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Child Health Nursing

A STUDY TO ASSESS THE ADVERSE CHILDHOOD EXPERIENCES (ACES) AMONG ADOLESCENTS IN SELECTED JUNIOR COLLEGES OF VALSAD DISTRICT, GUJARAT.

Ms. Jinal Rameshbhai Patel — Assistant Professor, Shree Swaminarayan Nursing College, Kevadia Colony (Ektanagar), Dist. Narmada, Gujarat.

Mr. Gibin Thomas — HOD Of Child Health Nursing

ABSTRACT **Introduction:** Adverse Childhood Experiences (ACEs) are stressful experiences that happen during childhood or adolescence that directly harm a child or negatively affect the environment in which they live. **Aim of the Study:** The aim of the study is to assess the adverse childhood experiences among the adolescents. **Material and Method :** A quantitative approach in Non probability convenient sampling technique was used. 300 adolescents taken who were in the age of 15-18 years. For assessment of adverse childhood experience (ACEs) is used Modified Adverse childhood experience questionnaire (ACE-IQ). Analysis of the data was done using descriptive and inferential statistics. **Result:** Majority of 241 (80.33%) adolescents were significant exposure to adverse childhood experiences (ACE), 52 (17%) adolescents were highly significant exposure to adverse childhood experiences (ACE) and very few 7 (2.33%) adolescents were non significant exposure to adverse childhood experiences (ACE). **Conclusion:** The study conclude that most of the Adolescents have a experience of ACEs, as highly and significant. Only 2.33 % Adolescents were non significant exposure to Adverse Childhood Experiences.

KEYWORDS : ACE – Adverse Childhood Experiences, MACE-IQ – Modified Adverse Childhood Experiences Questionnaire.

INTRODUCTION AND BACKGROUND OF THE STUDY

Today's children are tomorrow's citizens, Childhood is a very special and vulnerable period of life. A bright future of an individual, a family, a society and country lies in providing a safe environment for children to grow and mature. So maintenance of health in this age group plays an important role in growth, maturity and development. Universally children's day is celebrated on 14th November every year and was adopted by the United Nations General Assembly.[1]

Adverse childhood experiences (ACEs) are childhood abuses and household disruptions experienced before the age of 18 that includes exposure to mental illness, substance abuse, imprisonment, separation or divorce, adult violence, physical abuse, and sexual abuse. Moreover, exposure to one ACE can increase the odds of exposure to additional ACEs, indicating a relationship among other ACE exposures.[2]

Adverse Childhood Experiences (ACEs) are stressful experiences that happen during childhood or adolescence that directly harm a child or negatively affect the environment in which they live. It is estimated that almost half of adults in England have been exposed to at least one form of adversity during their childhood or adolescence.[3]

Adverse childhood experiences (ACEs) encompass not only harmful acts of emotional, physical or sexual abuse to a child, but also familial and socio environmental influences such as parental drug use, poverty, and neighbourhood or domestic violence. While the majority of studies on ACEs and health use retrospective reports from adults of their current health and well-being, recent research on adolescents has found cumulative ACEs to be associated with increased risk of interpersonal and self-directed violence, behaviour problems, substance abuse and depression.[4]

A strong and graded relationship is observed between adverse childhood experiences (ACEs) and chronic conditions in adulthood, and major risk factors for chronic disease, including smoking, substance use, and obesity.[5]

ACEs have been found to have lifelong impacts on health and behaviour and they are relevant to all sectors and involve all of us in society.[6]

Childhood experiences are thought to predispose a person to the development of health anxiety later in life. However, there is a lack of research investigating the influence of specific adverse experiences (e.g., childhood abuse, household dysfunction) on this condition. Increased exposure to adverse childhood experiences is associated with higher levels of health anxiety in adulthood, this relationship is mediated through negative affect and trait anxiety.[7]

OBJECTIVES

1. To identify the adverse childhood experiences of adolescents.
2. To assess the association of the adverse childhood experience with the selected socio demographic variables such as gender, age, religion and education.

Assumptions

Adolescents may have emotional, physical, sexual trauma or bad experience in their childhood period.

MATERIAL AND METHOD

In this study, quantitative research approach was used to assess the Adverse childhood experiences among the 15-18 years of adolescents in selected junior colleges of Valsad district, Gujarat. Non probability convenient sampling technique and Survey research design was used. sample size was 300 adolescents. In this study research variable is Adverse childhood experiences (ACE) Pilot study was done in Sardar Vallabhbhai Patel Sarvajanik high school,Aasura, a higher secondary school in Valsad district of Gujarat. The main study was conducted in Industrial Training Institute (ITI) Dharampur, Valsad district, Gujarat. The researcher was interested in these settings because during childhood period, children have varying experiences but they are not able to share with anyone. But when the children grow up to an adolescent stage, they may become open enough to share. So the researcher selected junior colleges where 15-18 years of adolescents were available. The criteria for selecting this setting were feasibility for conducting the study and availability of the 15 -18 years of adolescents students. The data collection tool consisted of Modified Adverse childhood experience questionnaire (ACE-IQ). The tool have two section, Tool 1 contained socio demographic data. which included age, gender, religion and education.

Tool 2 contained Modified Adverse childhood experiences (MACE-IQ) questionnaire. which had 35 items. The tool comprised of 5 domains namely :

a) Relationship with parents and guardians (Q. 1-5), b) family environment (Q. 6-19), c) peer violence (Q. 20-28), d) witnessing community violence (Q. 29-31), e) exposure to war / collective violence (Q. 32-35).

