2025-31

RESOLUTION

Subject: Inclusion of Additional Adverse Childhood Experiences (ACEs) Categories

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Referred to: Reference Committee

WHEREAS, the term Adverse Childhood Experiences, or ACEs, was coined in 1998 after a survey of over 9,000 U.S. adults found that over half of participants reported at least one adverse childhood experience and that there was a statistically significant relationship between the number of ACEs an individual was exposed to and their disease status and risk-taking behaviors as an adult[1]; and

WHEREAS, the conventional ACEs model is categorized as psychological, physical, sexual, and household dysfunction, with household dysfunction including abuse, mental illness, household violence, and household criminal activity[1]; and

WHEREAS, a systemic review of 25 studies and a meta-analysis of 8 studies found that 48.1% of study participants had at least one ACE and that there was a significant dose-dependent relationship between ACE exposure and experiencing multiple long-term comorbidities as an adult ($p < 0.001$), with every additional ACE exposure adding a 12.9% (95% CI 7.9 to 17.9%) increased odds of comorbidities[2]; and

WHEREAS, early studies on ACEs were largely focused on white and middle-to-upper-class individuals, and it has been shown that expanding ACEs categories to include experiencing racism, witnessing community violence, living in an unsafe neighborhood, experiencing bullying, and having a history with foster care helps to capture the experiences of an additional 13.9% of people[3]; and

WHEREAS, a culturally relevant ACE questionnaire was used for a population of Mexican adolescents and found that 90% had 1 or more ACEs, demonstrated that the ACEs experienced in low- or middle-income populations can be drastically different than ACEs experienced in middle- or high-income populations, necessitating the need for expanding the current ACE framework[4]; and

WHEREAS, conventional ACE surveys may not fully assess an individual's experiences and risks due to the age of the individual being surveyed and complex socioeconomic and racial determinants, such that one study showed a significantly improved association (from $R^2 = 0.21$ to $R^2 = 0.34$) when the categories of peer rejection, peer victimization, community violence exposure, school performance, and socioeconomic status were used in place of some standard ACE categories for youth ages 10 to 17 years old[5]; and

WHEREAS, a scoping review of 19 studies found that exposure to community violence (ECV) was the most frequently added category to the existing ACEs structure, followed by economic hardship in childhood (EHC), bullying, absence/death of parent or significant others, and discrimination[6]; and

WHEREAS, the American Medical Association (AMA) has expressed support for expanding ACE categories and continuing to research the long-term health implications of and solutions for combatting ACEs[7]; now, therefore, be it

RESOLVED, that KMA advocate to expand the use of additional Adverse Childhood Experiences (ACE) categories to reflect the diverse experiences of individuals.

**References:**


1. Felitti, V.J., et al. (1998, May). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4), 245-258. https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext
2. Senaratne, D.N.S., et al. (2024, August 15). The impact of adverse childhood experiences on multimorbidity: a systematic review and meta-analysis. *BMC Med.*, 22(315). https://pmc.ncbi.nlm.nih.gov/articles/PMC11325707/
3. Cronholm, P.F., et al. (2015, September). Adverse Childhood Experiences. *American Journal of Preventive Medicine*, 49(3), 354-361. https://www.ajpmonline.org/article/S0749-3797(15)00050-1/abstract
4. Casas-Muñoz, A., et al. (2024, April). ACE-IQ extended version validation and ACE's frequency in Mexican adolescents. *Child Abuse & Neglect*, 150. https://www.sciencedirect.com/science/article/pii/S0145213423004805?via%3Dihub
5. Finkelhor, D., et al. (2013, January). Improving the Adverse Childhood Experiences Study Scale. *JAMA Pediatrics*, 167(1), 70-75. https://jamanetwork.com/journals/jamapediatrics/fullarticle/1393429
6. SmithBattle, L., et al. (2021, May 6). Evidence for Revising the Adverse Childhood Experiences Screening Tool: a Scoping Review. *J Child Adolesc Trauma*, 15(1), 89-103. https://pmc.ncbi.nlm.nih.gov/articles/PMC8837767/
7. AMA Policy Finder. (2023). Adverse Childhood Experiences and Trauma-Informed Care H-515.952. https://policysearch.ama-assn.org/policyfinder/detail/adverse%20childhood%20experiences%20?uri=%2FAMADoc%2FHOD.xml-H-515.952.xml