



Institute of Psychiatry, Psychology & Neuroscience

South London and Maudsley 
NHS Foundation Trust

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Research Centre

The impact of adverse childhood experiences: challenges ahead

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 [@andrea_danese](https://twitter.com/andrea_danese)

who?

why?

what?

who?

why?

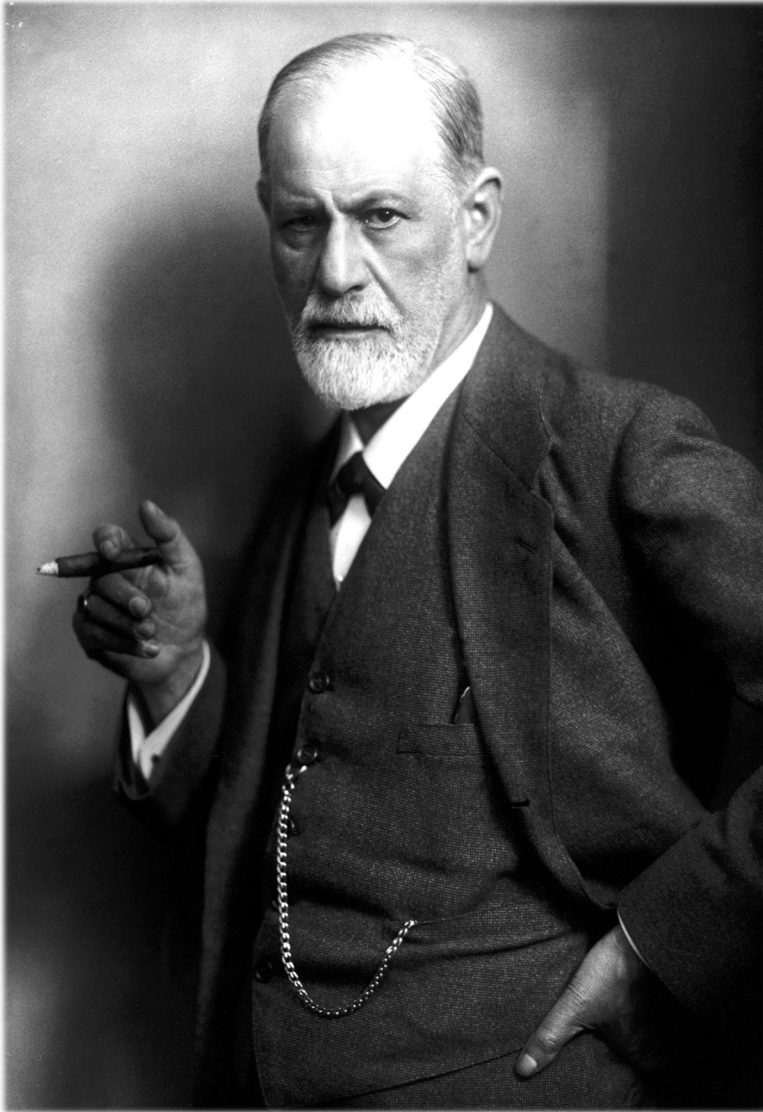
what?

WHO?

WHO?



WHO?



Actual experience

Freud, S. (1896)
The Aetiology of
Hysteria

-

“Seduction theory”

WHO?

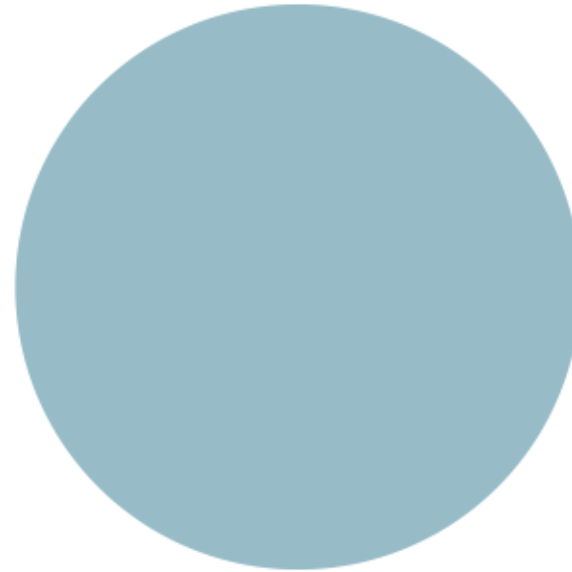
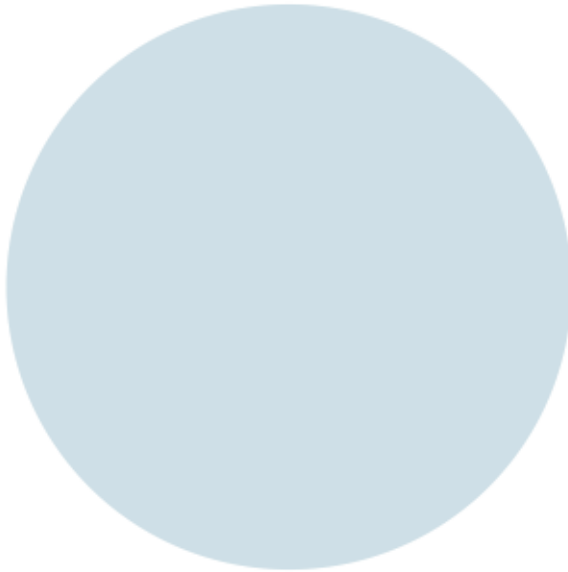
Subjective experience

Freud, S. (1906)

Three Essays on the
Theory of Sexuality

-

“Oedipus’ complex”



Actual experience

Freud, S. (1896)

The Aetiology of
Hysteria

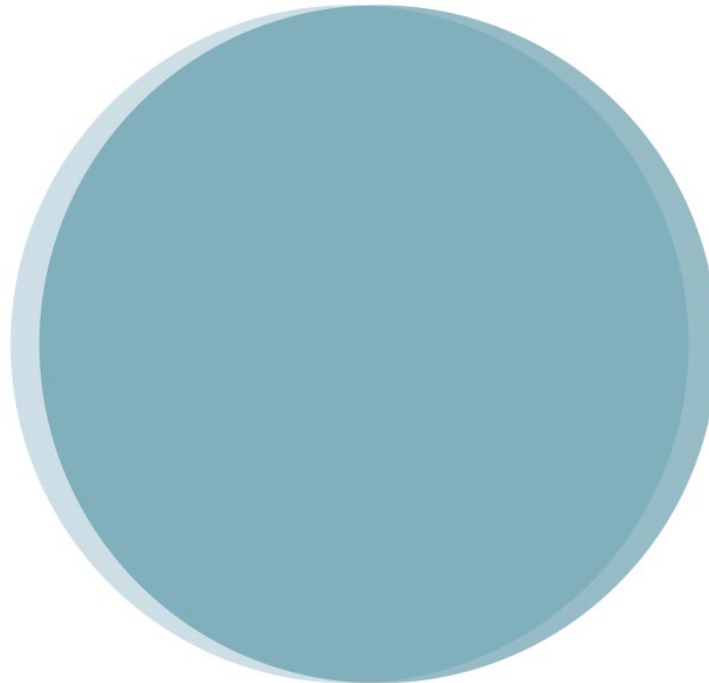
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“Seduction theory”

WHO?

Equivalence?

