



# “Does This Still Bother You Today?”: Addressing Adverse Childhood Experiences (ACEs) In Adult Primary Care Patients

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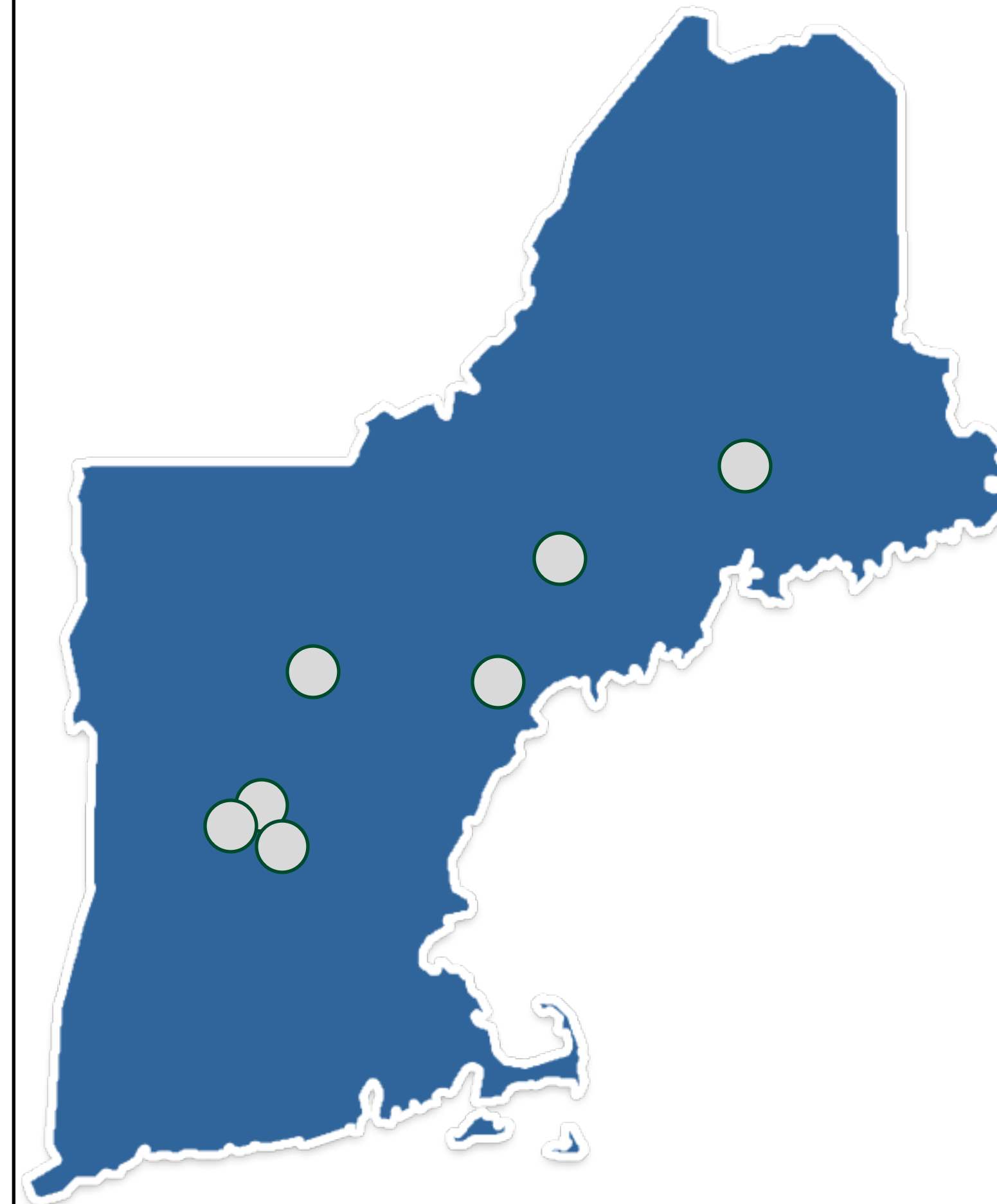
## Background

- ACEs are common<sup>1</sup> and can negatively impact long term health<sup>2</sup>
- Widespread screening of ACEs in primary care clinics is not currently recommended<sup>3</sup>
  - Providers feel screening for ACEs would overwhelm the visit<sup>4</sup>
  - Providers feel there are not enough services available to handle long term ACEs sequelae<sup>4</sup>
- Much focus on children with ACEs, less on adults with ACEs

## Works Cited

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3. Kelly-Irving M, Delpierre C. A Critique of the Adverse Childhood Experiences Framework in Epidemiology and Public Health: Uses and Misuses. Social Policy and Society. 2019;18(3):445–456. doi:10.1017/S1474746419000101
4. Rariden C, SmithBattle L, Yoo JH, Cibulka N, Loman D. Screening for Adverse Childhood Experiences: Literature Review and Practice Implications. J Nurse Pract. 2021;17(1):98–104. doi:10.1016/j.nurpra.2020.08.002

