



Do Adverse Childhood Experiences Affect Rates of Depression During Adolescence?



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Adverse Childhood Experiences (ACEs)

- Traumatic events during the first eighteen years of life
- Range from emotional neglect to sexual abuse.
- Relate to a variety of negative outcomes, including physical and mental health outcomes

The current literature lacks information about:

- Whether minority status affects exposure to ACEs
- Whether rates of depression and anxiety vary by ACE exposure

Hypotheses:

- 1) Experiencing one or more ACEs heightens one's chance of developing depression and anxiety as opposed to experiencing no ACEs.
- 2) Identifying as a minority will increase an individual's chances of experiencing ACEs.

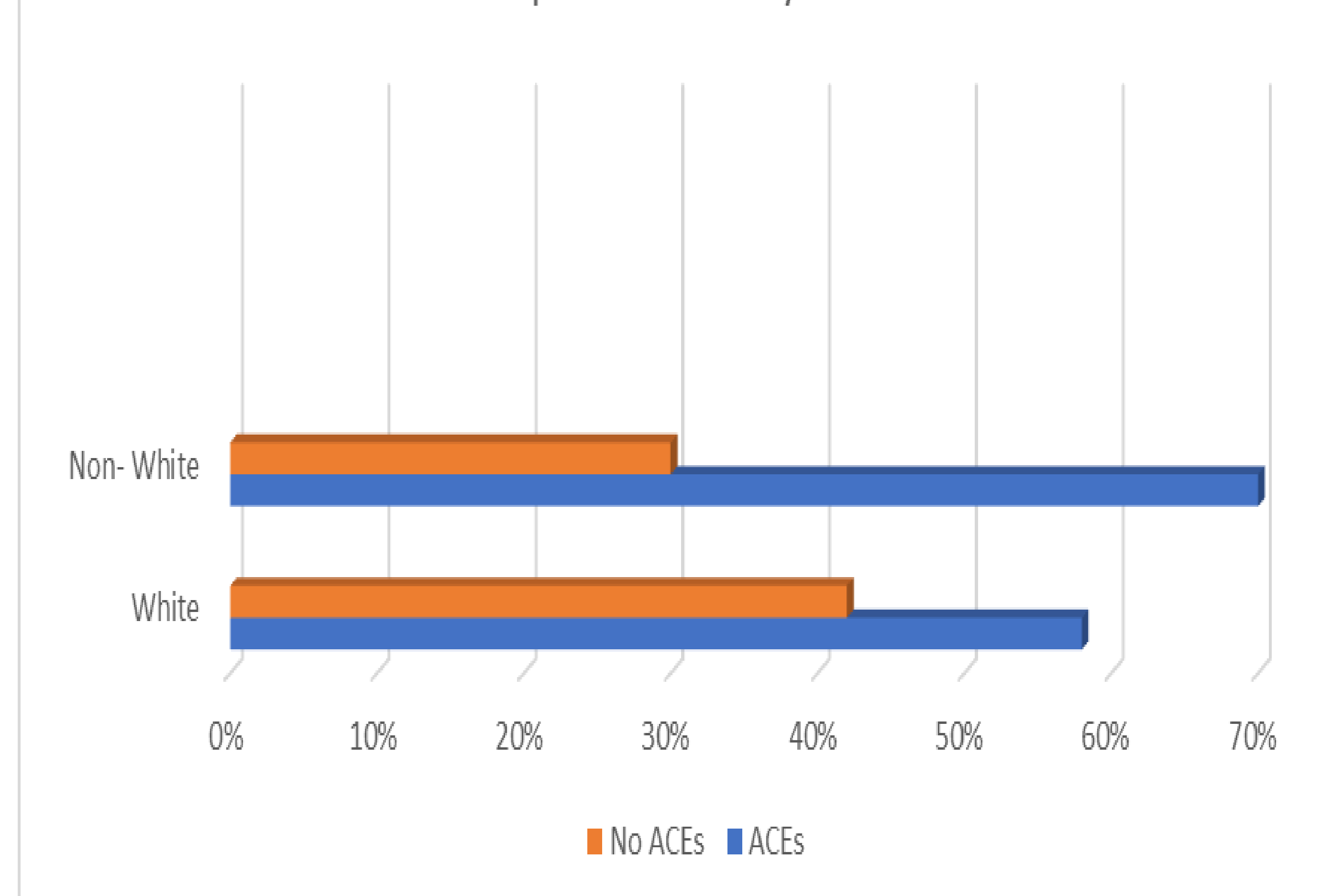
METHOD

- Secondary data analysis from an online survey given to United States adolescents aged 14-18 (N=103)
- The survey assessed ACE exposure and symptoms of anxiety/depression.

Table 1. ACEs examined in the present study

Verbal abuse or humiliation by an adult in the household.
Lacking familial love and affection (Emotional neglect)
Physical neglect
Separated/divorced parents
Living with a problem drinker/ alcoholic or someone who uses street drugs
Living with someone who is mentally ill/depressed or has attempted suicide.
An incarcerated household member.

Reported ACEs by Race



Conclusions

Mean score for anxiety was higher for those who experienced ACEs (M =28.60, SD = 7.47) compared to those who did not experience any ACEs (M= 25.33, SD = 7.16).

Mean score for depression was higher for those who experienced ACEs (M =10.53, SD = 3.56) than those who did not experience ACEs (M= 8.40, SD= 2.45).

Percentages of ACE experiences were not statistically different by race, suggesting that both White & ethnic minority youth experienced similar rates of ACEs.

The implications for the research are to assess ACEs to find an efficient way to treat adolescent depression and anxiety.

Acknowledgements

Heart lab team members

Funding: McNair Scholars Program



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Authors are in italics, your name underlined; 2nd largest font (48)

Authors departments 2nd largest font (48). If from different institutions or Dpts list all and create legend (* and **)

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Abstract
Text of your abstract goes here (250 characters or less).

