

Prevalence and Characterization of Adverse Childhood Experiences of Women in Substance Use Treatment

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Introduction

- Rates of illicit drug use among women reproductive age significant national public health problem
- Adverse childhood experiences (ACE's) associated with higher rates of prenatal depression and maternal childhood maltreatment
- Ace's prevalent in those with Opioid Use Disorder (OUD)

Aims of Study:

1. Determine prevalence of ACE's in a population of pregnant and parenting women in treatment for substance use disorder
2. Characterize ACE's
3. Compare our sample to Behavioral Risk Factor Surveillance System (BRFSS) Pennsylvania data

Methods

Research Design

Sub-Study of "Practicing Safety Mindfulness Project for Mothers in Drug Treatment" to collect prevalence data on ACE's

Participants

N=152 women between 28 weeks gestation and 48 months post-delivery were recruited from an inner city MAT program.

Procedures

Self-administered Ace and demographic assessment at baseline

Study years 2014-2018

Measures

- Sociodemographic questionnaire assessed respondents age, race, ethnicity, educational attainment, relationship status, employment status, receipt of public assistance, and number of children
- Adverse Childhood Exposures Tool (ACE): 8-item self-report measure assessing history of abuse, neglect and household dysfunction in 1st 18 years of life.

Analyses

- Descriptive Statistics used for sociodemographic variables and ACE items
- Summary ACE score calculated for 8 items to cumulate exposure to childhood trauma and adversity
- Score denotes number of different ACE's, not severity of ACE

Results

Main Results:

- Mean Ace score 4.3
- Only 5% of women reported 0 ACE's
- Nearly a third (32%) reported attempting suicide as a child and 27% reported living with someone who attempted suicide
- 49% report experiencing neglect as a child (psychological or emotional mistreatment)

