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The Adverse Childhood Experiences (ACE) Study: Implications for Mothers' & Children's Exposure to Domestic Violence

Introduction

Of the 76 million children living in the United States, it is estimated that 46 million can expect to have their lives affected by violence, abuse, crime, and psychological trauma (U.S. Department of Justice, 2012). Approximately 15 million children witness domestic violence each year (Futures Without Violence, 2008). Even as bystanders to domestic and family violence, children may experience psychological traumatization as if abused themselves. Both children and adults exposed to violence may find it difficult to talk about their traumatic experiences. Some children may even experience severe to moderate posttraumatic stress disorder (PTSD) (Groves, 2012).

The Adverse Childhood Experiences (ACE) Study is one of the largest retrospective studies to examine the links between traumatic childhood experiences and current adult health and well-being (Centers for Disease Control and Prevention [CDC], 2012). Over 17,000 adult patients receiving health care at a major health care organization completed confidential ACE surveys. The study sample was a cross-section of middle class, ethnically diverse, women and men, ranging in age from 19 to over 60 years (CDC, 2012). According to the CDC, the ACE Study provides detailed information about past history of abuse,

neglect, and family dysfunction, as well as links to risk factors and current adult health status, mental health, quality of life, and deaths (CDC, 2012). Furthermore, the research draws awareness to a noticeable cogent relationship between ACEs, health risk behaviors, mental health, and substance abuse conditions (Larkin & Records, 2007).

Adverse Childhood Experiences

The ACE Study examined the occurrence of adverse childhood experiences that included child and household exposures:

- **Child**
 - Emotional/physical abuse
 - Sexual abuse
 - Emotional/physical neglect
- **Household**
 - Domestic violence/battered mother
 - Single-parent homes—due to separation/divorce/death
 - Substance abuse—one or both parents
 - Incarcerated parent(s)
 - Parent(s) suffering from mental health illness

The ACE Score

The ACE Study score is a reported total of study participants' experiences that include health, mental health, addiction, criminal, and social welfare problems. Nearly two-thirds of

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the ACE Study respondents reported a minimum of one ACE related to personal and family stressors, such as witnessing their mother being battered; parent(s) with substance abuse, mental illness, criminal behavior; or being incarcerated (Felitti, et al., 1998). These childhood experiences occur before the age of 18 years, when adverse experiences can disrupt early psychosocial and neurodevelopmental stages (Larkin, 2013). The ACE Study score demonstrates experiences of childhood abuse, neglect and exposure to other traumatic violence and family stressors as predictive of adolescent and adult long-term health, behavioral, and social problems.

The higher the ACE score, the greater prevalence of co-occurring physical, mental health, and substance abuse conditions such as depression, illicit drug use, alcohol abuse, smoking, suicide attempts, intimate partner abuse (domestic violence), sexually transmitted disease, unintended pregnancy, high-risk sexual activity, fetal death, liver disease, heart disease, obesity, and chronic obstructive pulmonary disease (CDC, 2012). The ACE score revealed that ACEs are common, often occur in groups, and contribute to high lifetime costs and economic toll.

ACE Findings of Childhood Exposure to Domestic Violence and Behavioral Conditions

The ACE Study found that many respondents reported at least one adverse experience during childhood. However, those adult participants who reported four or more ACEs were at significantly increased risk for suicide attempts, depression, drug abuse, and alcoholism (Futures Without Violence, 2008). For those participants who reported witnessing their mother's abuse, there was a substantial increase and graded risk during adolescence for alcohol use, drug use, and depression (Dube et al., 2006).

The ACE research demonstrates that exposure to domestic violence can increase risk for physical, mental health, and substance abuse conditions. Furthermore, research on children who witness domestic violence found that they face an increased risk for mental health issues related to juvenile delinquency, antisocial behavior, and escalated rates of depression, anxiety, and PTSD (Alpert, 2010). The impact of chronic domestic violence exposure in childhood was found to have long-term effects throughout the life span.

Implications of ACEs for Resiliency in Childhood

The study findings provide insight into identifying factors for consideration and understanding of the effects of ACEs related to domestic violence and family dysfunction over the life span. Many lessons continue to be learned from the ACE study related to prevention and intervention in the areas of health, mental health, addictions, criminal justice, and social welfare.

In early childhood development, a mother's influence on resilience in children and exposure to traumatic, stressful, and violent situations has been examined. In particular, research suggests that mothers' exposure to domestic violence and depression can influence early childhood coping, adaptation, and resilience. Still, the effects of domestic violence on children vary widely (Groves, 2012). Despite witnessing domestic violence, many children have adequate behavioral and emotional functioning (U.S. Department of Health and Human Services, 2009). Generally, protective factors and less maternal exposure to domestic violence are thought to promote better adaptation characteristics in children. Factors that are likely to have affective influences for resilient children include the following: positive parental/partner relationships, effective parenting when under stress, and family/support networks. Subsequently, when mothers are able to model effective coping and convey a sense of security and confidence to their children, there is an increase likelihood of better functioning and managing of stress by the child. (Groves, 2012)

ACE Study Implications for Social Workers

The ACE Study affirms the interrelationship of adverse childhood experience of abuse, neglect, and family dysfunction on adult health and well-being. Social workers can use the study findings to explore how childhood traumatic exposure to violence and other ACEs are linked to medical, mental health, and substance abuse conditions throughout the life span. The data, factors, and findings gathered from the ACE study can guide social workers and support them in addressing policies and practices that promote early childhood prevention and treatment intervention. The study findings draw attention to improving adult physical, mental health, and substance abuse conditions by focusing on primary prevention of childhood physical and

sexual abuse; preventing domestic violence, behavioral, and substance abuse conditions; and promoting mental health (Alpert, 2010).

The ACE research findings can also support social workers in establishing policies, programs, and interventions that delineate the continuum of services needed by women, children, and family members exposed to violence and other ACEs. Exposure to violence can occur over a lifetime, but often the aftermaths of the exposure are not immediate and may emerge years later. However, once a client discloses a history of abuse, there is likelihood for prevention of adverse health and behavioral health outcomes (Alpert, 2010). Social workers need to be prepared to identify both current and past victimization and recognize possible ways to prevent future abuse, health, mental health, and substance abuse problems. Prevention of ACEs related to family dysfunction, such as domestic violence, is a critical component in identifying and intervening with affected women, children, and family members.

For social workers addressing broad macro-level issues, the ACE Study findings can help them inform federal, state, and local policymakers about the benefits of prevention and better use of limited resources. Through educating the public on the importance of healthy relations, prevention, and trauma-informed care, social workers can continue to provide leadership in addressing domestic violence and other identified ACEs. In conclusion, social workers provide services in a wide range of systems for people, many of whom, as children, experience ACEs. Therefore, social workers who provide clinical social services, direct programs, develop policy, advocate, in agencies such as social services, mental health, substance abuse, juvenile justice, victim assistance, peer support, education, primary care, domestic violence, child welfare, and other areas, should become familiar with the long-term consequences of ACE study research findings and promote prevention, policies, programs, and intervention for children, mothers, and families affected by domestic violence and other ACEs.

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