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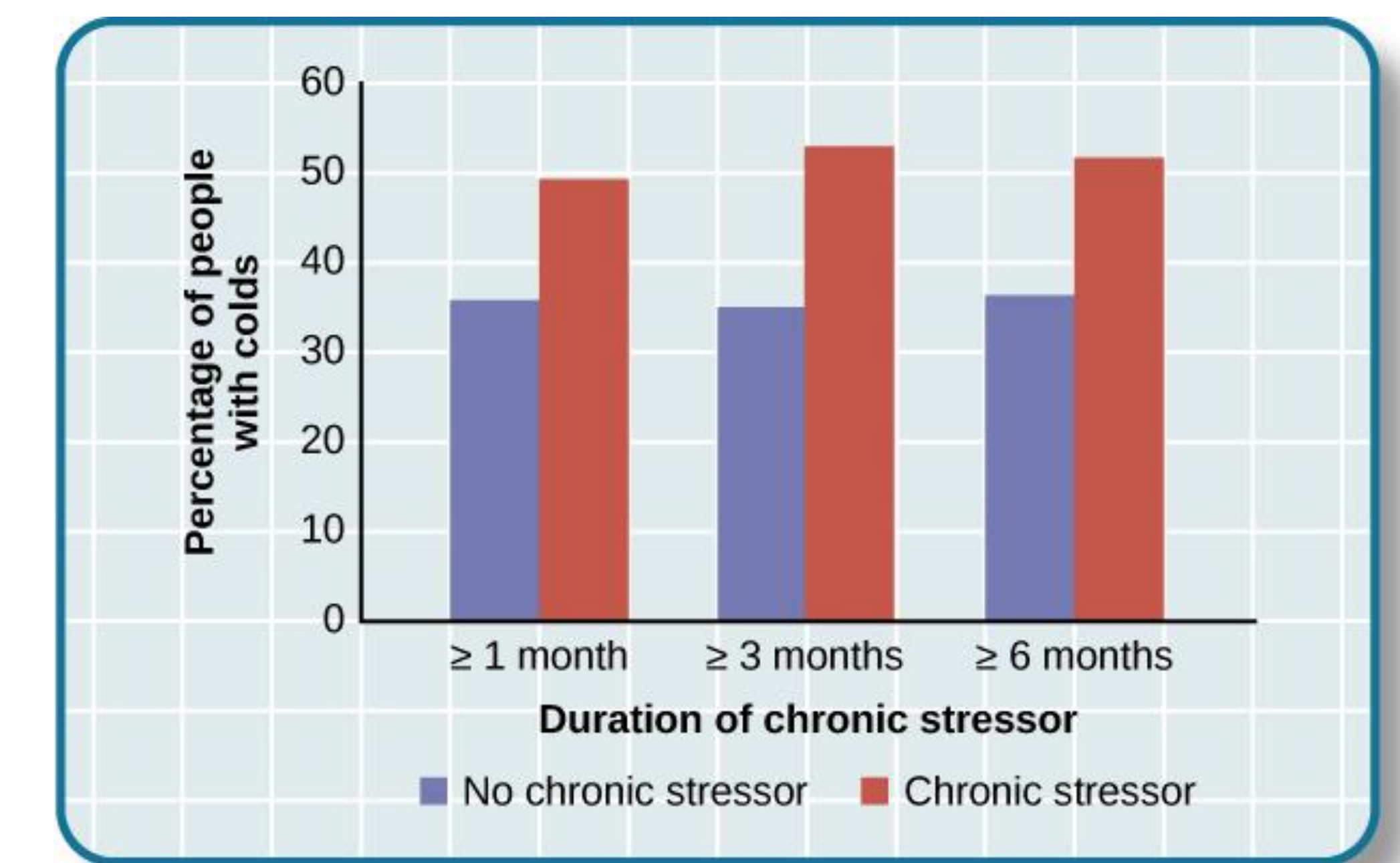
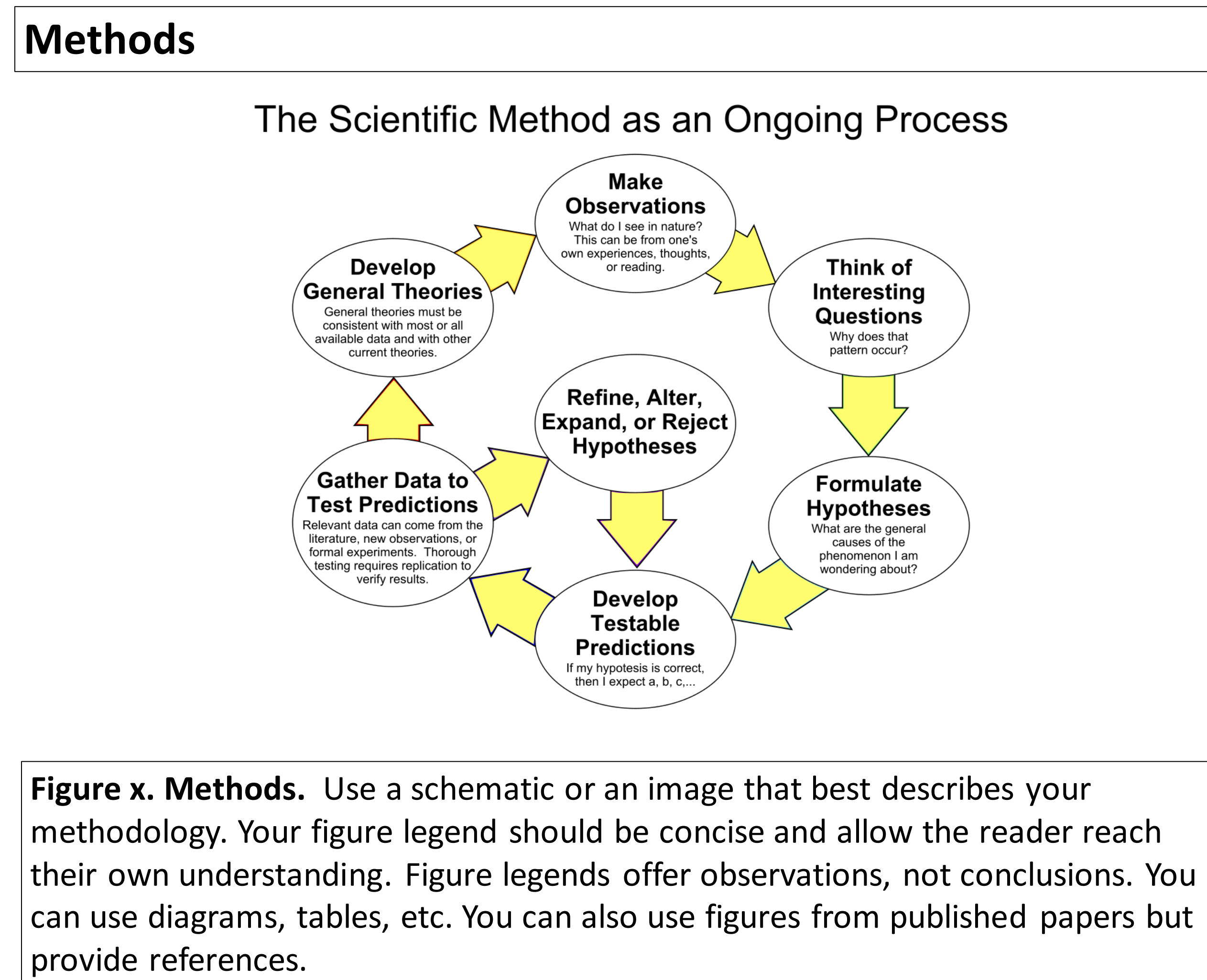


