

Youths' adverse childhood experiences and their weight status

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Childhood overweight and obesity is a serious problem across the United States.

Since the 1970s, the percentage of children and adolescents who are overweight has more than tripled, with more than one in six [youth](#) obese. While youth in Minnesota as a whole have lower rates of overweight and obesity than many other states, there are also important differences by race and ethnicity, with youth of color being more likely to be overweight or obese than their peers.

Youth who are overweight and obese are at [higher risk](#) for a number of related [health problems](#), including depression, [high blood pressure](#), metabolic disorders, sleep apnea, diabetes and fatty liver disease. These health problems can have lifelong consequences.

A new study titled "Adverse Childhood Experiences and Weight Status among Adolescents" published in the *Journal of Pediatrics* examines the association between experiencing adversity in childhood and having overweight or

obesity.

The study from a team of University of Minnesota researchers led by Laurel Davis, Ph.D., a research associate in the Department of Pediatrics at the University of Minnesota Medical School, used data from the Minnesota Student Survey of over 105,000 eighth, ninth and 11th graders from across the state. Researchers used students' height and weight to put them into one of five categories: underweight, normal weight, overweight, obese, or severe obese. They also looked at the adverse childhood experiences, or ACEs, that youth reported, such as [physical abuse](#), sexual abuse, psychological abuse, familial substance abuse, domestic violence and parental incarceration.

The team found that youth with more ACEs are much more likely to have overweight, obesity or severe obesity than their peers with fewer or no ACEs. There was no relationship between ACEs and underweight. For example, adolescents with six ACEs were 1.5, 2.0 and 4.24 times as likely to be overweight, obese and severely obese, respectively, as compared to their peers with no ACEs.

The causes of obesity in childhood are complex and compounded by many factors including socioeconomic status; genetics and underlying biology; and psychosocial factors (e.g., quality of life, depression, anxiety). Most studies exploring the associations between ACEs and obesity have been conducted with adult participants and, although they suggest a strong association between childhood exposure to ACEs and obesity status in adulthood, they fail to capture ACEs during the period of time when they are occurring.

"This study adds to our understanding of childhood overweight and obesity by showing that the relationship between ACEs and weight problems is evident even in adolescence," said Davis. "With more than 105,000 youth reporting, this is the

largest study of ACEs and obesity during [childhood](#) to date."

The results of this study imply that child health professionals should understand the relationship between ACEs and obesity in adolescence, and that screening for ACEs and referring youth and their families to appropriate services might be an important part of clinical weight management.

"Due to the high prevalence of ACEs, clinical training programs should consider adding training in this area for new child health trainees, so that clinicians are prepared to screen for and respond to their patients' disclosure of ACEs," said Davis. "Youth diagnosed with obesity could benefit from an evaluation and management approach that is trauma-informed, such as with standardized screening for ACEs and referrals as needed for appropriate psychosocial interventions. Preventing ACEs, and identifying ACEs early to prevent obesity, could thus help to ameliorate the public health toll of [obesity](#)."

More information: Laurel Davis et al. Adverse Childhood Experiences and Weight Status among Adolescents, *The Journal of Pediatrics* (2018). [DOI: 10.1016/j.jpeds.2018.08.071](#)

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