Comparison of PSMDT Sample to PA BRFSS Data

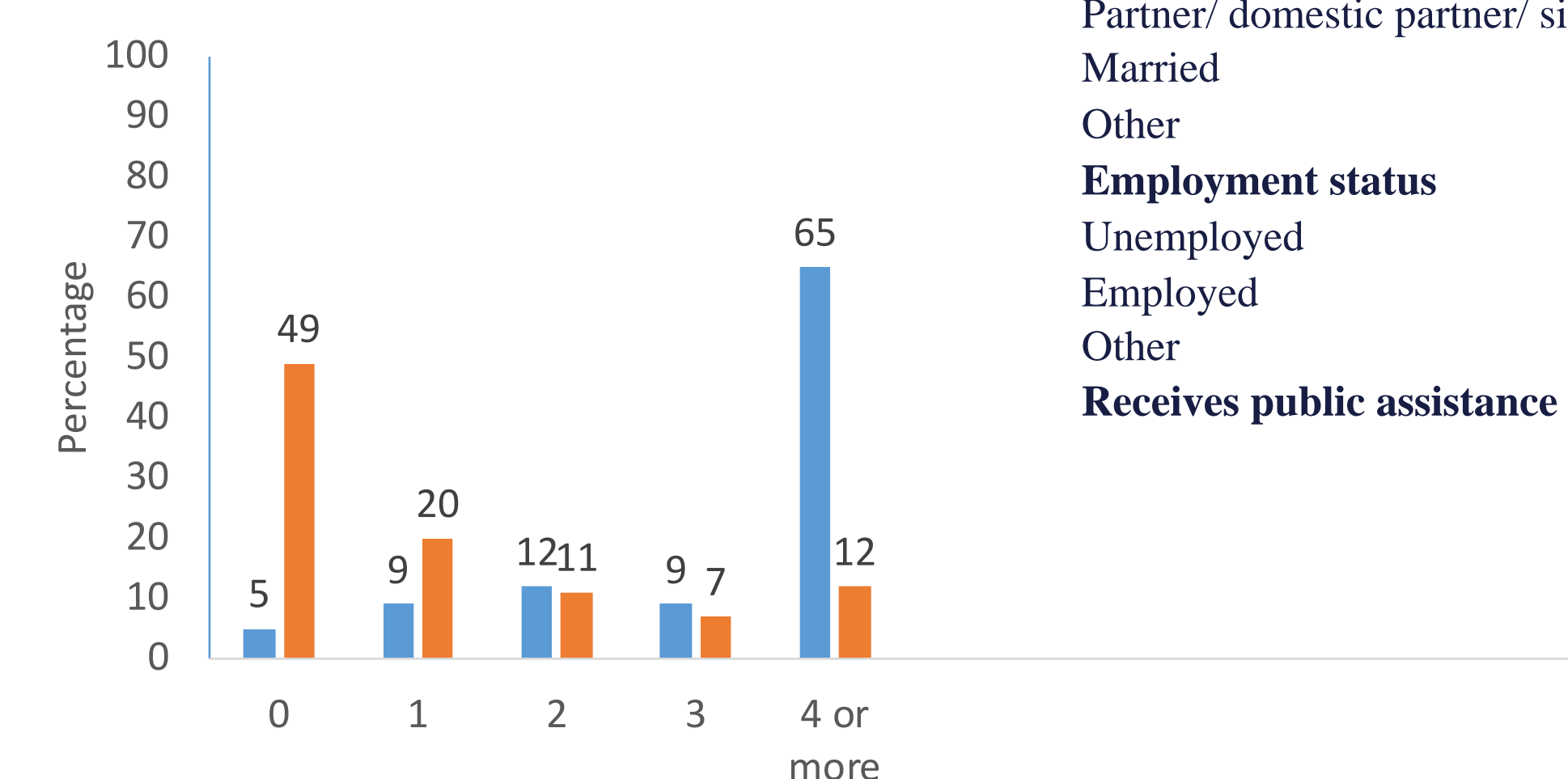
- PSMDT sample (N=152) 65.0% report 4≥ACE's
- PA BRFSS sample (N=5,705 male and female PA respondents*) 12.0% report 4≥ACE's
- Of ACE items reported for PSMDT sample, 51.8% Emotional Abuse, 44.9% Physical Abuse, 42.9% Sexual Abuse
- Of ACE items reported for PA BRFSS sample, 35.0% Emotional Abuse, 16.0% Physical Abuse, and 11.0% Sexual Abuse

* PA BRFSS data includes general population of male and female respondents



Figure 1. Distribution of Total ACE Score

Age, mean (sd)	30.3 (4.6)
Number of children, mean (sd)	3 (1.8)
Race	
Black	16 (11)
White	111 (74)
Other	23 (15)
Ethnicity	
Hispanic	19 (13)
Non-Hispanic	129 (87)
Educational attainment	
Less than high school	46 (31)
High school or trade school	66 (45)
Some college	30 (20)
College	6 (4)
Relationship Status	
Single	62 (41)
Partner/ domestic partner/ significant other	73 (49)
Married	8 (5)
Other	8 (5)
Employment status	
Unemployed	123 (84)
Employed	14 (10)
Other	9 (6)
Receives public assistance	144 (95)



Adverse Childhood Experience (ACE) Summary Score
■ PSMDT ACE Score ■ PA BRFSS ACE Score