**Subjective
experience**



**Actual
experience**

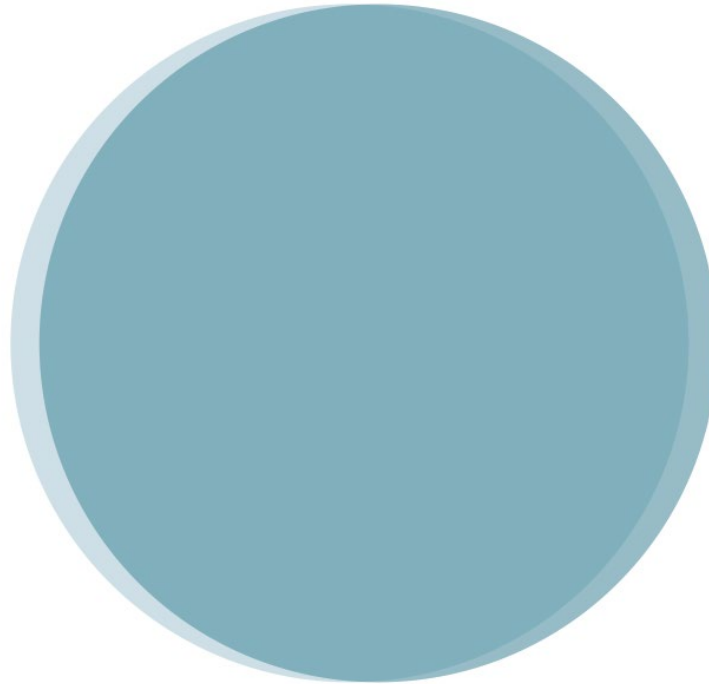
WHO?

Equivalence?

Subjective experience

*Retrospective
measures:*

(adult) self reports



Actual experience

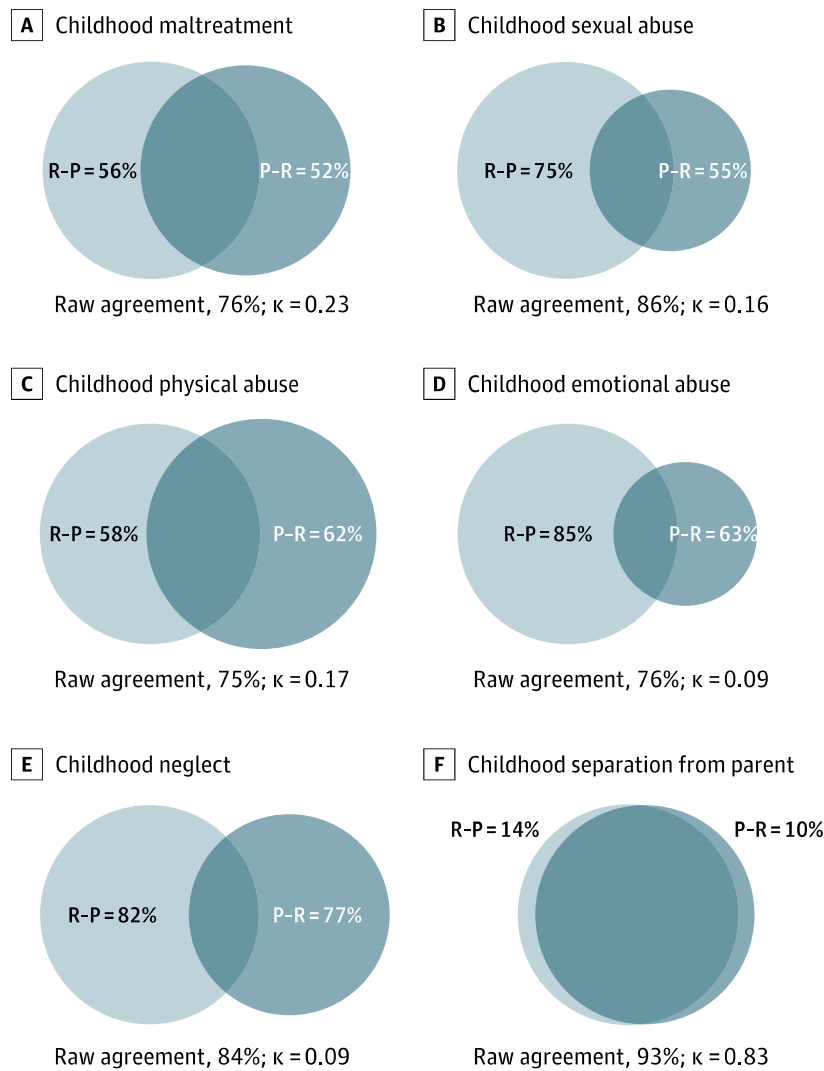
*Prospective
measures:*

Official records
Parental reports
(child) self reports

WHO?

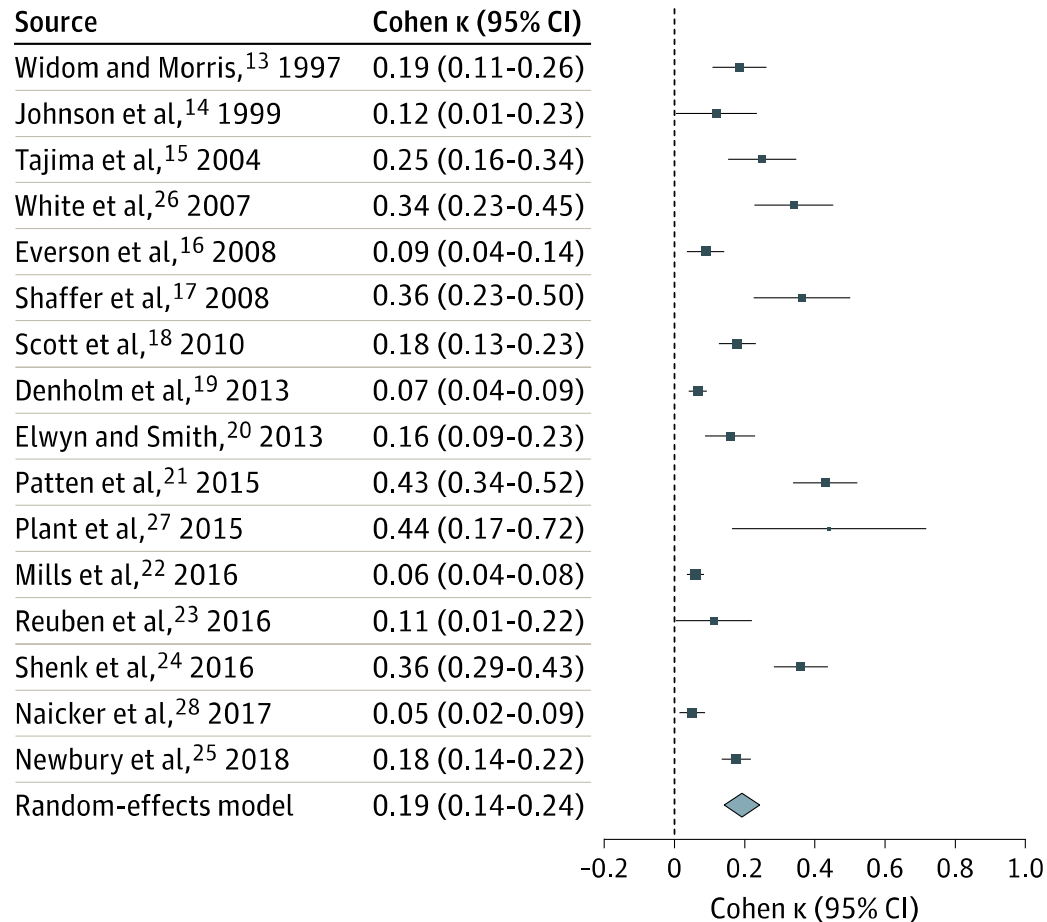
Equivalence?

Figure 2. Overlap Between Individuals Identified by Virtue of Prospective or Retrospective Measures of Childhood Maltreatment



WHO?

Equivalence?



WHO?

