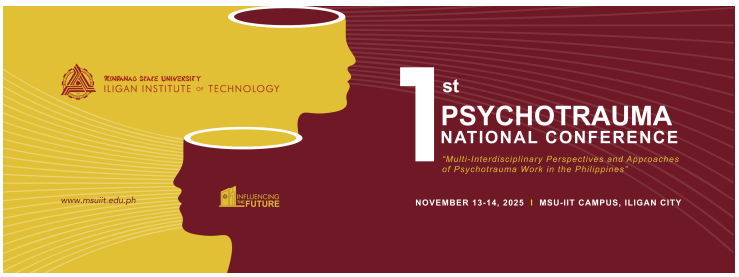

Contribution ID: **26** Type: **Oral Presentation**

Prevalence and Patterns of Adverse Childhood Experiences Among Adult Inpatient Residents with Substance Use Disorders of Department of Health Drug Abuse Treatment and Rehabilitation Center Bukidnon

Thursday, November 13, 2025 2:45 PM (15 minutes)

Prevalence and Patterns of Adverse Childhood Experiences Among Adult Inpatient Residents with Substance Use Disorders of Department of Health Drug Abuse Treatment and Rehabilitation Center Bukidnon
Diamla, A., PhDc, RPsy, ICAP II , Acot, K.J., RPsy, RPm , Garcia, A.K., MA, RPm , Becaro, A.M., RPm , Bolivia, M.C.., RPm

Abstract

`Adverse childhood experiences (ACEs) are common among people with substance use disorders (SUD) and are as`

Keywords: Adverse Childhood Experiences, Trauma, Substance Use Disorders, Addiction

Background

There is a growing body of literature linking adverse childhood experiences such as a history of childhood abuse to substance use disorders (De Bellis, 2002; Ducci et al., 2009; O'Connell et al., 2007), and with initiation of early drug use (Arria et al., 2012). Growing evidence also suggests that exposure to trauma during childhood has long-term consequences (Spataro et. al., 2004). Sexual, physical, emotional abuse and neglect, or multiple types of maltreatment (Nguyen et al., 2010) have linked to low self-esteem (Nguyen et al., 2010), problematic substance use (Markowitz et al., 2011; Ompad et al., 2005), delinquent behavior (Cudmore, Cuevas, & Sabina, 2015), impaired cognitive development (Mills et al., 2011), and a range of physical health disorders (Wegman & Stetler, 2009). The vast majority of these cross-sectional studies have focused on the effects of trauma on individuals who have either been exposed to single or multiple traumas.

Trauma as described by the American Psychiatric Association (2000), is a perceived experience that threatens injury, death, or physical integrity and causes feelings of fear, terror, and helplessness. It includes abuse, violence, neglect, loss, accidents, disasters, war, and other emotionally harmful experiences (American Psychiatric Association, 2000). The negative effect of trauma during childhood can persist into adulthood; thus, experiences of trauma during childhood increase the likelihood of physical and psychological problems (Edwards et al., 2003). Numerous studies have linked childhood trauma to substance abuse/dependence. According to Enoch (2011), individuals who have early childhood trauma are more vulnerable to use alcohol and drugs in order to cope with stressful situations.

The current evidence on trauma is inconclusive and largely based on a single exposure of traumatic events. Practitioners working in childhood trauma have proposed a potential subtype of trauma referred to as complex trauma (Courtois, 2008). Cumulative or increasing trauma exposure during childhood shows an increased risk for difficulties in adulthood that leads to increased symptom complexity (Cloitre et al., 2009). The term "complex trauma"is used to describe both the exposure to multiple forms of traumatic experiences and the "immediate and long-term impact of such exposure on the child"(National Child and Traumatic Stress Network, 2011). It is different from simple trauma in that the traumatic experiences are generally chronic, of multiple forms, and occur within the child's caregiving system (Spinazzola et. Al., 2005).