Discussion

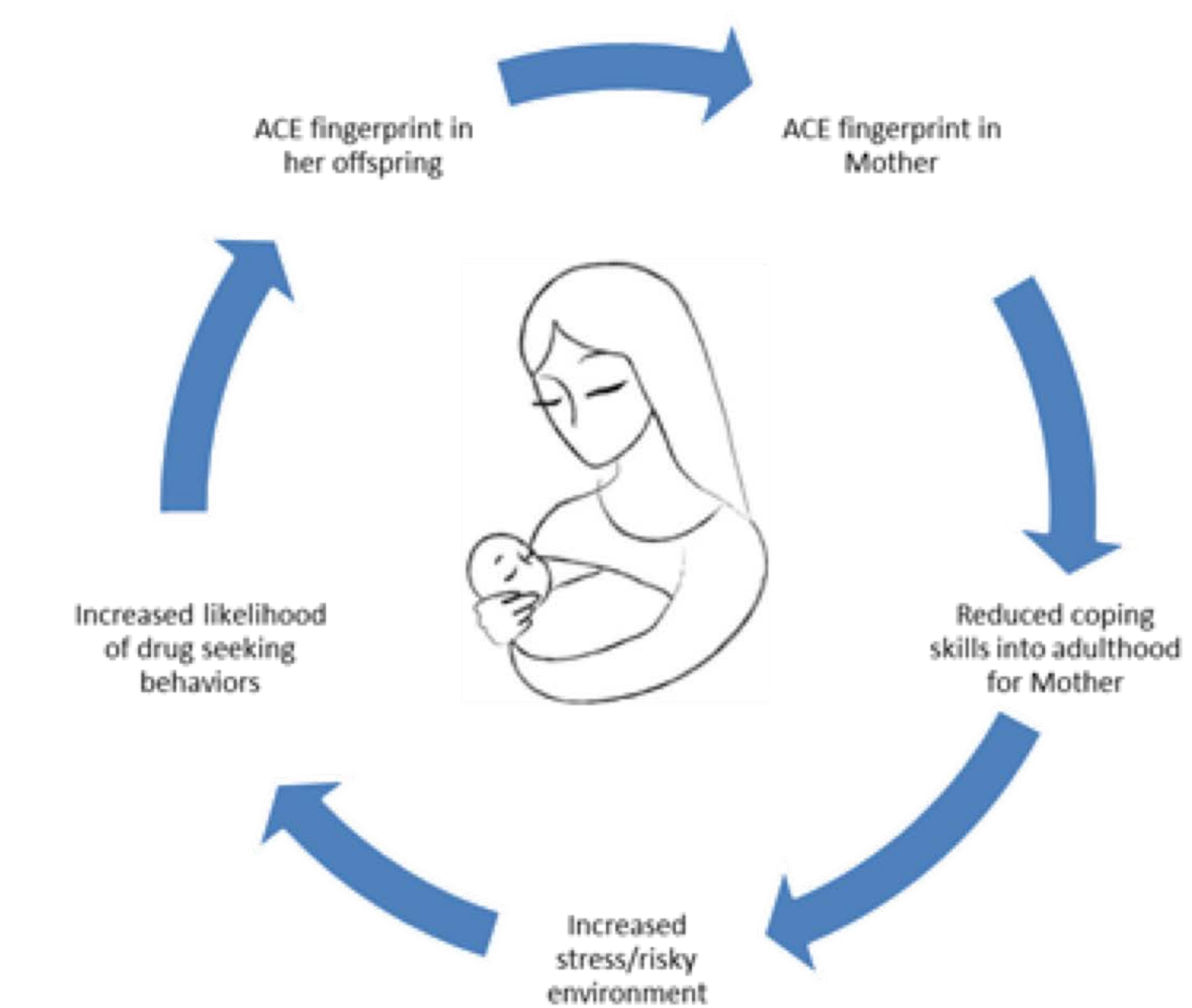
- Significantly higher ACE burden in our sample
- Implications for parenting women with SUD:

High prevalence of ACE's associated with 2.2 fold increase in high-perceived stress and 4.0 fold increase in difficulty controlling anger

ACE's associated with increased parental stress and decreased parental cognitive functioning

- Report of attempted suicide as child, living with someone who attempted suicide, ever homeless or living in shelter or temporary housing, running away from home for more than one day, and ever feeling abandoned or neglected
- Concern for intergenerational transmission of ACE's
- Limitation with PA BRFSS Data for comparison

Figure 1: Diagram of Intergenerational ACE trajectory in women with OUD



Public Health Implications

- Valuable screener in pediatric and primary care
- De-stigmatization of those in treatment for SUD's
- Understanding intergenerational transmission of ACE's inform early intervention work with children of women in drug treatment

Acknowledgments

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