MOTIVATION

Intentionally withholding information (non-disclosure)

Intentionally fabricating information (false disclosure)

MEASUREMENT

Imperfect test-retest reliability

Systematic differences in sensitivity

Systematic differences in reporter, reporting period, definition

MEMORY

Encoding

Consolidation

Re-consolidation

Storage

Retrieval

WHO?

Prospective and retrospective measures identify two largely different groups of individuals, both at-risk
> *cannot use interchangeably*

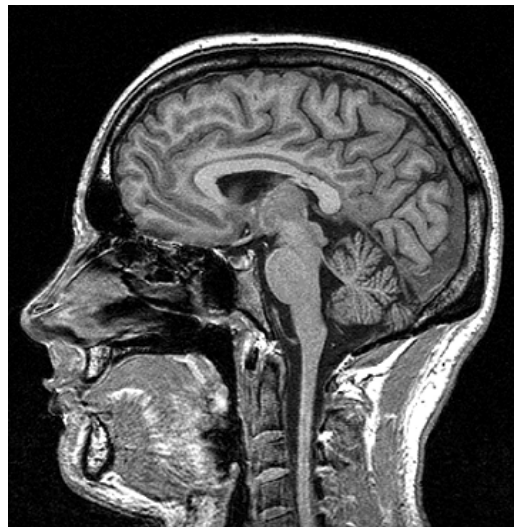
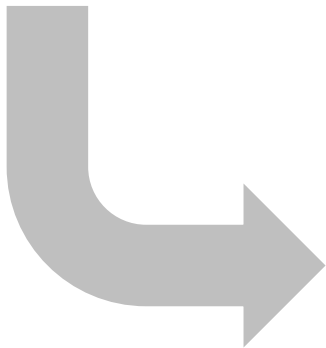
Inaccurate to assume same underlying risk mechanisms
> *two groups may need different interventions*

who?

why?

what?

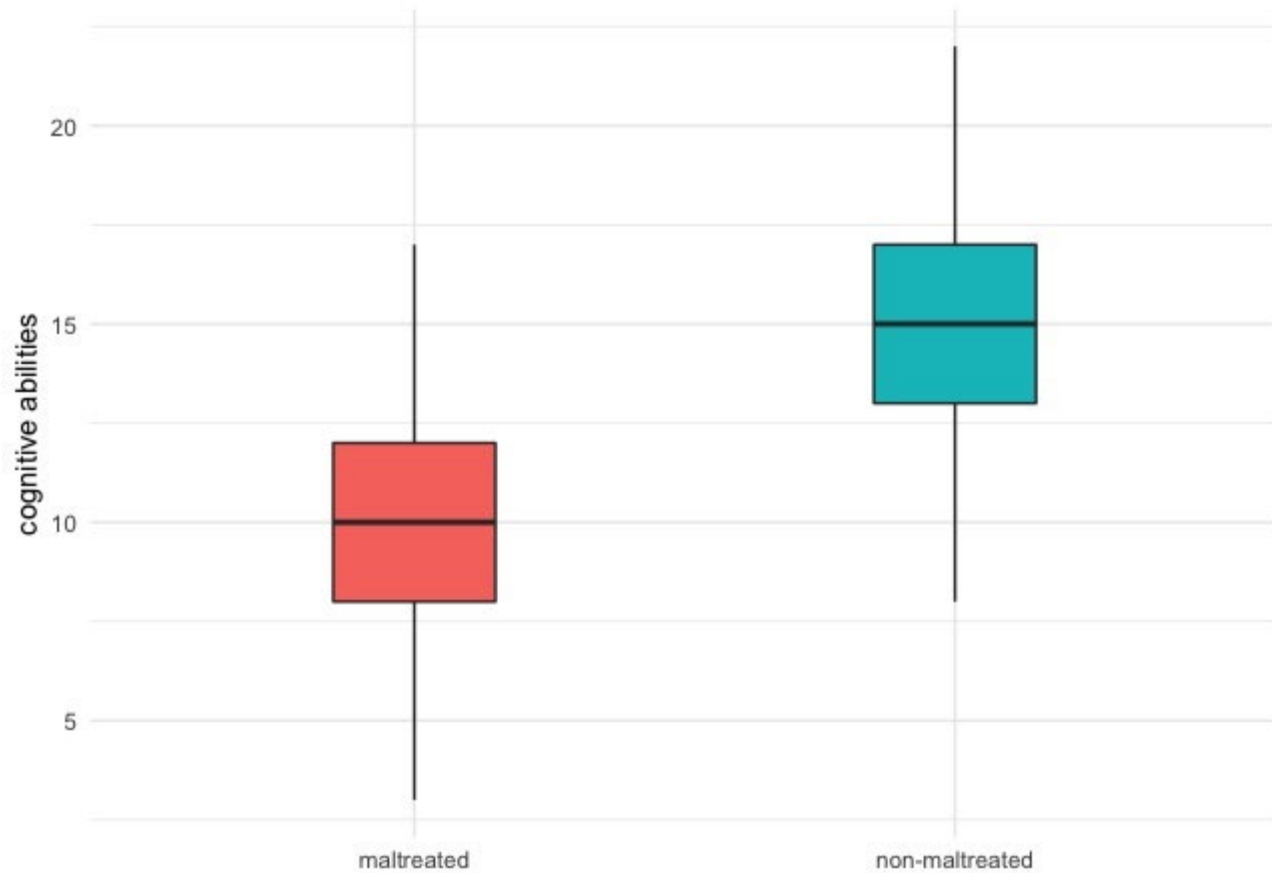
WHY?



Danese A, *J Child Psychol Psychiatry* 2018, 59: 347-9; Danese A, *Brain Behav Immun* 2018, 70: 8-9

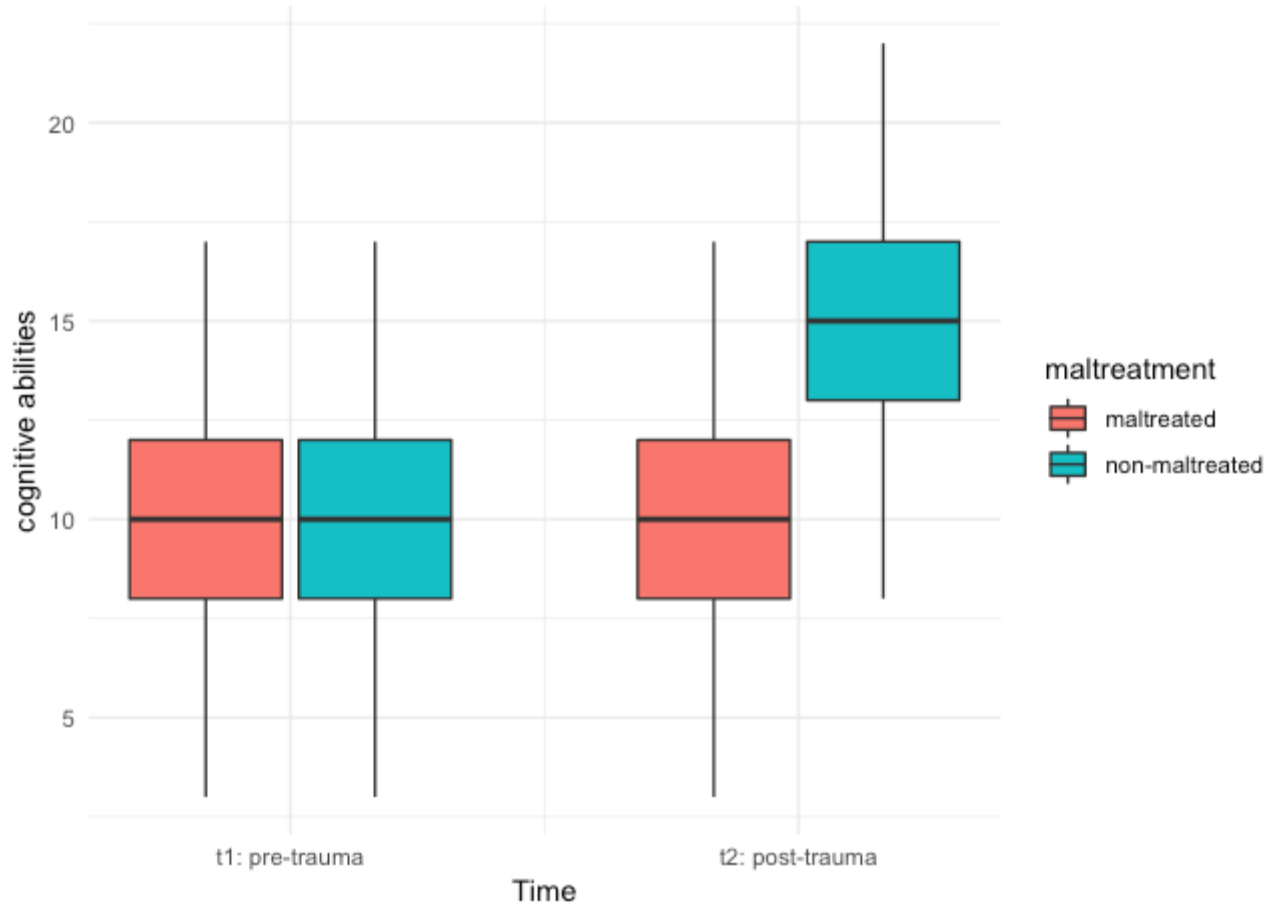
WHY?

