

# APA Urged to Focus on Exposure to Violence

BY NANCY WALSH  
New York Bureau

NEW YORK — Traumatic stress in youth is the single most important contributor to later psychiatric morbidity and mortality, and the American Psychiatric Association should make violence and its sequelae a major organizational priority, according to a new report.

The report of the APA Task Force on the Biopsychosocial Consequences of Childhood Violence, which is being submitted by the association's Joint Reference Committee for approval, also concluded that the prevention of trauma and violence is potentially the single most effective strategy for the prevention of mental illness.

Much of the epidemiologic data on exposure to violence during childhood has emerged from the Adverse Childhood Experiences (ACE) study, which is a collaboration of the Centers for Disease Control and Prevention and the Kaiser-Permanente Medical Care Program in San

Diego. This ongoing study, which is investigating the impact of adverse childhood experiences on adult health, includes approximately 175,000 members of the Kaiser health plan, co-principal investigator Vincent J. Felitti said at the American Psychiatric Association's Institute on Psychiatric Services.

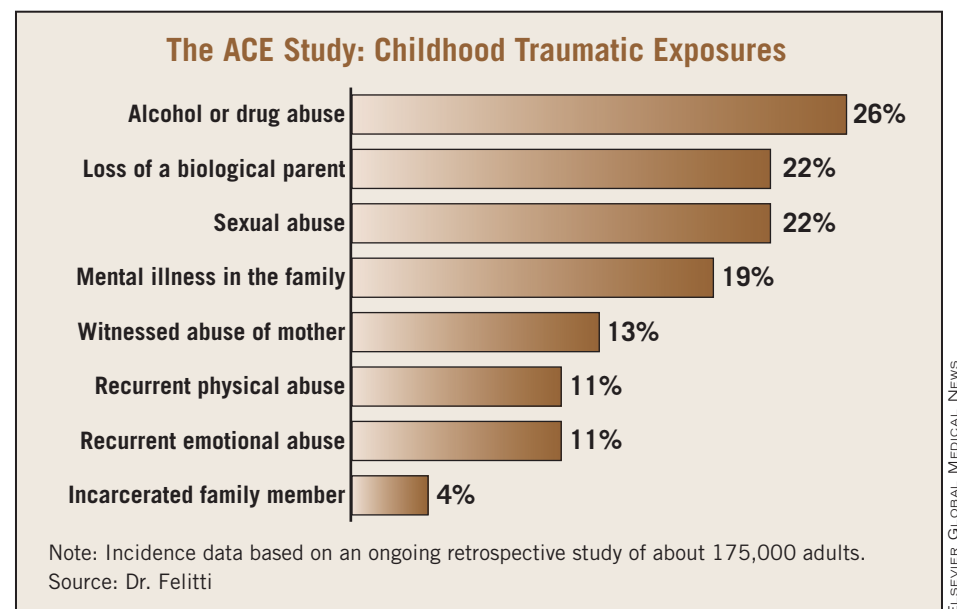
The ACE study has identified several specific categories of adverse childhood experiences that are associated with numerous health risk factors later in life, and has found these experiences to be far more common than was previously appreciated. (See box at right.)

The subjects in the study are predominantly white and well educated. "In no way can this group be considered an aberrant population," said Dr. Felitti, who is an internist with Kaiser-Permanente and clinical professor of medicine, University of California, San Diego.

Nonetheless, more than half reported having experienced at least one of these early life adverse events (ACE score one) and one-quarter reported having two or more, according to Dr. Felitti. Serious physical and emotional abuse was reported by one in nine people, and sexual abuse was reported by 28% of women and 16% of men. "This is hard to believe unless you routinely ask people—in which case it becomes blatantly obvious," he said.

Then the ACE researchers looked at the impact of these events on health risk factors in adulthood. Smoking and self-acknowledged alcohol abuse strongly correlated with childhood exposure to violence, as did intravenous drug use. For males who had an ACE score of six or higher, there was a 46-fold increase in likelihood of intravenous drug use. An ACE score of six or higher also was associated with a 30- to 51-fold increase in the likelihood of attempted suicide in later life, he said.

The report also highlights the fact that traumatic stress is not only linked to psychological disorders such as depression and posttraumatic stress disorder (PTSD), but is also a major etiologic factor in medical morbidity and mortality. For example, regular smoking before age 14 not only correlated with early life exposure to violence, but also with later development of



chronic obstructive pulmonary disease. "This was an important conceptual shift, the conversion of life experience into biomedical disease," Dr. Felitti said. And this conversion extended to ischemic heart disease, cancer, fractures, and liver disease.

