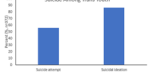


Adverse Childhood Experiences ACE Screening: Exploring the impact of Screening on the Psychological Health of Sexual and Gender Minority Youth (SGMY)

Introduction

- Despite the societal progress made, sexual and gender minorities continue to face health inequities and disparities. Systemic barriers and personal biases leading to discrimination, homo- or trans-phobia, forced disclosure of sexual orientation or gender identity, and partners unable to be with their significant other still exist within our healthcare system (Syrık, 2019)
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other (LGBTQIA+) individuals are faced with less-than-ideal circumstances every day starting within their homes.
- LGBTQIA+ adolescents and adults exhibit higher rates of depression and suicidality influenced by their victimization and minority stress (Baams, 2018).
- Trans youth have high rates of previous suicide attempts and suicidal ideations (graph 1)
- ACEs screening scale was introduced in 1998, and it assesses for "emotional abuse, physical abuse, sexual assault, emotional neglect, physical neglect, maternal violence, substance abuse within the household, household mental illness, parental separation, and an incarcerated household member" (Rinden et al., 2021, pg98).



Graph 1. Suicide of all ages (N=100,000) by gender identity. 90% trans youth, 10% cis youth. (Rinden et al., 2021, pg98)



- ACEs have a positive correlation with conditions in adulthood including mental health concerns, chronic disease, and substance misuse. Chronic illnesses (including psychological conditions) are directly proportional to ACEs scorings (Chang et al., 2019)
- SGMY/LGBTQIA+ communities are disproportionately affected by ACEs compared to heteronormative individuals. Schnarrs et al. (2019), (graph 2)

PICO Question

Among Sexual & Gender Minority Youth (SGMY) (P), how does screening for Adverse Childhood Experiences (I) compared to no screening (C) affect psychological health (O)?

Design/Sample

Goals of Literature Review: 1) Determine level of evidence of recent and relevant research pertaining to efficacy of screening versus an absence of screening 2) Assess and analyze study findings 3) Evaluate the evidence for potential implementation into best practice

Literature Review Date Range: 2017-2021

Search Strategy:
 • **Databases:** Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PubMed.
 • **Key terms Utilized:** "Sexual and Gender Minority Youth"; "adverse childhood experience interventions lgbt"; "transgender ACE (teenager, teen/youth)"; "mental health/diagnosis [Mesh]"; "screen[All]screening[All] OR "detection[All] OR "diagnosis OR "diagnostic[All] evaluate[All] OR "assessment[All] OR "assessment[All] OR "Adverse Childhood Experience[All]"

Results

Article, Author, Date	Synopsis of Article
Identification of At-Risk Youth by Suicide Screening in a Pediatric Emergency Department. Ballard et al. 2016	Compliance rate for nurses in ED who were screening children and adolescents for suicidality risk and prediction of returning to ED for a suicide related issues was 79%; 43% of the sample screened positive and the tool revealed a 93% sensitivity and 43% specificity to predict return to the ED with a suicide-related complaint.
Frequencies and Patterns of Adverse Childhood Events in LGBTQ+ Youth. Craig et al. 2020	A 10-item scale assessing for the exposure to trauma in LGBTQ+ youth found that this population had higher ACE scores than non-LGBTQ+ in 9/10 of the items. This online survey showed that higher rates of exposure to trauma in LGBTQ+ youth can have a harmful effect on their mental health.
Assessment of Selective and Universal Screening for Suicide Risk in a Pediatric Emergency Department. Davlyder et al. 2019	15,003 youth ages 8-18 years were studied for suicide-related outcomes up to 3 months after an ED visit. There were 275 suicide-related ED visits and 3 deaths by suicide in the selective condition and 118 suicide-related visits with no deaths in the universal condition. Screening more than doubled the detection of suicide risk, and screening is encouraged as a way to detect suicide-related behaviors in both conditions.
Effectiveness, Acceptability, and Feasibility of Digital Health Interventions for LGBTQ+ Young People: Systematic Review Gilbey et al. 2020	This systematic literature review focused on LGBTQ+ youth ages 12-25 and interventions focusing on bringing positive change for their mental health and other health outcomes. Strong evidence was found for the effectiveness of digital health interventions regarding managing the risk of certain outcomes, such as STIs and HIV testing rates. Evidence was also found for a decrease in internalizing symptoms and substance use.
Adverse Childhood Experiences, Outcomes, and Interventions Gilgoff et al. 2020	The article focused on interventions designed to assist in positive change for those affected by ACEs. To be included, interventions were needed to target or be intended to specifically influence change in health outcomes in LGBTQ+ children and youth. The article encourages screening the pediatric population for ACEs in the primary care setting and following up after screening to provide appropriate resources for those affected by ACEs.
Sexual Orientation, Adverse Childhood Experiences, and Comorbid DSM-5 Substance Use and Mental Health Disorders McCabe et al. 2020	A study involving 36,309 adults 18 years and older analyzed rates of ACEs, psychological and physical abuse, emotional neglect, childhood sexual abuse, parent/caregiver interpersonal violence, substance use and mental health disorders. Higher prevalence of ACEs and comorbid substance use was found in sexual minorities, especially bisexual women. Sexual minorities consistently had a higher ACEs mean compared to heterosexual respondents. Higher ACEs correlated with comorbid substance use and mental health disorders.
Screening for adverse childhood experiences: Literature review and practice implications Rinden et al. 2020	Literature review of 13 studies demonstrated patients' willingness to complete ACE screening. Studies showed that parents were not opposed to ACE screening their children in order to get the appropriate help and services needed for them. Providers also saw an added benefit of developing deeper connection with their patient, and integrated care with ACE screening. However, the research supports that additional training on performing and implementing ACEs screening into practice is needed.
Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities Schnarrs et al. 2019	Transgendered individuals have lower educational achievement, lower income jobs, and are more likely to report a bisexual or pansexual identity compared to cisgender participants. The most common ACE reported among transgendered participants was an abusive parent. Transgendered respondents had higher numbers of emotional abuse and physical neglect and were more likely to have an ACE score of 4 or more.
Adverse childhood experiences and the onset of chronic disease in young adulthood Sons et al. 2019	86,988 respondents 18 years and older were surveyed for age, race/ethnicity, education, annual household income, ACE score, chronic conditions, and self-rated health. Prevalence of chronic conditions and general health as "poor" or "fair" directly correlated with age, 18-34-year-olds had the lowest prevalence of chronic conditions. Chronic condition occurrence was significantly different between those with four or more ACEs and those with none, except for cancer in those 55 years and older.
Suicide in sexual minority populations: A systematic review of evidence-based studies Yildiz, 2018	A meta-analysis systematic review focused on studies addressing issues related to sexual minorities and suicide, including LGBTQ+ as well as parapsychological and two-spirited individuals. Suicide within the sexual minority population is universally influenced by the same factors such as culture, politics, sociological, religious beliefs, and legal contextual factors. Transgender individuals face higher rates of suicide in the healthcare system due to prevalent homophobic attitudes and lack of training about this population. Depression and suicide attempts are more widespread among young, black, gay, bisexual and other men who have intercourse with men. LGBF population suicide risk is influenced by inadequate social support and victimization. Bisexual and homosexual populations report higher numbers of mental illness and risk of suicide compared to the heterosexual population.