Change?



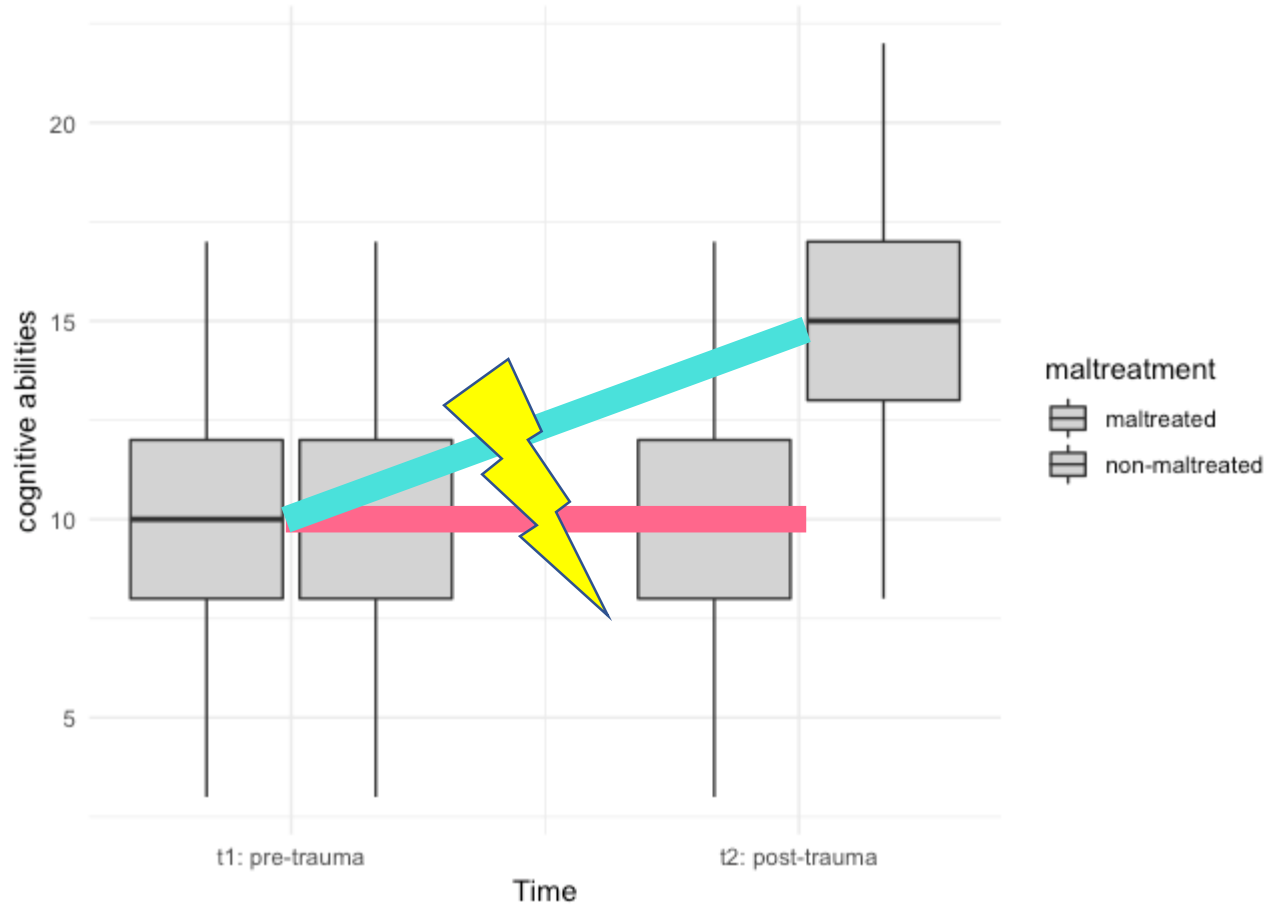
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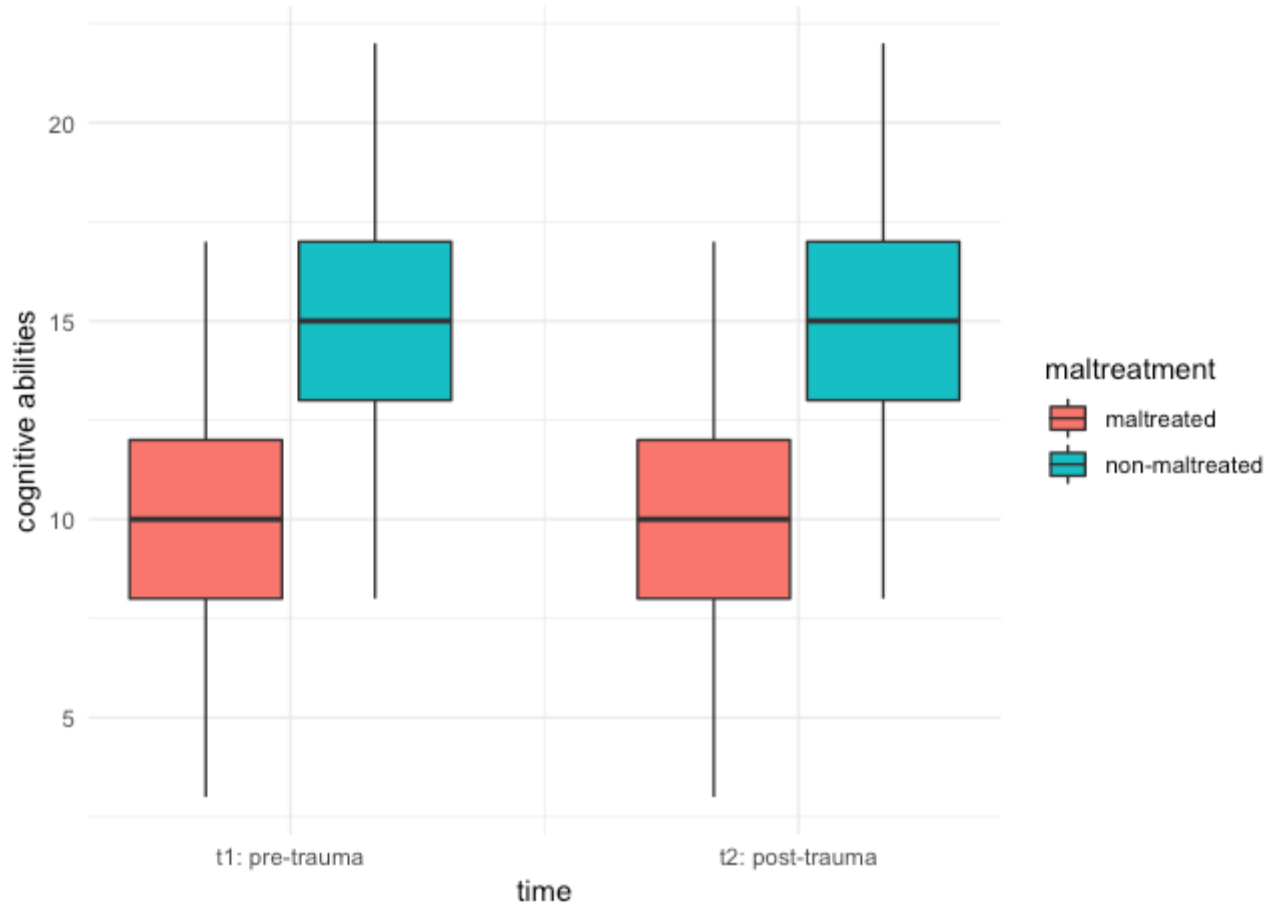
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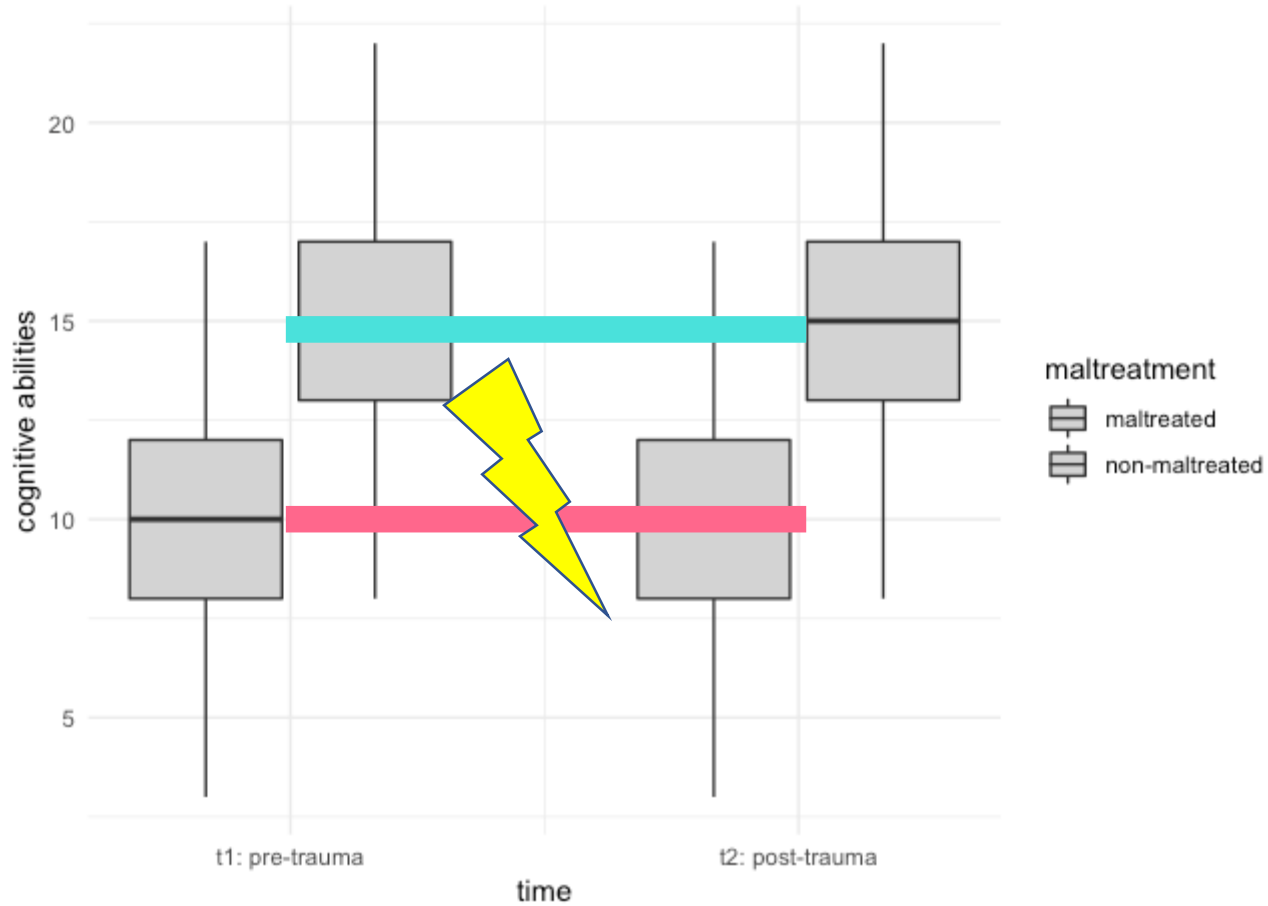
