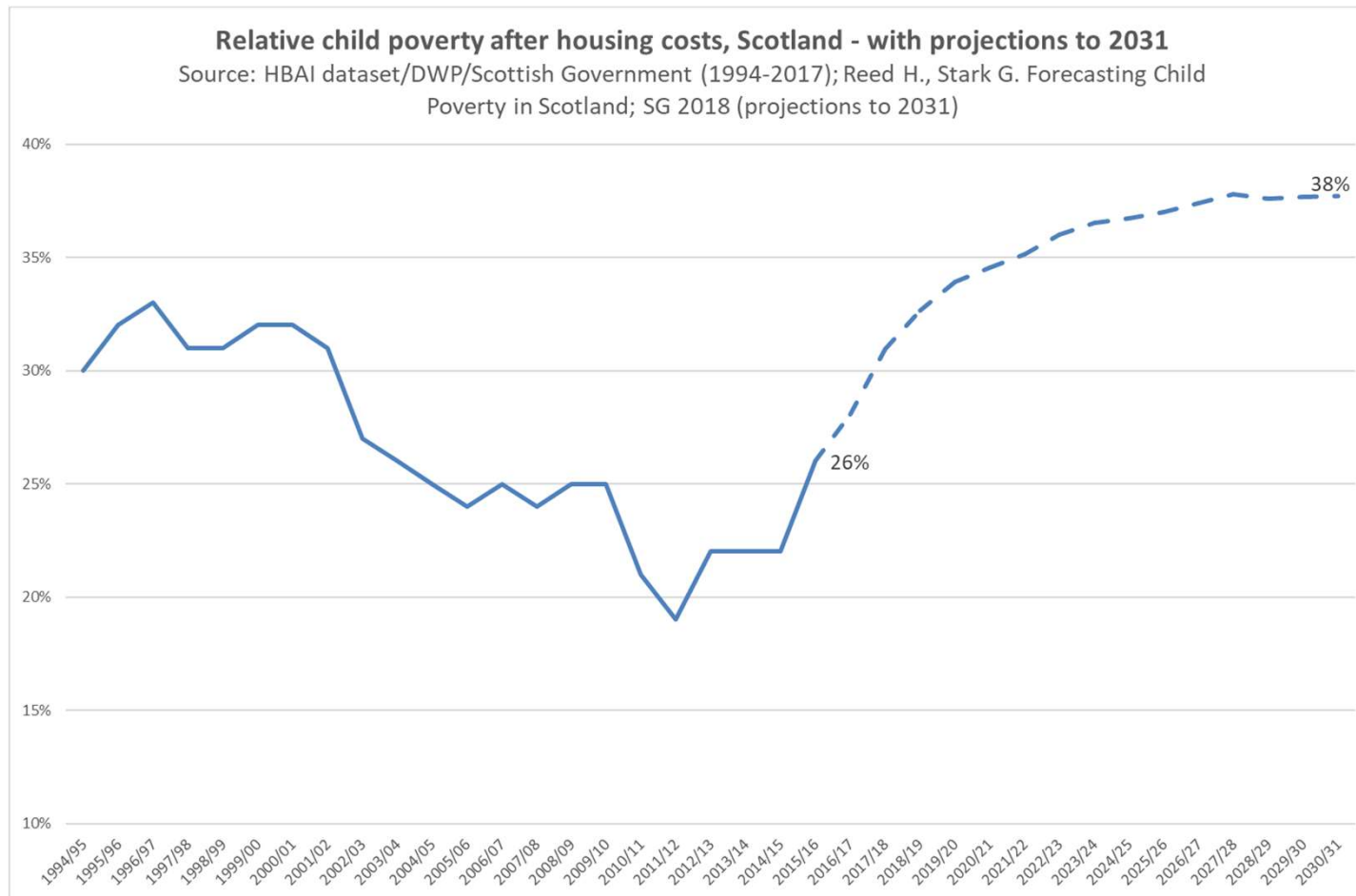


Source: Bywaters P., Bunting L., Davidson G. et al. The relationship between poverty, child abuse and neglect: an evidence review. York: Joseph Rowntree Foundation; 2015

## In (final) conclusion

- Association between childhood SEP and ACEs is clear, but under-researched
  - More evidence in the maltreatment literature (but mainly from US)
- Policy focus on helping those affected by childhood adversity is a good thing
- But ignoring the wider socio-economic context is a stupid thing...

# Child poverty trend and projection



## Sources:

- HBAI data set/DWP/Scottish Government.
- Reed H., Stark G. Forecasting Child Poverty in Scotland. Edinburgh: Scottish Government; 2018

# In (final) conclusion

- Association between childhood SEP and ACEs is clear, but under-researched
  - More evidence in the maltreatment literature (but mainly from US)
- Policy focus on helping those affected by childhood adversity is a good thing
- But ignoring the wider socio-economic context is a stupid thing...
- Policy needs to do both i.e.
  - Help those currently affected
  - Prevent further adversity by addressing the key socio-economic drivers

# Contextualising ACEs: the relationship between childhood socioeconomic position and adverse childhood experiences

David Walsh, Gerry McCartney,  
Michael Smith, Gillian Armour