Across lifespan, complex trauma is linked to both psychological and physical problems including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors, and other psychiatric disorders

(National Child and Traumatic Stress Network, 2010). Few studies so far have examined the full context of complex trauma and its related symptomatology. The current psychiatric diagnostic classification system does not have an adequate category to capture the full range of the traumatized individual experience. Although it can be noted that PTSD diagnosis is often used, this rarely captures the extent of the developmental impact of multiple and chronic trauma exposure (National Child and Traumatic Stress Network, 2003)..

Rationale

Adverse childhood experiences (ACEs) and exposure to trauma are well-documented predictors of negative outcomes across lifespan (Haczkewicz et al., 2014). The wealth of empirical evidence suggests that there is a heightened vulnerability to mental health disorders, risky behaviors, and substance use among populations with high adversities such as abuse, neglect, and household dysfunction prior to age of eighteen (Hughes et al., 2017; Shahunja et al., 2025). The current study is developed to document in relation to the sociodemographic characteristics, prevalence of ACEs and its types, levels of cumulative exposure, and trauma exposure of residential patients for substance abuse treatment. Evidence from this study is necessary in the development of contextualized programs, and integration of trauma-informed care into mental health and addiction services for residential patients with substance use disorders.

METHODS

Sample

One hundred ninety-five (n=195) were admitted between 2022 to 2024 in DOH Drug Abuse Treatment and Rehabilitation Center located in Malaybalay City, Bukidnon. All participants met current Diagnostic and Statistical Manual of Mental Disorders 5-TR Methamphetamine criteria (American Psychiatric Association, 2017), and had resided in the therapeutic community for ≥ 6 months. All participants underwent screening and interview as part of the standard procedure prior treatment. All participants in this investigation were fully informed and provided with written informed consent. The study was formally allowed for research and intervention development only by the Chief of the Center.

Measures

Adverse Childhood Experiences

The ACE-Q consists of 10 dichotomous (Yes/No) items that assess exposure to adverse childhood experiences across two domains: abuse / neglect (5 items) and household dysfunction (5 items). The questionnaire was originally developed for the landmark ACE Study conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) from 1995 to 1997 (Felitti et al., 1998). The internal consistency of the ACE-Q has been demonstrated, with Cronbach's alpha coefficients typically ranging from 0.70 to 0.76 (Olah et al., 2023; Wingenfeld et al., 2010). Factor analytic studies have supported the two-domain structure of the ACE-Q (Mersky et al., 2017; Michael et al., 2025). Construct validity of the ACE-Q is supported by its ability to predict health outcomes in the directions hypothesized by developmental traumatology models. The scale demonstrates expected relationships with measures of depression, anxiety, substance use disorders, and physical health conditions (Hughes et al., 2017).

Trauma Exposure Checklist

Trauma Exposure Checklist is a developed form by the researchers in addition to childhood adversity measure. Respondents were asked about lifetime exposure to traumatic events which accounts for traumatic experiences such as accidents, natural disasters, sexual assault, and others that posed a threat to life or physical integrity. Responses were coded dichotomously as yes or no to determine whether the individual had experienced at least one traumatic event in the lifetime.

Data Analysis

In the present study, descriptive statistics were employed to summarize the demographic profile of the respondents and to present the distribution of adverse childhood experiences (ACEs), level of adversity, and trauma exposure. The categorical variables such as age, civil status, educational attainment, and religion were computed to describe frequencies and percentages. Similarly, statistical procedures were applied to summarize the types of ACEs reported, the classification of respondents based on the cumulative adversity scores, and the distribution of lifetime trauma exposure. The prevalence of ACEs and trauma within the sample were utilized to present findings systematically in tables, allowing for a greater understanding.

Results And Findings

The descriptive profile of the respondents revealed that the majority were in early adulthood (71.28%), followed by middle adulthood (25.12%), with only a few adolescents (3.07%) and older adults (0.51%). Most respondents were married (61.02%), while 38.97% were single. In terms of educational attainment, the highest proportion reported some secondary education (29.74%), followed by some college (17.94%), while only 7.69% completed a bachelor's degree. The religion was predominantly Roman Catholic (69.23%), with other Christian denominations (25.64%) and Islam (5.12%) making up the rest.