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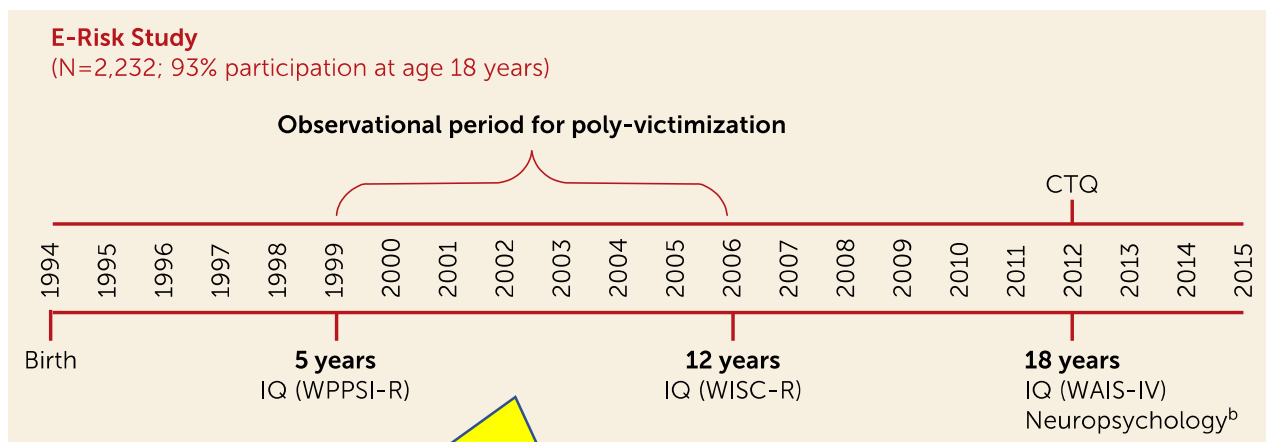
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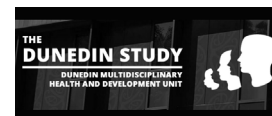
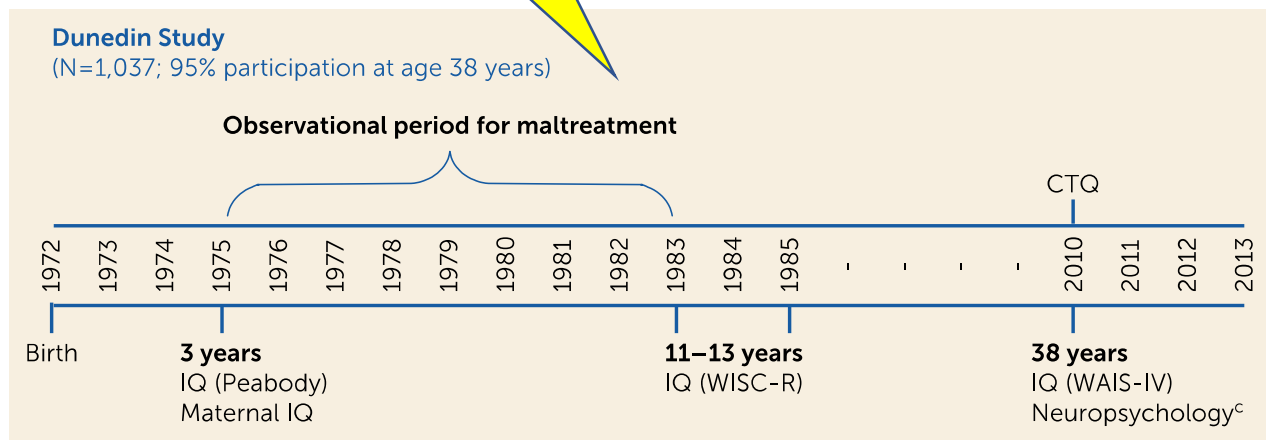