All the question had the same option:

a) Always
b) Most of the time
c) Sometimes
d) Rarely
e) Never
f) Refused

Participants specified their level of experiences on the series of statement provided in the tool and the scoring was done in the following way :

a) Never and refused = 0
b) Sometimes and rarely = 1

c) Always and most of the time = 2 Total score of the questions was 70. According to the response, score was given. Totalscore was arbitrarily graded as: 0 = Non significant exposure to ACE.

1-35 score = Significant exposure to ACE. 36-70 score = Highly significant exposure to ACE.

Ethical Consideration

The study was proposed and submitted to the ethical committee of Maniba Bhula Nursing college. Necessary permission to conduct the study was requested and obtained from the Maniba Bhula Nursing College, Bardoli. Also permission was taken from the Principal of Industrial Training Institute, Dharampur, Valsad district, Gujarat. All participants were carefully informed about the purpose of the study and their part during the study. Informed consent for the study was obtained from all participants. Thus, the researcher followed the ethical guidelines, which were issued by the research committee. The ethical aspect of research was followed very strictly in this research.

RESULT

Description of findings related to level of adverse childhood experiences (ACE)

Table 1 : Level of Adverse Childhood Experiences (ACE) n = 300

Frequency	Percentage	Score	Level of Modified adverse
7	2.33%	0	Non significant exposure to adverse childhood experiences (ACE)
241	80.33%	1-35	Significant exposure to adverse childhood experiences (ACE)
52	17%	36-37	Highly significant exposure to adverse childhood experiences (ACE)

The data presented in the Table 1 shows participants level of adverse childhood experiences. Majority, 241 (80.33%) of the participants have significant exposure to adverse childhood experiences (ACE). 52 (17%) of the participants have highly exposure to adverse childhood experiences (ACE). 7 (2.33%) of the participants has non significant exposure to Adverse childhood experiences (ACE).

Description Showing The Association Between Adverse Childhood Experiences (ACE) Score with Selected Socio Demographic Variables.

Research Hypothesis :

H_{01}: There is no significant association between adverse childhood experiences with their selected socio demographic variables

Table 2: Association Between ACE Score with Selected Socio Demographic Variables.

Socio demographic variables		Total			Total Score	Chi Square	df	P Value	Significant
		Highly Significant Exposure to ACE	Non Significant Exposure to ACE	Significant Exposure to ACE					
Gender	a) Male	22	2	152	176	10.281	2	0.006	S
	b) Female	30	5	89	124				
Age	a) 15 to 16 years	25	6	92	123	7.658	2	0.022	S
	b) 17 to 18 years	27	1	149	177				
Religion	a) Hindu	47	7	225	279	3.794	4	0.435	S
	b) Muslims	2	0	12	14				
	c) Christian	3	0	4	7				
Education	a) 10th std	0	0	0	0	0	0	0	NS
	b) 11th std	0	0	0	0				
	c) 12th std	0	0	0	0				
	d) Diploma	52	7	241	300				

The data presented in Table 2 shows association of socio demographic variables with the total Scores. The chi square value shows that there is significant association between the adverse childhood experiences with their socio demographic variable such as gender, age and religion. However, There is no significant association between ACE score with the Education qualification of the participants because all the participants were from the diploma.

DISCUSSION

The purpose of the discussion is to interpret and describe the result of research findings. Discussion of the study has been based on the objectives of the study. Adverse Childhood Experiences (ACEs) are stressful experiences that happen during childhood or adolescence that directly harm a child or negatively affect the environment in which they live. In the present study first objective was to identify the adverse childhood experiences among the adolescents in the age group of 15-18 years. It was done using the modified adverse childhood experiences questionnaire (ACE-IQ) using survey method. Sample size was 300. The Modified ACE-IQ had 5 domains which were, relationship with parents and guardians, family environment, peer violence, witnessing community violence and exposure to war / collective violence. Majority of 241 (80.33%) adolescents were significant exposure to adverse childhood experiences (ACE), 52 (17%) adolescents were highly significant exposure to adverse childhood experiences (ACE) and very few 7 (2.33%) adolescents were non significant exposure to adverse childhood experiences (ACE). A cross-sectional study was conducted to determine the association between ACEs and socioeconomic outcome among the adolescents in all regions of South Arabia. Similar methodology was adopted by this study. However, significantly larger sample size (10156) in the age group of 17-21 years completed the questionnaire with five main ACE categories. Both the study had used 5 similar categories of ACE. In the supportive study low educational attainment, disruption in marital life and substance abuse were significantly affected by all ACE categories and unemployment was marginally affected by neglect and household dysfunction. So ACEs are highly prevalent in South Arabia (SA) and have significant negative impact on life opportunities. Both the study concluded that there is statistically significant association between ACE with socio demographic variables among adolescents.

CONCLUSION

The conclusion was drawn based on the findings of the study. The present study concluded that the assessment of the adverse childhood experience among the adolescent in the age group of 15-18 years. Now a days, ACE is more common in the society and day by day it is increasing because of the use of electronic media. So children can not tolerate easily any events. Providing encouragement and counseling is necessary to adolescents for preventing adverse childhood experiences. This study will benefit the adolescents and society by sensitized and creating awareness about the adverse childhood experiences.

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