Adverse childhood experiences (ACEs) were highly prevalent. Among abuse and neglect categories, physical abuse (35.87%) and emotional abuse (35.3%) were most frequently reported, alongside physical neglect (33.84%) and emotional neglect (32.3%). Sexual abuse, though less frequent, was still present (7.64%). Within household dysfunction, a household member with substance abuse (51.28%) was most common, followed by incarcerated family members (33.33%), parental separation (27.69%), and exposure to maternal violence (18.97%). Parental mental illness was the least reported (7.69%).

The cumulative adversity index indicated that only 19.48% reported no adversity, while 43.07% experienced low to moderate adversity. Notably, 23.07% reported high adversity and 14.35% very high adversity, indicating that more than one-third of the respondents endured severe cumulative adversity. In addition, trauma exposure was nearly universal, with 96.41% of respondents reporting at least one traumatic experience in their lifetime.

Conclusion

The current study shows a high prevalence of childhood adversity and trauma among respondents. Notably common among early and middle adulthood which are crucial developmental stages for identities and relationships. Furthermore, the high levels of adverse childhood experiences at these stages underscores unresolved trauma making a significant impact on psychosocial adjustment, resilience, and well-being Finch et al., 2024; Zhu et al., 2023). One of the significant findings in the study is the widespread household dysfunction, particularly substance abuse and incarceration, highlighting the intergenerational nature of trauma. This is consistent with prior findings linking adverse family environments to disrupted attachment, risky behaviors, and poor mental health outcomes in adulthood (Almeida et al., 2024; Iniquez & Stankowski, 2016; Scorza et al., 2022). While there is a low incidence of sexual abuse and parental mental illness in the current study, this otherwise does not diminish the potential clinical significance, even on small proportions the impact of these adversities can represent severe impacts on those affected.

Findings from the study also demonstrates considerable risk burden, as it shows that nearly four in ten respondents reported high to very high adversity. Congruent with established adverse childhood experiences literature, high childhood adversities among individuals are greater risk for psychiatric disorders such as depression, anxiety disorders, post-traumatic stress disorders (PTSD), and substance use disorders (Wagner et al., 2007; Gu et al., 2022; Tzouvara et al., 2023; Hughes et al., 2017; Shahunja et al., 2025). This further compound the nearly universal trauma exposure of the respondents suggesting potential disruption of healthy development.
Notably, the present sample in the current study has extensive and cumulative adversity, nearly universal trauma exposure, and elevated risk for poor psychological outcomes. This highlights that early adversity and trauma are common among the sample with substance use disorder. Along with symptom and harm reduction for substance use, residential treatment must also address underlying traumatic experiences and rebuilding resilience that foster long-term recovery.

In conclusion, the findings of the study suggest important considerations that can inform assessment and treatment. First, residential programs must look into the design around trauma-informed principles as a standard of practice that includes a safe environment and minimalization of trauma. Equally important is a policy support in expanding residential programs that trains staff in ACEs, trauma, and culturally sensitive approaches. Second, the high rates of household substance abuse and family incarceration suggest normalization of dysfunctional family patterns. This calls for an intervention that extends beyond the individual which integrates awareness on the impact of childhood adversities to maladaptive coping mechanisms and substance use. Finally, as established in literature on the mechanism of addiction as a self-soothing strategy for distressing emotion caused by unresolved trauma, relapse prevention should emphasize strengthening skills in emotion regulation, distress tolerance, and building healthy relationships.

Authors: Mr DIAMLA, APSARY (DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon); Ms ACOT, Karla Jean (DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon); Ms GARCIA, Allyn Krista (DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon); Ms BECARO, Mizpah Alpha (DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon); Ms BOLIVIA, Marie Claudette (DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon)

Presenters: Ms ACOT, Karla Jean (DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon); Ms GARCIA, Allyn Krista (DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon); Ms BECARO, Mizpah Alpha (DOH Drug Abuse Treatment and Rehabilitation Center Bukidnon)

Session Classification: Parallel Session 2B: The Burden of Trauma: Psychological Distress Among Vulnerable Populations

Track Classification: The Burden of Trauma: Psychological Distress Among Vulnerable Populations