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

Francesca Soliman, University of Edinburgh; Prof Liz Gilchrist, University of Worcester; Dr Rosie Ilett, The Mood Project; Laura Sclarck-Evans, University of Worcester; Lorraine Forster, NHS Greater Glasgow and Clyde; Dr Kerri McPherson, Glasgow Caledonian University; Prof Jon Godwin, Glasgow Caledonian University

BACKGROUND

- Adverse childhood experiences (ACEs) most commonly include childhood physical, sexual, or psychological abuse, neglect, exposure to familial violence, parental mental illness, or substance misuse, 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
- 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

1. To establish the prevalence of ACEs among attendees of sexual health clinics
2. 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

RESULTS

1. PREVALENCE OF ACES:

CHILD ABUSE

Edward M, 15.0%, Sexual abuse, 12.0%, Physical abuse, 20.0%, Psychological abuse, 16.0%

HOUSEHOLD ADVERSITY

For every 100 adults, 89 have suffered at least one ACE and 42 have suffered 4 or more

The numbers of ACEs experienced by men and women are almost identical

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 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

REFERENCES

- Dietz, PM et al (1999) Unintended pregnancy among adult women exposed to abuse or household dysfunction during their childhood. JAMA, 282(14), pp.1539-1546
- Lucendro, ER et al (2012) Adverse Childhood Experiences Associated with Behavioral Health Problems in Adolescents: Findings from administrative data for youth age 10 to 17 residing in Medica, Department of Social and Health Services