Figure x. Name of the figure. Your figure legend should be concise and allow the reader reach their own understanding. Figure legends offer observations, not conclusions. You can use diagrams, tables, graphs, pictures, etc. This should be your data.

Introduction

Figure 1. Name of the figure. The first figures of your posters can be used as an introduction to help the audience understand the topic you are researching. Your figure legend should be concise and allow the reader reach their own understanding. Figure legends offer observations, not conclusions. You can use diagrams, tables, etc. You can also use figures from published papers but provide references.

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Results

Characteristic	ReDO group (n=42)	CAU group (n=42)	P-value
Age; mean (SD)	45 (19)*	46 (9)	0.628
Living with a partner; n (%)	30 (71%)	27 (64%)	0.320
Number of children; mean (SD)	2.4 (1.4)	2 (1)	0.085
Having a university degree; n (%)	16 (40%)	21 (51%)	0.284
First diagnosis (%)			0.662
Depression; F32	19 (45%)	23 (54%)	
Stress/exhaustion; F43	20 (48%)	17 (41%)	
Physical diagnosis; M54	3 (7%)	2 (5%)	
Sick leave (months) before baseline; mean (SD)	13 (20)	10 (10)	0.414

Figure x. Name of the figure. Your figure legend should be concise and allow the reader reach their own understanding. Figure legends offer observations, not conclusions. You can use diagrams, tables, graphs, pictures, etc. This should be your data.

Summary
Bulleted with points to summarize

Conclusions
Bullets with Key Conclusions

Acknowledgements
List the people who help you with the research (including other team members, lab members, librarians, office personnel, etc. You don't necessarily have to Acknowledge the mentor since they are authors (akin to thanking yourself) but you can do it.

Funding: McNair Scholars Program