

Adverse Childhood Experiences: Research Priorities for Prevention, Intervention, Identification, and Response

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NCIPC Board of Scientific Counselors
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BSC Meeting Agenda

- Overview of ACEs
- Goals of NCIPC Research Priorities
- Structure and Process
- Key Findings
- ACEs Research Priorities
- Discussion

Adverse Childhood Experiences (ACEs)

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD CHALLENGES



Mental Illness



Parent Treated Violently



Divorce



Incarcerated Relative



Substance Abuse

Goal:
Assess NCIPC ACEs
research efforts,
conduct a gap
analysis, and draft
the Center's first
ACEs Research
Priorities

- Identify research gaps
- Prioritize gaps that are within NCIPC research purview and expertise
- Prioritize critical gaps to address in the next 3-5 years, to advance our capacity to prevent, identify, and respond to ACEs

Structure and Process

Workgroup & Roles

Co-leads

- Phyllis Holditch Niolon (DVP)
- Sarah Bacon (OSI)

Core Workgroup

- Kathleen Basile (DVP)
- Leah Gilbert (DVP)
- Phyllis Ottley (DVP)
- Jennifer Matjasko (DVP)
- Heather Clayton (DVP)
- Lace DePadilla (DOP)
- Sally Thigpen (DIP)
- COVID back-ups: Greta Massetti (DVP), Jeff Herbst (DVP), Mick Ballesteros (DIP), Kristin Holland (DOP)

Phase 1: Plan and Prepare

Initiate Process

- Convene Workgroup
- Set parameters

Set Guiding Principles

- Define scope
- Develop evaluation questions and logic model

Define Plan Logistics

- Refine roles and responsibilities
- Establish timeline

Phase 2: Analyze

Gather and Review Materials

- Conduct inventory of relevant intramural and extramural projects
- Identify relevant sources and materials for landscape review:
 - *Adverse Childhood Experiences: Using Evidence to Advance Research, Practice, Policy, and Prevention* (Asmundson and Afifi, 2019)
 - Systematic reviews and meta-analyses
 - Recent empirical literature

Synthesize Findings

Finalize Gap Analysis

Phase 3: Write, Review, and Share

Valuable feedback on iterations of the draft came from:

- DVP's Division ACEs Coordinating Unit (DACU)
- Office of Strategy and Innovation's (OSI) ACEs workgroup
- All Division Directors
- All Division Associate Directors of Science
- Center Office of Science
- Center Office of the Director
- External reviewers:
 - Jack Shonkoff
 - David Finkelhor
 - Melissa Merrick
 - Bart Klika
 - Katie Ports
 - Tamara Haegerich

Evaluation Question Examples

- What is the state of the ACEs field with respect to research on surveillance and health burden, etiology, prevention, and dissemination?
- How has CDC research (extramural & intramural) contributed to the state of the field?
- What are the important gaps in our empirical knowledge of ACEs?
- Which gaps are most important to prioritize to advance progress in the field of ACEs?
- Have we identified and prioritized research goals that 1) will advance the science; 2) are within NCIPC's purview; and 3) can result in measurable progress in 5 years?

Landscape of ACEs
Research and Activities

The diagram consists of three nested, horizontally-oriented ovals. The outermost oval is a dark blue color and contains the text 'Landscape of ACEs' and 'Research and Activities'. Inside this is a medium blue oval containing the text 'Gaps'. The innermost oval is a light blue color and contains the text 'Priorities'. The ovals are centered and nested, with the 'Priorities' oval being the smallest and the 'Landscape of ACEs' oval being the largest.

Gaps

Priorities

Key Findings

Initial domains of ACEs research

- Concept and definition
- Measurement
- Consequences
- Mechanisms of impact
- Risk factors
- Protective factors/Resilience
- Primary prevention
- Intervention
- Trauma-informed care
- Implementation science

ACEs concept, definition, and measurement

- Original 10 ACEs consistently predict negative outcomes across the lifespan, but do not capture the full span of traumatic adverse experiences, and may not capture experiences of all children
- Health and social inequities increase risk for ACEs and exacerbate impacts, but there is disagreement about whether these are ACEs
- Accumulation of ACEs increases risk for negative outcomes, but research suggests some ACEs have stronger effects and that frequency, chronicity, developmental timing, and severity matter
- Different measurement considerations based on sample (asking parents, adolescents, or adults)