Nonetheless, although exposure to violence heightens the risk for the development of PTSD, other stress-related disorders, and medical morbidity, it is not necessarily predictive of psychopathology. Another task force member, Dr. Carl C. Bell, who is chief executive officer of Community Mental Health Council Inc. in Chicago, emphasized this point. "Risk factors are not predictive factors because of protective factors," he said. Only one-third of individuals exposed to violence develop PTSD. The rest are characterized by a variety of protective factors, such as intellectual ability, a feeling of connectedness, and having an internal locus of control and blame, according to Dr. Bell, who is also clinical professor of psychiatry and public health, University of Illinois in Chicago.

These protective factors together cultivate resilience and stress resistance in the individual, and psychiatrists have an important role in helping individuals cultivate resiliency by means of a community psychiatry model, the task force report states. (See box at left.)

The APA can play a major role in im-

proving the lives of children and preventing psychiatric disorders. "With the external environment that we find ourselves in today, with a war going on, school shootings, and what's been going on between a member of Congress and some pages, we have violence and trauma all around us," said another task force member, William W. Harris, Ph.D.

"But we just say 'isn't that horrible?' and then we move on. There's a collective denial," said Dr. Harris, president of KidsPac, a political action committee dedicated to obtaining federal government assistance for disadvantaged children.

The APA's willingness to take on the profound issues associated with violence, however, is hopeful, Dr. Harris said. The task force recommended that the APA make a long-term commitment to addressing issues of trauma, establishing a committee with a 5-year mandate to raise consciousness within psychiatry, and to address fiscal issues, training, research, prevention, and public education.

"The only way this is going to happen politically is to form many partnerships, both within the APA and other professional organizations, the police, Head Start, and early childhood care teachers, so they begin to understand more about these kids," he said. The APA's formation of this committee will be an important first step, he said. ■

## Cultivating Resiliency

Seven strategies that psychiatrists can employ to encourage wellness and resiliency are:

1. Reestablishing "the village," providing a sense of community connection and life.
2. Providing access to health care.
3. Improving bonding, attachment, and connectedness dynamics that in turn facilitate "collective efficacy."
4. Improving self-esteem.
5. Increasing the individual's social skills.
6. Reestablishing the adult protective shield and monitoring problem behaviors.
7. Minimizing the residual effects of trauma.

Source: Report of the APA Task Force on the Biopsychosocial Consequences of Childhood Violence

# Adolescent Insomnia May Be Risk Factor for Disorders Later

BY SHARON WORCESTER  
Southeast Bureau

SALT LAKE CITY — Adolescent insomnia is fairly common and appears to be a risk factor for psychological disorders in young adulthood, Brandy M. Roane reported at the annual meeting of the Associated Professional Sleep Societies.

Of 4,253 adolescents aged 12-18 years at baseline, more than 9% reported insomnia.

For the purposes of this study, insomnia was defined as a self-report of having difficulty falling

asleep on all or most nights during the prior year, according to Ms. Roane, who is a doctoral student in psychology at the University of North Texas at Dallas.

Those participants who reported insomnia during adolescence were 1.7 times more likely to binge drink and smoke cigarettes, 1.6 times more likely to have smoked marijuana, 2.6 times more likely to have used other drugs, and 2.4 times more likely to have depression than

did those who did not report insomnia, she said, noting that each of these findings was highly statistically significant.

Reevaluation by an in-home

**Those with insomnia during adolescence were 2.8 times more likely to have been diagnosed with depression 7-8 years after the initial interview.**

survey 7-8 years following the initial interview showed that during young adulthood, those who had insomnia during adolescence

were 1.2 times more likely to smoke cigarettes, 2.8 times more likely to have been diagnosed with depression, 3.5 times more likely to use medications for depression and stress, compared with those who did not report insomnia during adolescence.

In addition, the investigators found that these young adults were 2.1 times more likely to have attempted suicide, and 2.1 times more likely to have suicidal

ideation, compared with those adolescents who did not report insomnia during adolescence. These findings also were statistically significant, Ms. Roane said.

Further analysis to control for gender and baseline levels of variables such as depression are planned.

But these preliminary findings suggest that insomnia during adolescence may have repercussions later in life and that exploration of preventive treatments in adolescence is warranted, she said. ■