

Introduction

The high prevalence of the adult population that have been traumatized through adverse childhood experiences (ACE's) have been linked with lifespan health disparities.

“ACEs include various types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation that occurs to children under 18 years of age (Riedle, p.80).”

Health professionals are starting to see an increase in ACE's in correlation with delayed mental, physical, and health issues. The increasing demand of trying to understand the root of the adult population struggling with ACE's is important for providing care in the appropriate manner.

Statistics

Table 1. Description of a population-based sample of Canadians (n = 22,559)

	% with characteristic
Ever attempted suicide	3.0
Parental domestic violence (PVD)	4.2
Childhood physical abuse (CSA)	9.8
Childhood sexual abuse (CPA)	5.9
Major depressive episode	11.4
Generalized anxiety disorder	8.9
Drug or alcohol abuse or dependence	22.3
Chronic pain	13.7
Female	51.0
Age – Mean (SD)	46.9 (17.5)
Race/ethnicity – White	77.2
Education	
Less than high school	14.4
High school with or without some post-secondary	23.3
Post-secondary graduate	62.3
Household income (decile)	
1	9.3
2	9.6
3	9.8
4	10
5	9.9
6	10.2
7	10.2
8	10.1
9	10.5
10	10.3

Source: 2012 Canadian Community Health Survey-Mental Health.

Background & Significance

The background and significance of this proposed research is due to the lack of questioning regarding ACE's, and the trauma that follows victims into adulthood. The level of questioning that is proposed in a standard healthcare setting is the bare minimum, and isn't significant to all populations affected. The goal of this study is to gain a better understanding of people with extensive traumatic backgrounds. Obtaining this knowledge will help further clients with ACE's in their healthcare needs.



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Purpose

The purpose of this research is to determine if we need to further assess all populations for adverse childhood experiences more in depth for a better understanding to provide appropriate healthcare.

Findings

There was direct correlation between all populations that experienced adverse childhood traumas that are related to physical, developmental, and psychological complications as they age.

“Significant research has examined the impact of exposure to ACEs on longitudinal developmental trajectories throughout the life course. In particular, it has been shown that exposure to such experiences in childhood has effects on both proximal outcomes in young adulthood [13, 14] and distal developmental outcomes throughout the course of adulthood [15–17] (Lew, p.669).”

Conclusion & Implications

Being aware as a provider of these adverse childhood experiences can help create a strategy in implementing a plan of care that can positively impact the outcome as they develop into adulthood.

“Nurses, in collaboration with patients and colleagues from other professions, should work to create care settings that support screening, anticipatory guidance, and thoughtful discussions of the elements of trauma to destigmatize the experience and support patients. Positive work environments can provide a safe place for both nurses and patients to discuss their stressors and receive support. (Girouard, p.S17)”

Literature Review Methods

Databases used for this research include PubMed, Google Scholar, and CINAHL. A total of fifteen articles were used from peer reviewed articles, and peer reviewed journals.

References

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