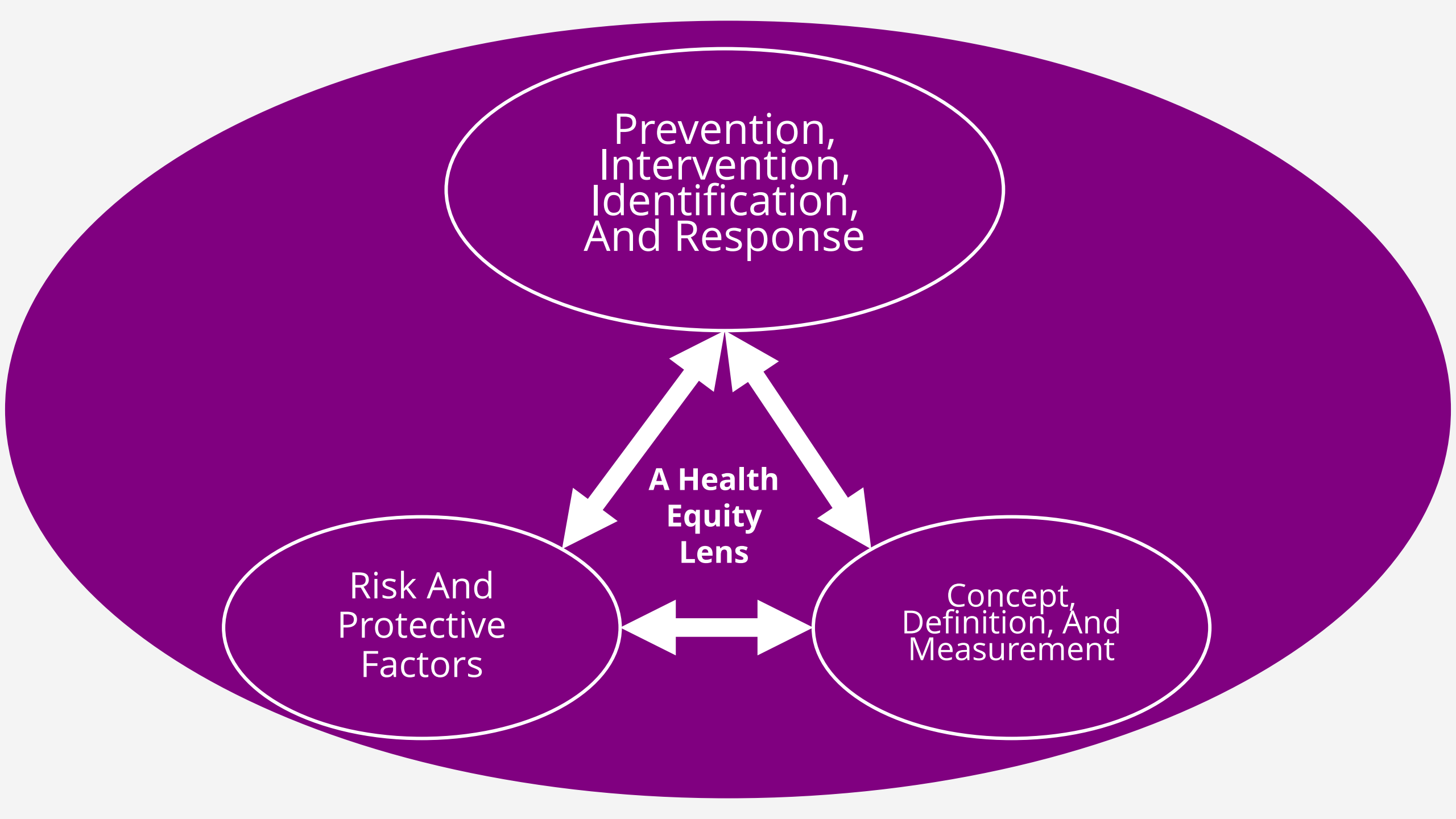
Risk and protective factors for ACEs

- Risk factors for individual ACEs exposures are relatively well-established, especially at the individual and family levels
- Health and social inequities amplify risk for and exacerbate impacts of ACEs
- Risk of ACEs echoes across generations
- Emerging research demonstrates that protective experiences at the individual and family levels can prevent ACEs and reduce impacts
- Structural and policy supports provide a context that facilitates and amplifies protective factors