## Methods

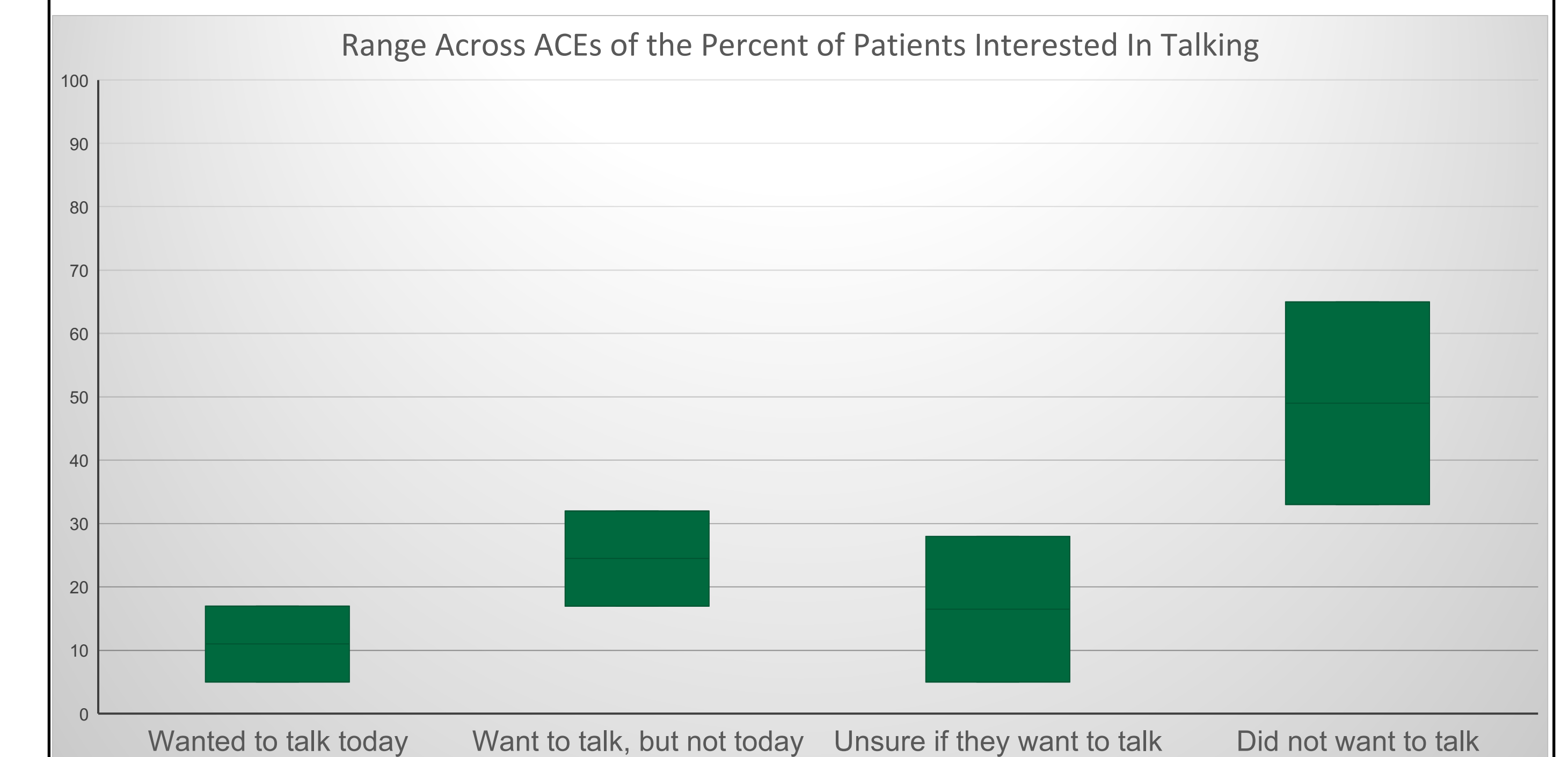


- 7 clinical sites across New England
- Paper surveys administered prior to visit
- Questions on ACEs and emotional resiliency
- If desired, ACEs discussed in visit and patients referred to counselling
- Providers record if ACEs discussed, and if referrals made

While you were growing up, during the first 18 years of life:	Yes		No		If Yes, does this still bother you now?	If this bothers you:			
	Yes	No	Yes	No		I would like to talk about it today	I would like to talk about it but not today	Unsure if I would like to talk about it	I would not like to talk about it
Did a parent or other adults in the household often or very often swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? OR Attempt or actually have oral, anal, or vaginal intercourse with you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you often or very often feel that no one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your parents separated or divorced? (handwritten: <i>separated yes</i> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did a household member go to prison?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Results

- 238 participants
- 60% with at least 1 ACE, 27% with 4 or more ACEs
  - Positive responses for 10 individual ACEs varied 8% to 34%
- Percent of respondents who are still bothered by a given ACE varied from 15% to 25%
- Few of those still bothered wanted to talk today: 5% to 17% depending on the ACE



- Remaining data to be analyzed
- Data can be used to guide clinician decisions on using ACEs