

Adverse Childhood Experiences



What are ACEs?

Adverse Childhood Experiences (ACEs) are extremely stressful events that occur during a child's first 18 years of life, and which can impact their physical and mental health later in life. As campus staff and faculty understanding ACEs can help us:

⇒ Shift self-blame students may have regarding their current struggles by looking at what they are facing through the lens of ACEs and their effects on adulthood.

⇒ Have an awareness of potential risks associated with ACEs and engage in preventive practices.

When ACEs were first studied by the Centers for Disease Control and Prevention (CDC) in 1998, they were found to be very common with nearly two out of three respondents having had at least one ACE (roughly 13,000 adults were surveyed in this study). The study established 10 specific adverse childhood experiences that fell into three categories: abuse, neglect, and household challenges. Since that publication, there has been a lot more research on the subject. Some scholars have put forward that the current ACEs framework should be expanded to include environmental factors (for example, experiences of homelessness or racism) as another category of concern.

Examples of ACEs:

- Exposure to intimate partner violence
- Mental illness in the household
- Exposure to separation or divorce
- Emotional, physical, or sexual abuse
- Extreme poverty
- Neglect

Research has shown that the more ACEs a person has, the greater their risk of poorer physical and mental health outcomes later in life. The following points are in comparison to those with few or no ACEs.

A person with **four** adverse childhood experiences



has twice the risk of developing cancer and heart disease.

A person with **five** adverse childhood experiences



has eight times the risk of developing an alcohol use disorder.

A person with **six** adverse childhood experiences



has a life expectancy that is 20 years lower.

ACE scores are calculated as the number of adverse childhood experiences one has had. The score acts as a tool for understanding both population health and individual risk. Importantly, individuals who have faced adverse childhood experiences are not irreparably harmed, nor is there a direct correlation between an adverse childhood experience to poor health outcomes. Everyone responds to challenging events differently and there are effective treatments and interventions available.

“Awareness of ACEs is the first step to changing outcomes, as learning about ACEs can be part of breaking the cycle.” (Queen’s University, 2022)

How do ACEs Impact Student Mental Health?

Studies have shown that students who have experienced ACEs are at higher risk of:



Lower academic success
(ex. poor attendance,
missing deadlines)



Dropping out
of university



Engaging in risky behaviors
(i.e., substance use or
unprotected sex)

Program & Intervention Highlights

ACEs & Resilience Champion Toolkit - (communityresilience.ca)

- Developed by the ACEs Coalition of Guelph and Wellington
- 7-part, free toolkit to support “colleagues and community partners to take meaningful action to address adverse childhood experiences and build resilience”

Trauma-Informed Practice & Care Toolkit - [CICMH](#)

Employing a trauma-informed approach to practice and care can be an effective method for responding to and treating students who have experienced ACEs. Please see CICMH’s toolkit for more information on the components of trauma-informed care and how to embed it in a variety of services on campus.

Social determinants of health (SDOH) are the living conditions that shape the health of individuals. The SDOH include Aboriginal status, disability, early life, education, employment and working conditions, food insecurity, health services, gender, housing, income and income distribution, race, social exclusion, social safety net, unemployment and job security. For more information, visit: thecanadianfacts.org

The Complexity of ACEs



ACEs are not evenly distributed across populations...

The incidences of ACEs are not evenly distributed across race, class, gender, ability, sexuality, and other recognized **social determinants of health**. According to Camacho & Henderson (2022) adverse childhood experiences appear at higher rates in communities that are suffering from poverty and have limited access to resources. Moreover, “inequitable environments intersect and compound effects of ACEs” (Camacho & Henderson, 2022).

Correlation vs. Causation...

It is also important to understand that the strong link between ACEs and life expectancy, mental health, and other negative health outcomes does not imply a direct causal relationship between these two events. The relationship between ACEs and health outcomes is nuanced, complex, and requires a holistic approach to mitigate harms associated with them.

References

Camacho, S., & Clark Henderson, S. (2022). The Social Determinants of Adverse Childhood Experiences: An Intersectional Analysis of Place, Access to Resources, and Compounding Effects. *International Journal of Environmental Research and Public Health*, 19(17). <https://doi.org/10.3390/ijerph191710670>

Center on the Developing Child at Harvard University. (2020). What are aces? and how do they relate to toxic stress? <https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>

Craig, F., Servidio, R., Calomino, M.L., Candrea, F., Nardi, L., Palermo, A., Polito, A., Spina, M.F., Tenuta, F., & Costabile, A. (2023) Adverse Childhood Experiences and Mental Health among Students Seeking Psychological Counseling Services. *International Journal of Environmental Research and Public Health*, 20(10). <https://doi.org/10.3390/ijerph20105906>

Davies, E., Read, J., & Shevlin, M. (2022). The impact of adverse childhood experiences and recent life events on anxiety and quality of life in university students. *Higher Education*, 84(1), 211-224. <https://doi.org/10.1007/s10734-021-00774-9>

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., 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. *American Journal of Preventative Medicine*, 14(4), 245-58.

Public Health Ontario. (2020). Adverse Childhood Experiences (ACES). <https://www.publichealthontario.ca/-/media/documents/a/2020/adverse-childhood-experiences-report.pdf?la=en>

Queen's University. (2022). Adverse Childhood Experiences (ACEs). *Horizons*, (2). <https://familymedicine.queensu.ca/source/Family%20Medicine/Horizons%20September%202022F.pdf>

Roxburgh, S., & MacArthur, K. R. (2014). Childhood adversity and adult depression among the incarcerated: Differential Exposure and vulnerability by race/ethnicity and gender. *Child Abuse & Neglect*, 38(8), 1409-1420. <https://doi.org/10.1016/j.chiabu.2014.02.007>

Strompolis, M., Tucker, W., Crouch, E., & Radcliff, E. (2019) The intersectionality of adverse childhood experiences, race/ethnicity, and income: Implications for policy. *Journal of Prevention & Intervention in the Community*, 47(4), 310-324. <https://doi.org/10.1080/10852352.2019.1617387>

Webster, E. M. (2022). The Impact of Adverse Childhood Experiences on Health and Development in Young Children. *Global Pediatric Health*, 9. <https://doi.org/10.1177/2333794X221078708>