WHY?

Change?



E-RiSK
Environmental Risk
Longitudinal Twin Study

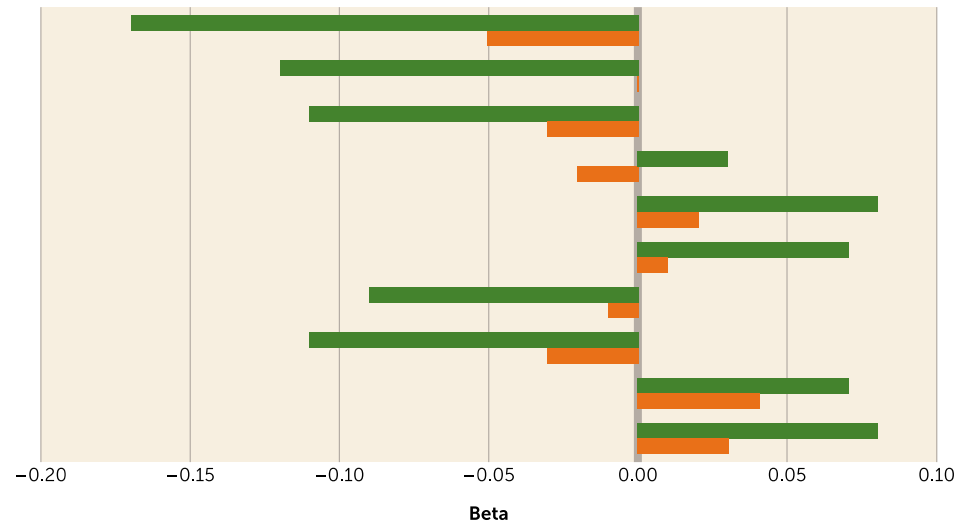


Danese A, et al. *Am J Psychiatry* 2017, 174:349-61

WHY?

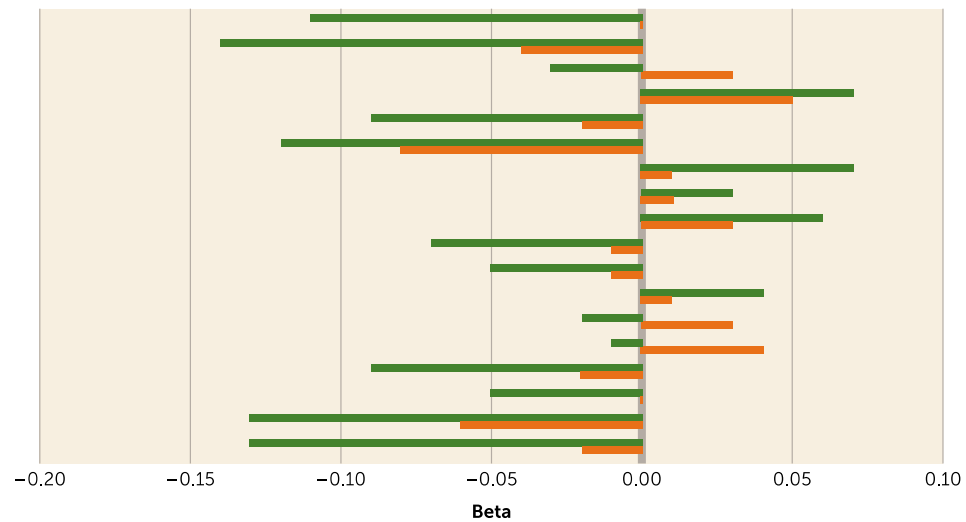
Change?

B. Standardized Effect Sizes



E-RiSK
Environmental Risk
Longitudinal Twin Study

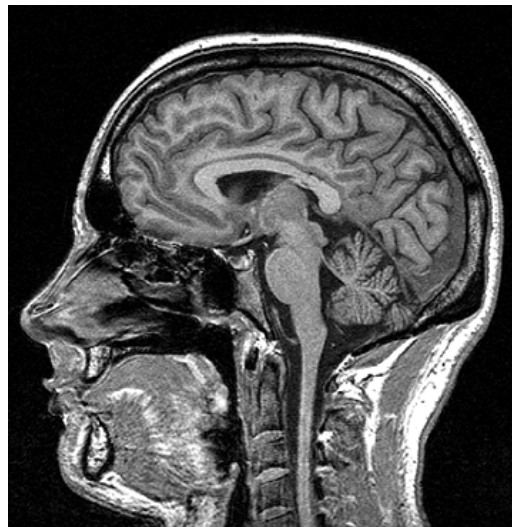
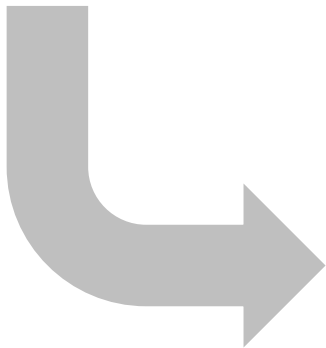
B. Standardized Effect Sizes