Prevention, intervention, identification, and response

- The best available evidence supports a range of prevention and intervention strategies to prevent and mitigate ACEs, particularly for certain types of ACEs
- Among existing evidence-based strategies, most have been tested among majority populations
- Existing strategies are largely silent as to closing the gap between those least and most at risk for ACEs
- Screening for ACEs in clinical settings is an emerging practice with implications for linkage to prevention and intervention resources
- The practice of trauma-informed care is more robust than the research base behind it
- Primary prevention and mitigation and response, *are* primary prevention of other violence and injury outcomes, thereby serving as primary prevention of ACEs in the next generation

Proposed New Priorities



Prevention,
Intervention,
Identification,
And Response

A Health
Equity
Lens

Risk And
Protective
Factors

Concept,
Definition, And
Measurement

How can the **concept, definition, and measurement** of ACEs be refined to support the most effective and equitable approaches to prevention and intervention?

Concept, definition, and measurement

- Should the concept and definition be expanded?
- How should we measure social and health inequities as they relate to ACEs?
- When should ACEs be measured as cumulative versus individual adversities?
- How should we measure ACEs across developmental stages?
- What are the immediate- and short-term outcomes associated with ACEs in early childhood and adolescence? What are the mechanisms linking childhood development to impacts across the life span?

How can we advance research on **risk and protective factors** for ACEs, especially at the community and societal levels, in a way that informs effective and equitable prevention and intervention strategies?

Risk Factors

- How do the persistent social and health inequities that families face across generations perpetuate risk for ACEs?
- What are the most robust risk factors for ACEs at the individual and family levels? Among the empirically supported risk factors for *individual* ACE exposures, which risk factors are the strongest predictors across *multiple* ACEs exposures?
- What are the most robust risk factors for ACEs at the community and societal levels? How do social and health inequities increase risk for experiencing ACEs and amplify their impacts across the life span?

How can we advance research on **risk and protective factors** for ACEs, especially at the community and societal levels, in a way that informs effective and equitable prevention and intervention strategies?

Protective Factors

- What are the most robust protective factors for ACEs at the individual and family levels (PCEs)?
- Does the accumulation of protective factors at the individual and family levels both prevent ACEs from occurring and mitigate the association between ACEs and outcomes?
- What are the most robust protective factors for ACEs at the community and societal levels?
- What cultural and community strengths are most important in understanding protective factors for ACEs?

How do we most effectively prevent ACEs and mitigate their impact among those for whom they have already occurred? How do we ensure that our **prevention, intervention, identification, and response** efforts address inequities?

Prevention and Intervention Effectiveness Research

- How does addressing social and health inequities prevent and mitigate ACEs?
- Are evidence-based strategies equally effective for those at disproportionate risk?
- To what extent do strategies reduce rather than exacerbate social and health disparities?
- Which evidence-based strategies are effective for preventing multiple ACEs?
- How effective are interventions for preventing risk for ACEs across generations?
- Which programs and policies are effective for promoting protective factors at the individual, family, community, and societal levels?

How do we most effectively prevent ACEs and mitigate their impact among those for whom they have already occurred? How do we ensure that our **prevention, intervention, identification, and response** efforts address inequities?

Identification and Response

- Is screening for ACEs an effective tool for intervention to mitigate the consequences of ACEs?
- What are the essential components of trauma-informed care that drive effectiveness for mitigating the impact of ACEs?

How do we most effectively prevent ACEs and mitigate their impact among those for whom they have already occurred? How do we ensure that our **prevention, intervention, identification, and response** efforts address inequities?

Implementation Research

- What are the essential elements of evidence-based ACEs prevention strategies?
- How can effective ACEs prevention and intervention strategies be scaled up for community- or population-level impact?
- What are the cost-effectiveness and cost-benefits of ACEs prevention and intervention strategies?
- What are the contextual factors that influence uptake, implementation, adaptation, and sustainability?

Thank you!

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.