

The impact of adverse childhood experiences (ACEs) on health and risk-taking behaviour in patients of sexual health services in NHS Greater Glasgow & Clyde

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BACKGROUND

- Adverse childhood experiences (ACEs) most commonly include childhood physical, sexual, or psychological abuse, neglect, exposure to familial violence, parental substance misuse, incarceration, or mental illness.
- Felitti et al (1998) study first to show **high prevalence** of ACEs and **strong relationship** with poor health outcomes in adulthood and early death
- Wealth of studies show relationship between ACEs and **smoking** (Anda et al 1999), **HIV-risk behaviour** (Bensley et al 2000; Bornovalova et al 2008), **mental illness** and/or **substance misuse** (Bensley et al 2000; Lucenko et al 2012; Johnson et al 1999), **unintended pregnancy** (Dietz et al. 1999), **adolescent pregnancy** (Hillis et al 2004)
- Kessler et al. (2010) used WHO data to explore the relationship between 12 ACEs and 20 mental health disorders in 21 countries around the world, uncovering a strong association between ACEs and **all disorders in all countries**
- Despite poorer health outcomes, **no data** on Scottish prevalence of ACEs → early years initiatives make strong case for **ACE-informed healthcare**, so research on prevalence and impact urgently needed

STUDY AIMS

- To establish the **prevalence** of ACEs among attendees of sexual health clinics
- To explore the **relationship** between ACEs and unfavourable sexual and physical health outcomes, and risk-taking behaviour

METHODS

Exploratory study of self-reported accounts of ACEs and health outcomes

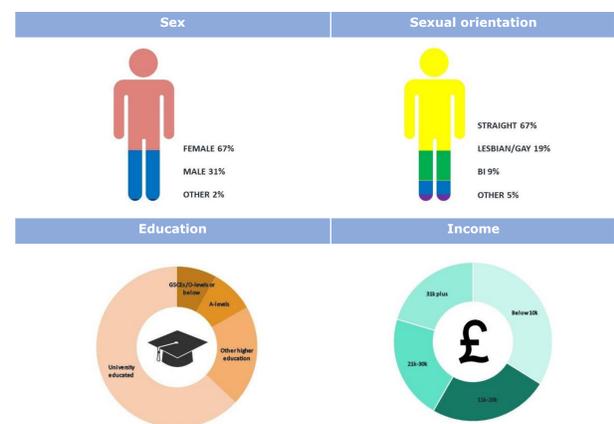
RECRUITMENT: Study details given to clients aged 18+ attending Sandyford Central, Sandyford Renfrewshire, or Sandyford East sexual health clinics May-August 2016

DATA COLLECTION: Online survey with 3 questionnaires: a) Demographic and sexual history; b) Family health history; c) Health appraisal

DATA ANALYSIS: Quantitative analysis: a) Descriptive statistics; b) Hierarchical multiple linear regression (MLR) analyses; c) Binary logistic and ordinal logistic regressions; d) Hierarchical MLRs and cluster analysis

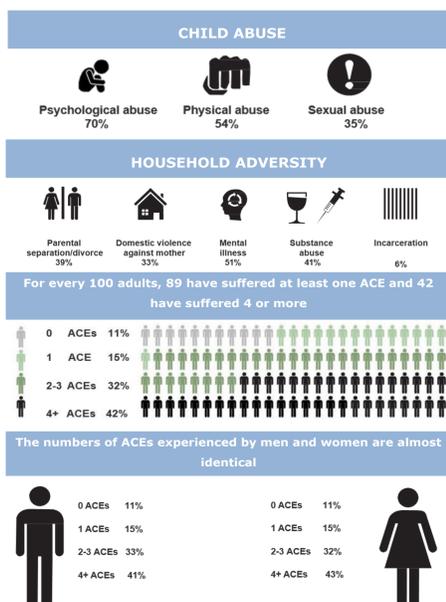
ETHICS: Approved by NHS HRA, NHS R&D, and GCU between March and April 2016

SAMPLE N=319



RESULTS

1. PREVALENCE OF ACEs:



2. RELATIONSHIP BETWEEN ACEs AND OUTCOMES IN ADULTHOOD:

HEALTH OUTCOMES:

- Higher number of ACEs predicts poorer physical and mental health outcomes
- Poorer physical health predicted by exposure to household mental ill-health and incarceration of a household member
- Poorer mental health outcomes predicted by exposure to psychological abuse, sexual abuse, household mental ill-health, and domestic violence against mother/step-mother
- Individuals who experienced mental ill-health in the household whilst growing up were 7 times more likely to have experienced any chronic disease

HEALTH-HARMING BEHAVIOURS:

- No individual ACE significantly predicts sexual risk-taking or sexual outcomes, but clusters of ACEs have different impacts
- Sexual risk-taking related to the combination of gender, sexual orientation and numbers of ACEs
- Relationship between experiencing 4 or more ACEs and health-harming behaviours almost twice as strong for gay and bisexual males compared to other groups
- Exposure to substance misuse or violence in household predict health-harming behaviours
- Parental separation acts as protective factor against health-harming behaviour and having had an STI

CONCLUSIONS & RECOMMENDATIONS

- High prevalence of self-reported ACEs among sexual health clinic attendees in Scotland
- ACEs interact with gender and sexual orientation to impact on individuals' physical, mental, and sexual health outcomes and behaviours
- Sexual healthcare providers should be aware of impact of ACEs on sexual health and behaviour, particularly when providing care to men who have sex with men
- Sexual health services should screen for ACEs to identify need for additional support and to develop ACE-informed care

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