THE DUNEDIN STUDY
DUNEDIN MULTIDISCIPLINARY
HEALTH AND DEVELOPMENT UNIT

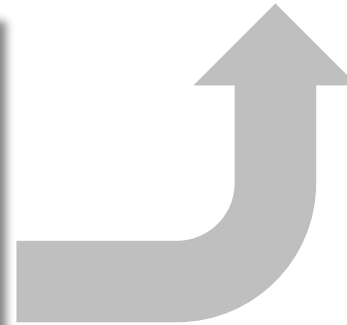
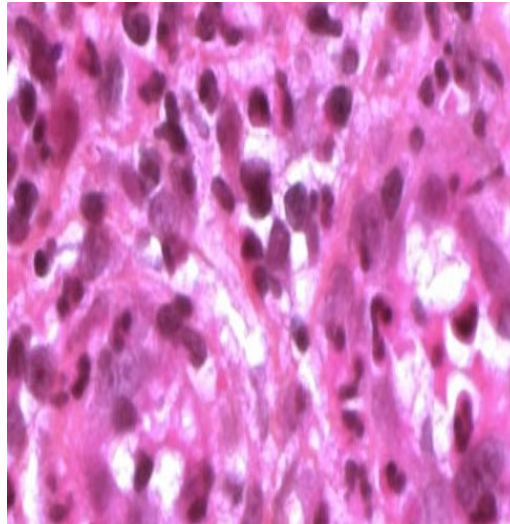
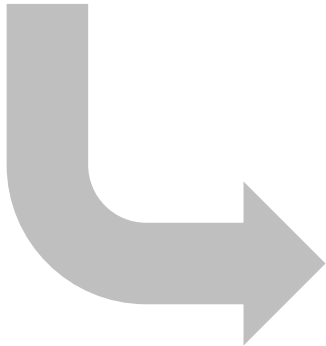
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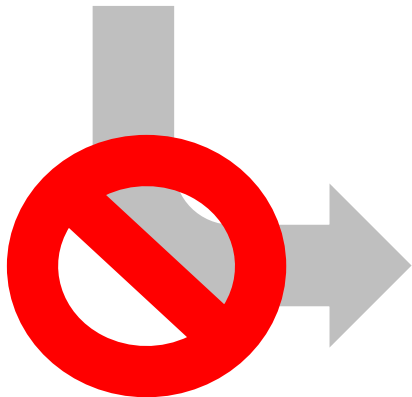
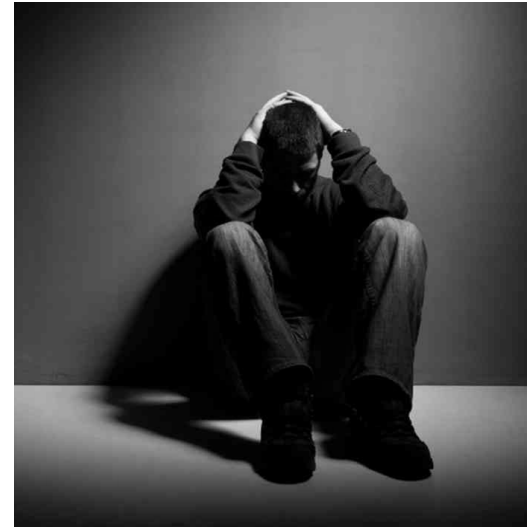
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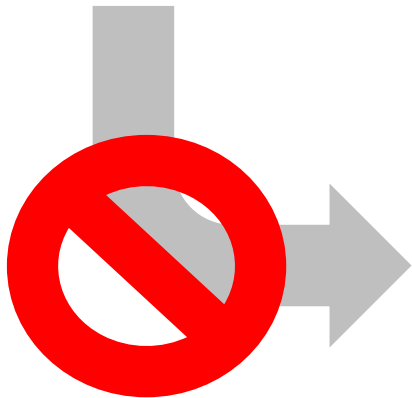
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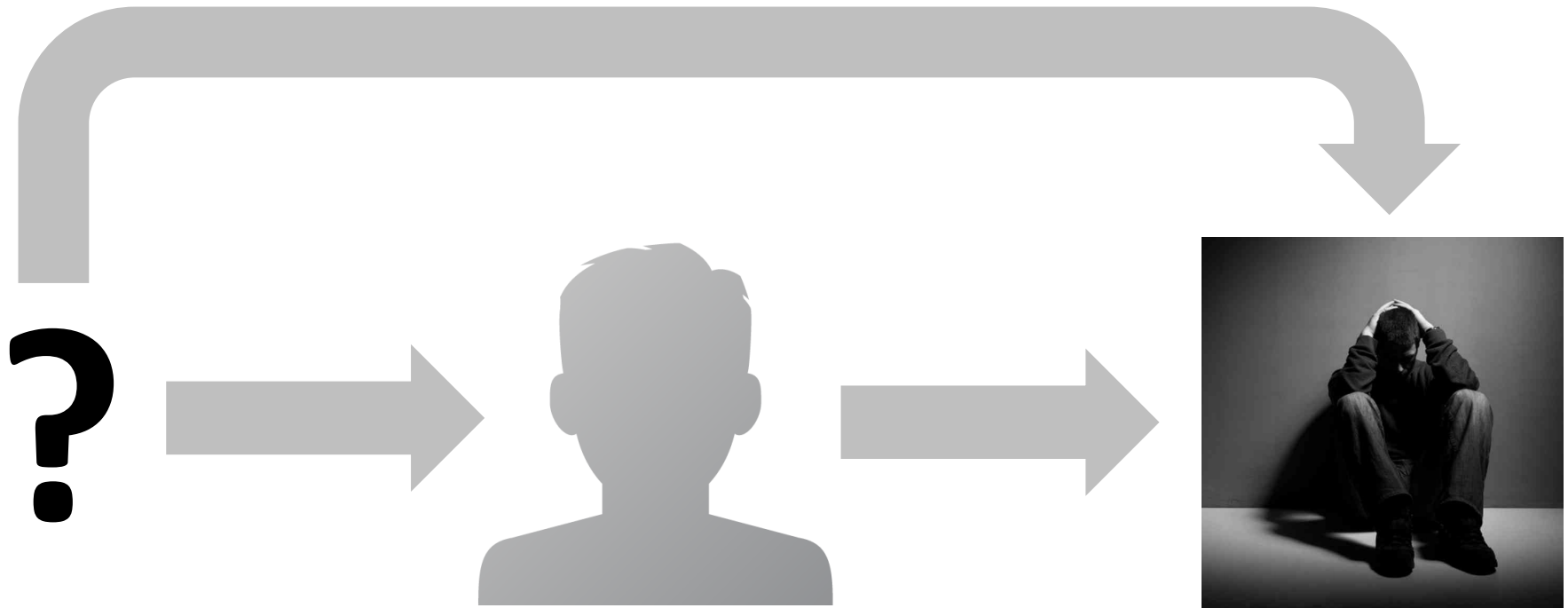
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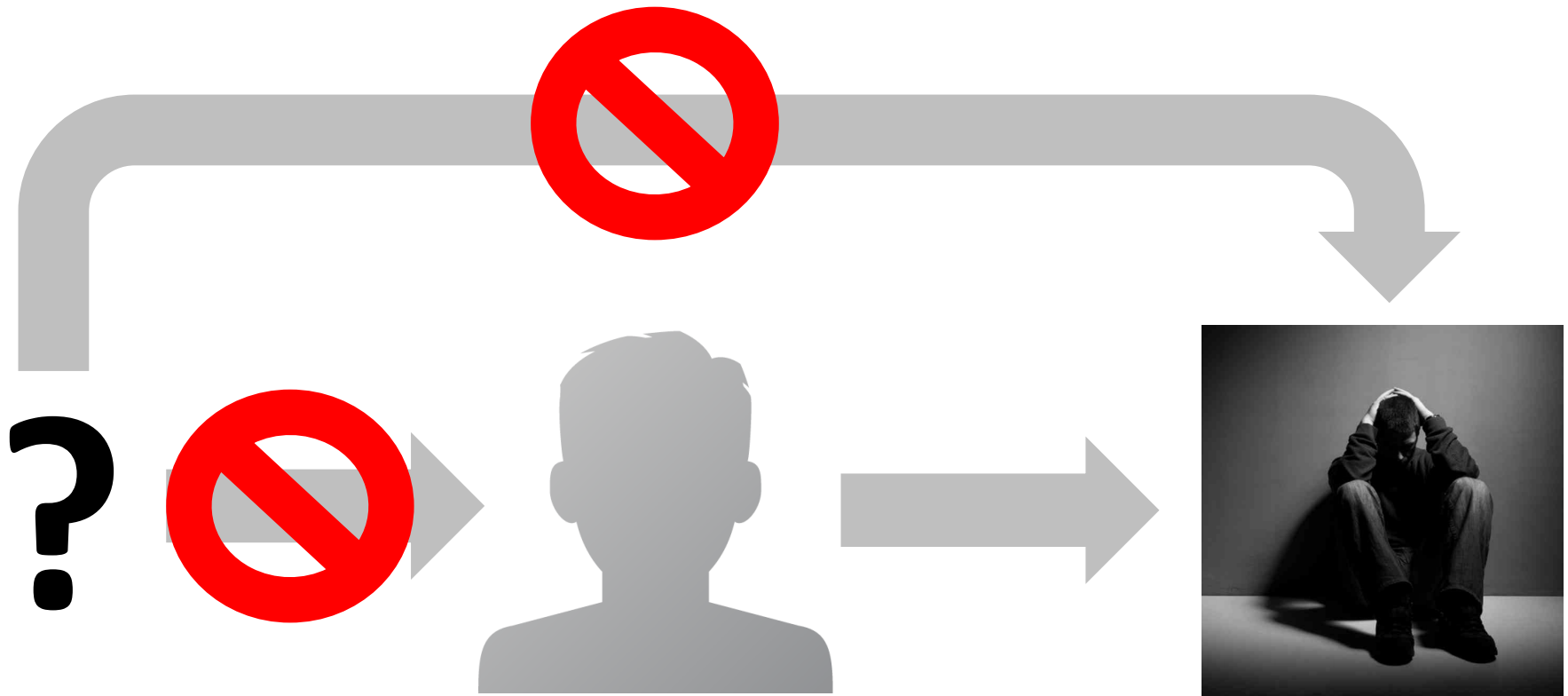
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WHY?



