

COMPARING ACEs OF PARENTS OF CHILDREN IN TREATMENT IN OUTPATIENT PSYCHIATRY
TO ADULTS IN THE GENERAL POPULATION.



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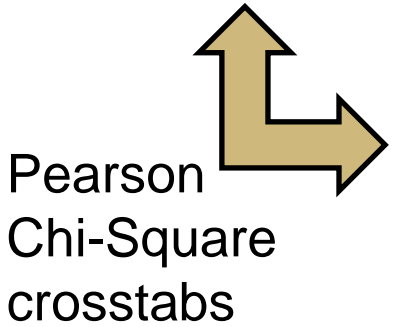
Introduction

- Adverse Childhood Experiences (ACEs) have been linked to increased risk of health challenges including ischemic heart disease, cancer, chronic lung disease, skeletal fracture, and liver disease.¹
 - ACEs have also been linked to increased psychiatric and substance abuse disorders and unemployment.^{2,3,4}
 - Unaddressed ACEs have a known intergenerational impact (e.g. increased risk of homelessness, psychological impact on offspring).^{5,6}
- Our Study:** At this time, no study has evaluated how parental ACEs influence the usage of child mental health treatment. These results may support the need for parental assessment and treatment in pediatric psychiatric care.

Methods

Hypothesis: Parents of children requiring psychiatric services were more likely to have experienced more adversity during childhood than adults in the general population.

Administer BRFSS version of ACE Questionnaire in UCH pediatric psychiatry clinic



Obtain 2014 Colorado behavioral Risk Factor Surveillance System and Child Health Survey data

Results

As Children, parents of children at the UCH clinic were more likely to have lived with someone who was depressed, mentally ill, or suicidal, have parents who were separated or divorced, been physically hurt by a parent or adult at home, been verbally harmed, coerced to touch an adult sexually, and/or forced to have sex by an adult.

ACE Question	UCH Psychiatry n=50	BRFSS n=3,855	P Value
Do you live with anyone who is depressed, mentally ill, or suicidal?	23 (46%)	599 (15.5%)	<0.001*
Did you live with anyone who was a problem drinker or alcoholic?	14 (28%)	853 (22.1%)	0.322
Did you live with anyone who used illegal street drugs or who abused prescription medications?	5 (10%)	328 (8.5%)	0.709
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	2 (4%)	166 (4.3%)	0.915
Were your parents separated or divorced?	20 (40%)	875 (22.7%)	0.004*
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	11 (22%)	549 (14.3%)	0.121
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	14 (28%)	633 (16.4%)	0.029*
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	26 (52%)	1198 (31.1%)	0.002*
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	7 (14%)	368 (9.6%)	0.290
How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?	7 (14%)	234 (6.1%)	0.021*
How often did anyone at least 5 years older than you or an adult, force you to have sex?	5 (10%)	142 (3.7%)	0.020*
Total ACE	n=50	n=3847	1
Mean	2.68±2.236	1.54±2.008	
Median	2.00	1.00	
Mode	2	0	
Range	9	11	
Minimum	0	0	
Maximum	9	11	

Demographics*

- Mean age of individuals in BRFSS population significantly higher than UCH group (54.90±17.276 and 43.18 ±9.977, respectively (p=0.0001))
 - Significantly more Black/non-Hispanic respondents in clinic group (p<0.001)
 - Significantly more other/non-Hispanic respondents in BRFSS group (p=0.011)
- 0% of clinic group vs 31.6% of BRFSS group reported household income of \$75,000 or more
 - 50% of clinic group vs 43.4% of BRFSS group college graduates

Conclusions

- Parents of children receiving psychiatric services have been exposed to more traumatic and stressful events during childhood than parents in the general population.
- This finding provides further evidence for the intergenerational transmission of stress and trauma.
 - This small study provides further evidence supporting the importance of caregiver involvement in the mental health care of children.

Limitations

- small sample size of 50 people
- Research has shown that the in-utero environment may also confer risk, which was not ascertained in this study.

Next Steps

- A larger, more comprehensive study is necessary to confirm findings.
- If confirmed, child and adolescent clinics should incorporate more parental and family assessment and intervention..

Literature

1 Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14(4):245-258. doi:10.1016/s0749-3797(98)00017-8
2 Anda RF, Whitfield CL, Felitti VJ, et al. Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatr Serv.* 2002;53(8):1001-1009. doi:10.1176/appi.ps.53.8.1001
3 Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VJ, Anda RF. Adverse childhood experiences and the risk of depressive disorders in adulthood. *J Affect Disord.* 2004;82(2):217-225. doi:10.1016/j.jad.2003.12.013
4 Liu Y, Croft JB, Chapman DP, et al. Relationship between adverse childhood experiences and unemployment among adults from five U.S. states. *Soc Psychiatry Psychiatr Epidemiol.* 2013;48(3):357-369. doi:10.1007/s00127-012-0554-1
5 Randell KA, O'Malley D, Dowd MD. Association of Parental Adverse Childhood Experiences and Current Child Adversity. *JAMA Pediatr.* 2015;169(8):786-787. doi:10.1001/jamapediatrics.2015.0269
6 Cooke JE, Racine N, Plamondon A, Tough S, Madigan S. Maternal adverse childhood experiences, attachment style, and mental health: Pathways of transmission to child behavior problems. *Child Abuse Negl.* 2019;93:27-37. doi:10.1016/j.chiabu.2019.04.011