Whereas, The Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Health Administration, and the American Academy of Pediatrics have all attributed ACEs (Adverse Childhood Experiences) as a contributing factor for mental health and disease states. ACEs can include physical, mental or sexual abuse or neglect. It also includes children who experience divorce, a parent with a substance abuse or mental illness or a relative who have a relative who is incarcerated; and

Whereas, ACEs has been associated with myocardial infarction, COPD, mental distress, depression, smoking, disability, substance abuse, coronary artery disease, Alzheimer’s disease, stroke and diabetes. ACEs has also been associated with decreased income, unemployment, lack of health insurance, further victimization as adults of abuse and lower education attainment; and

Whereas, Per the California BRFSS (Behavioral Risk Factor Surveillance System) study, more than 61% of Californians have exposure to at least one ACEs. Identifying and intervening on children early with adequate community, behavioral or mental health resources may benefit children. Adults can be referred for post-trauma treatment or support groups; therefore be it

RESOLVED, That our American Medical Association support efforts for data collection, research and evaluation of Adverse Childhood Experiences (ACEs), cost-effective ACE screening tools without additional burden for physicians, and effective interventions, treatments and support services necessary for a positive screening practice in pediatric and adult populations (New HOD Policy); and be it further

RESOLVED, That our AMA support efforts to educate physicians about the facilitators, barriers and best practices for providers implementing ACE screening and trauma-informed care approaches into a clinical setting (New HOD Policy); and be it further

RESOLVED, That our AMA support additional funding sources for schools, behavioral and mental health services, professional groups, community and government agencies to support children and adults with ACEs. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 04/29/19
RELEVANT AMA POLICY

National Child Traumatic Stress Network H-60.929
Our AMA: 1) recognizes the importance of and support the widespread integration of evidence-based pediatric trauma services with appropriate post-traumatic mental and physical care, such as those developed and implemented by the National Child Traumatic Stress Initiative; and 2) will work with mental health organizations and relevant health care organizations to support full funding of the National Child Traumatic Stress Initiative at FY 2011 levels at minimum and to maintain the full mission of the National Child Traumatic Stress Network.

Citation: (Res. 419, A-11)

Family Violence-Adolescents as Victims and Perpetrators H-515.981
The AMA (1) (a) encourages physicians to screen adolescents about a current or prior history of maltreatment. Special attention should be paid to screening adolescents with a history of alcohol and drug misuse, irresponsible sexual behavior, eating disorders, running away, suicidal behaviors, conduct disorders, or psychiatric disorders for prior occurrences of maltreatment; and (b) urges physicians to consider issues unique to adolescents when screening youths for abuse or neglect. (2) encourages state medical society violence prevention committees to work with child protective service agencies to develop specialized services for maltreated adolescents, including better access to health services, improved foster care, expanded shelter and independent living facilities, and treatment programs. (3) will investigate research and resources on effective parenting of adolescents to identify ways in which physicians can promote parenting styles that reduce stress and promote optimal development. (4) will alert the national school organizations to the increasing incidence of adolescent maltreatment and the need for training of school staff to identify and refer victims of maltreatment. (5) urges youth correctional facilities to screen incarcerated youth for a current or prior history of abuse or neglect and to refer maltreated youth to appropriate medical or mental health treatment programs. (6) encourages the National Institutes of Health and other organizations to expand continued research on adolescent initiation of violence and abuse to promote understanding of how to prevent future maltreatment and family violence.

Citation: (CSA Rep. 1, A-92; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPHR Rep. 1, A-13)