

Increasing Enquiry About Adverse Childhood Experiences: Why, How, What, When?

Language and strategies for you, your colleagues and patients

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Why is this important?

Often we treat diseases and conditions with little consideration of possible root causes of disease or behaviours.^{1, 2}

We may get frustrated with patients who have difficulty meeting health goals for example, stopping smoking, exercising more, or eating better.

Be curious. Those patients having difficulty meeting health goals are more likely to be your patients with an unidentified ACE history.^{1, 2, 3}

Identifying adverse childhood experiences or an ACE history means asking about abuse, physical, sexual and emotional and asking about growing up in households with substance abuse, mental illness and incarcerated family members.¹ Consequences are varied.

Seldom is one ACE category experienced in isolation. ACE categories are often concurrent with more categories and younger exposure predicting poorer adult health.^{1, 2, 3}

Stable trusting adult relationships growing up can buffer the effects of an ACE history, explaining why some with an ACE history do well in spite of fearful childhoods.⁴

Those with an ACE history seek care more often, use more prescriptions, have more surgeries, more ER and physician visits, without improved outcomes.⁵

Physicians seldom ask about this history⁶, patients seldom voluntarily disclose but will do so if directly asked.^{7, 8, 9}

Relatively simple interventions are effective. Patients with asthma and rheumatoid arthritis improved health writing about most stressful events 20 minutes daily for 3 days.¹⁰

Psychotherapy and CBT reduce patient suffering.^{11, 12} Patients with chronic fatigue, irritable bowel syndrome, multiple somatic complaints-significant, measurable, often sustained improvement.¹³

A strong patient physician relationship facilitates disclosure.^{8, 15}

Disclosure may break intergenerational abuse.¹⁴

How many adults have ACE histories?

20- 50% of men and women ³	16% males sexual abuse, females double that of males ^{1, 17}
33% family physicians ⁶	30.7% resident family physicians ¹⁶
70% somatization clinics ³ (significant sexual abuse)	

How does an ACE history contribute to poor adult health?

Neurobiological changes of the developing brain exposed to repetitive fearful events endure into adulthood

Unhealthy coping behaviours (eating, smoking, sex, alcohol, avoidance) relieve stress in the short term contributing to longer term morbidity and early mortality.

How might I apply this knowledge in practice?

Targeted

Ask: Unhealthy behaviours: smoking, over-eating, alcoholism, teenage pregnancy, sexually transmitted disease

Ask: Patients with disease who are “stuck” and have trouble meeting health goals (COPD, ischemic heart disease, depression/suicide, hepatitis, cancer)

Ask: Patients who avoid self care - pap tests, mammography

Routinized

ACE questionnaire at periodic visits. Ensure you or team member addresses + response

What exactly could I say?

Strategy 1 Avoiding the abuse word

Step 1: Comment on the area of concern and

Step 2: Link it to the possibility of difficulties growing up, or fearful events, or living with an angry parent, or alcoholic, or feeling not important or hurt in some way... then

Step 3: Ask how things were for them growing up.

Avoid the abuse word. Be curious. Give them your full attention. If the ask is without judgement, and the timing and relationship feels right they likely will disclose.

Examples

“I notice how hard it is for you to stop smoking. Almost all of my patients who started smoking as a teenager like you have grown up in very challenging families or been hurt by someone or been afraid at various times. How was it for you growing up?”

“I notice how you have struggled over the years with healthy eating and achieving your weight goals. Sometimes overeating or emotional eating is related to difficulties and hurtful events growing up. Were there most difficult times for you? What happened?”

“You’ve had a few sexually transmitted diseases now. Many of my patients with sexually transmitted diseases have had challenging times growing up. How were things for you? “

Strategy 2 Be direct, use the abuse word

“Were you ever physically abused before age 18?” and “Were you ever sexually abused before age 18?”⁹

“In your lifetime has anyone ever tried to pressure or force you to have unwanted sexual contact?”⁷ identified 5% of men and 13% of women in community samples

How do I respond?

Step 1: With genuine empathy, address the feeling. Give them your full attention. You do not need to hear the whole story but IMPACT is important.

“That must have been very distressing for you.”

“Oh my goodness, how difficult/horrible/frightening, no child is ever responsible for the actions of ...”

Step 2: Consider next steps.

Am I the first person you have talked with about this?

Would you like to discuss this further at another visit?

Would you like to see one of our counsellors in the medical home?

Reassure your patients that conversations with a trusted clinician can help to identify the impact of experiences which may be affecting decision making or building stable relationships or today.

Disclosure alone can reduce secrecy and burden. If the patient is not ready for further counselling advise to return when ready.

When I ask will I precipitate an emotional crisis?

will I break our doctor-patient relationship?

will I get behind ?

will I get home for dinner?

Your ask will not precipitate a crisis, just like asking about suicide does not cause suicide.

Patients want their physicians to ask. Asking improves an already strong relationship Frie

You do not have to get behind. One or two targeted questions, empathic response and asking how they would like to respond is similar to all conversations we have about identifying other conditions. It is ok for them to reschedule to chat about this important information with you or a colleague.

You should get home on time!

Speaking of home. It appears that those with a personal ACE history may ask more often, have more confidence and more skills to do so.¹⁴ May all of us increase our knowledge and confidence to develop these skills to help patients and families improve their quality of life.

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Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult 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?
Yes No If yes enter 1 _____
2. 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?
Yes No If yes enter 1 _____
3. 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?
Yes No If yes enter 1 _____
4. 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?
Yes No If yes enter 1 _____
5. 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?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.