Conclusions/Further Study

- The research literature shows strong evidence supporting the impact of Adverse Childhood Experiences on psychological health, yet screening is not widely implemented.
- A comprehensive literature review points out barriers for implementation, including identifying when it would be appropriate to implement the ACE screening, provider time constraints, lack of resources/interventions for management of positive screens, staff training and education, and language barriers (Rinden et al., 2021). Many providers believe ACE screening is invasive, can elicit adverse emotional responses, and can re-traumatize patients (Rinden et al., 2021; ACES Aware, 2021).
- Studies exploring patient perspectives regarding ACE screening show that patients find it acceptable and established a promising relationship with their provider and even increased a sense of empathy for providers (Rinden et al., 2021).
- To address concerns regarding the impacts of screening and to minimize adverse emotional responses and re-traumatization with ACE screening, training and education for providers should include a trauma-informed care approach toward patients as well as awareness of interventions available, such as resources and referrals for patients screening positive (Rinden et al., 2021; ACES Aware, 2021).
- There is currently an ACEs Aware initiative, one of the "first-in-the-nation" and firstly implemented in California in December of 2019, dedicated to implement ACE screening in an effort to improve lives (ACES Aware, 2021). This public health national comprehensive effort aims to "prevent, screen, for, treat, and heal trauma-induced toxic stress" (ACES Aware, 2021).
- The research literature shows that SGMY are disproportionately affected by ACEs compared to heteronormative individuals yet screening for this at risk population is not readily implemented. (McCabe et al., 2020; Clements et al., 2018).
- Future directions should explore the efficacy, implementation, and practice of ACEs Aware Initiative and its' role on the psychological health of SGMY. This multidisciplinary approach can shed light on ACE screening and help guide youth implementation guideline practices to support vulnerable SGMY.

Implementation

- Adverse Childhood Experiences impact psychological health of youth, particularly that of the LGBTQIA+ community.
 - Of those long-term effects experienced, mental health, chronic health conditions, and high risk behavior were concluded.
- Improvements in the healthcare system must be prioritized with a primary focus on preventative screening for this population.
 - Health care professionals must improve the quality of care provided, making it inclusive for all people.
- Current screening parameters are not standardized or regularly implemented into practice.
 - Currently, the California Surgeon general declares that ACEs and toxic stress is a nationwide health crisis (Bhushan et al., 2020, p. ii)
- Discussing the importance of improving psychological health of sexual and gender minority youth is crucial, that being enhancing the inclusion for all people.
 - As health care providers, we recognize a steady progression in the right direction.
 - We must the evidence and will implement it into practice as we continue to look for promising change.

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