Table 1

<table>
<thead>
<tr>
<th>Category of Abuse</th>
<th>Any One</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>0.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1.3</td>
<td>2.5</td>
</tr>
<tr>
<td>Mental Abuse</td>
<td>0.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Household Dysfunction</td>
<td>0.8</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Both the prevalence and risk (adjusted odds ratio) increased for each additional category of abuse.

Relationship between Categories of Childhood Exposures

We examined the relationship between the categories of childhood abuse and household dysfunction, both as single categories and in combination. The odds of health risk factors increased with the number of categories of abuse and dysfunction. For example, the odds of severe obesity were 1.3 times higher for physical inactivity (ranged from 1.3 for physical inactivity to 12.2 for suicide) than for no childhood abuse. Similarly, the odds of substance abuse were 2.3 times higher for those with any one category of abuse than for those with no childhood abuse.

Discussion

The ACE Study provides evidence that childhood abuse and household dysfunction are associated with a wide range of health risk factors. These findings suggest that interventions aimed at reducing childhood abuse and dysfunction may have significant public health implications.
Acknowledgements

improving the health of the nation.

In the meantime, tertiary care of adults whose health problems extend the traditional practice of pediatrics by adding one or more techniques to the medical arsenal. These techniques include, somewhat unexpectedly, substantial improvements in medical knowledge and care. The overall impression is that the benefits of childhood abuse 

Notably, many of the conditions associated with childhood abuse are relatively common, including heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. An additional potential source of underestimation of the strength of these relationships is the fact that the prevalence and risk (adjusted odds ratio) of adult health risk behaviors and diseases. Another potential source of underestimation of the strength of these relationships is the fact that childhood exposures and adult health risk behaviors, health outcomes are often influenced by a complex interplay of factors. Some of these factors include, but are not limited to, genetic predispositions, socioeconomic status, and lifestyle choices. The findings suggest that the impact of these adverse childhood experiences is significant and has implications for the prevention and treatment of adult health risk behaviors and diseases.

Partners, or History of Sexually Transmitted Disease

Similarly, the prevalence and risk (adjusted odds ratio) of various health outcomes were found to be significantly higher among adults with childhood exposures than among those without. Specifically, the odds ratios for skeletal fractures, hepatitis or liver disease, as well as poor self-rated health also showed statistically significant differences. The findings also suggest that the impact of these adverse childhood experiences extends beyond the immediate aftermath of the traumatic event, and that the effects persist into the adulthood.

Several potential limitations need to be considered when interpreting the results. First, the study relied on self-reported data from participants, which may be subject to recall bias. Second, the study did not control for all potential confounding variables, such as socioeconomic status and lifestyle choices. Third, the study did not consider the possibility of reverse causality, where adult health risk behaviors and diseases may have contributed to the occurrence of childhood abuse.

In conclusion, the findings of this study suggest that the impact of adverse childhood experiences extends into adulthood, and that these experiences may have long-term consequences for health. The results support the need for increased awareness and intervention efforts to prevent and treat childhood abuse. These efforts should include increased communication between healthcare providers and patients, as well as the development of effective screening tools and intervention programs.
Adverse Childhood Experiences: Prevalence and Association With Adolescent Health in Malawi
American Journal of Preventive Medicine, Vol. 58, Issue 2
In Brief • Full-Text • PDF

Secondhand Smoke Exposure in Childhood and Adulthood in Relation to Adult Mortality Among Never Smokers
American Journal of Preventive Medicine, Vol. 55, Issue 3
In Brief • Full-Text • PDF

Adverse Childhood Experiences and Household Out-of-Pocket Healthcare Costs
American Journal of Preventive Medicine, Vol. 56, Issue 5
In Brief • Full-Text • PDF

Childhood Food Involvement: Protection Against Food Insecurity in Young Adulthood
American Journal of Preventive Medicine, Vol. 58, Issue 1
In Brief • Full-Text • PDF

Adverse Childhood Experiences and Decreased Renal Function: Impact on All-Cause Mortality in U.S. Adults
American Journal of Preventive Medicine, Vol. 59, Issue 2
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