

Protective Factors at Home and School to Combat Adverse Childhood Event (ACEs) Scores

July 10, 2019

The identification of adverse childhood events (ACEs) in early life is associated with future adverse health outcomes. The higher the number of ACEs, the greater the risk is but can that risk be lessened if there are other protective factors at home or in the neighborhood?

Lewis First, MD, MS, Editor in Chief, Pediatrics

Content License: FreeView

Article type: [Pediatrics Blog](#)



The identification of adverse childhood events (ACEs) in early life is associated with future adverse health outcomes. The higher the number of ACEs, the greater the risk is but can that risk be lessened if there are other protective factors at home or in the neighborhood? Robles et al. ([10.1542/peds.2018-2945](#)) set out to study that question in a new article being early released this week in our journal. The authors analyzed data from the National Survey of Children's Health involving 65,680 children between 6-17 years of age. They categorized the number of ACEs, but also analyzed data on a series of protective factors involving safe neighborhoods, adequate nutrition, lack of secondhand smoke, and positive parent-child communication in the home. Did these protective factors reduce the expected risk related to poor school outcomes such as repeating a grade or not doing homework? Negative school outcomes were associated with higher ACE scores and lower protective factors at home. As the number of protective factors increased, the school outcomes improved.

What are the implications of this study for the work we do as pediatricians? We asked Drs. Rebecca Dudovitz and Paul Chung ([10.1542/peds.2019-0893](#)), who have a strong interest in the social determinants of health, to weigh-in with an accompanying commentary. They focus on the most powerful protective factor found in this study, having a parent that can talk to their child meaningfully, and note how often ACEs prevent such a relationship from becoming a reality. Dudovitz and Chung call upon us to do more to promote healthy parenting and refer accordingly to services that can help families who are not doing so in a more proactive manner. They also note the opportunity to incorporate positive protective factors directly into schools. They call on us to advocate for such services in the schools that surround our practices if such services are not in place already such as on-site primary care and mental health services. Rather than just talk the talk of ACEs and the potential impact on a child's subsequent health and wellbeing, both the study and commentary offer proactive strategies that we can put into place now, so that the social systems in our communities are stronger for all children regardless of their ACE score.

- [Pediatric Collection: Toxic Stress](#)
- [Maternal Adverse Childhood Experiences and Infant Development](#)
- [Parental Adverse Childhood Experiences and Resilience on Coping After Discharge](#)
- [Facebook](#)
- [Instagram](#)

Copyright © 2019 American Academy of Pediatrics