WHY?



WHY?

Beware of developmental theories based on cross-sectional data

> *we need longitudinal studies from childhood with repeated measures*

Non-causal mediation effects are important, too

> *stable, pre-existing vulnerabilities can inform prevention, assessment, and treatment*

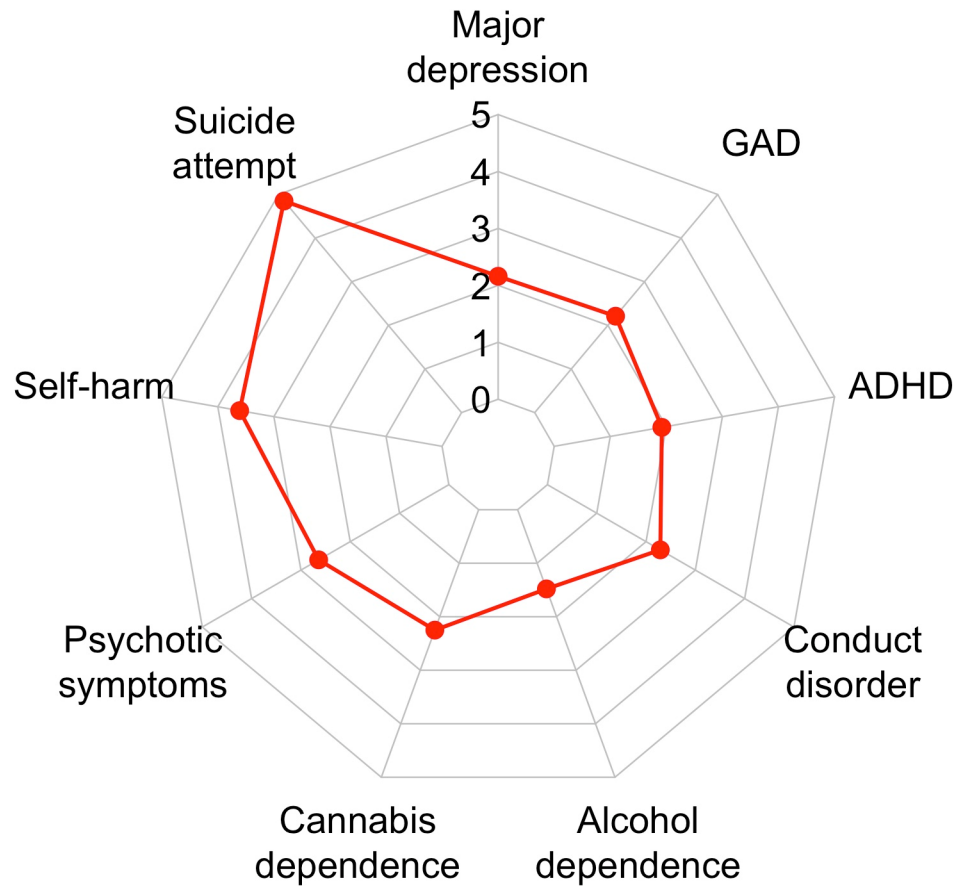
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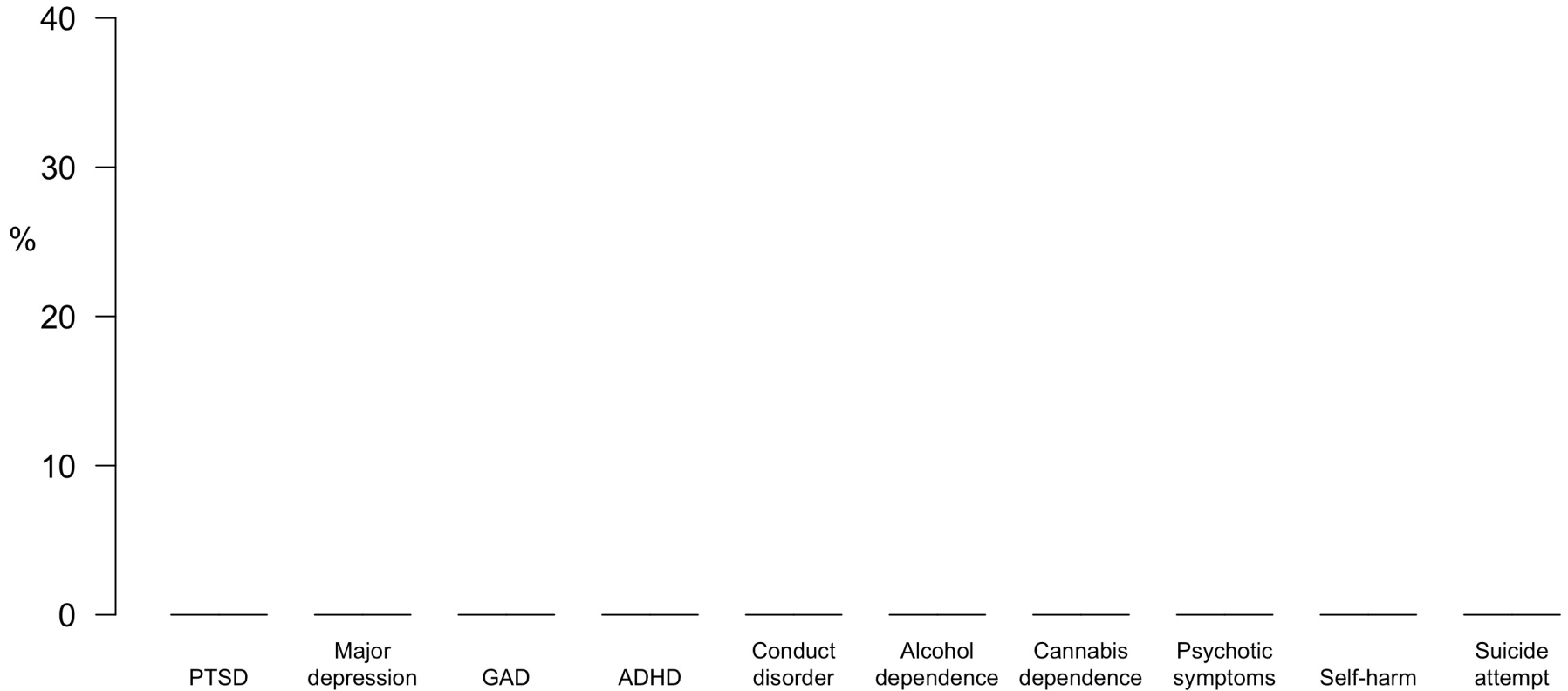
what?

WHAT?

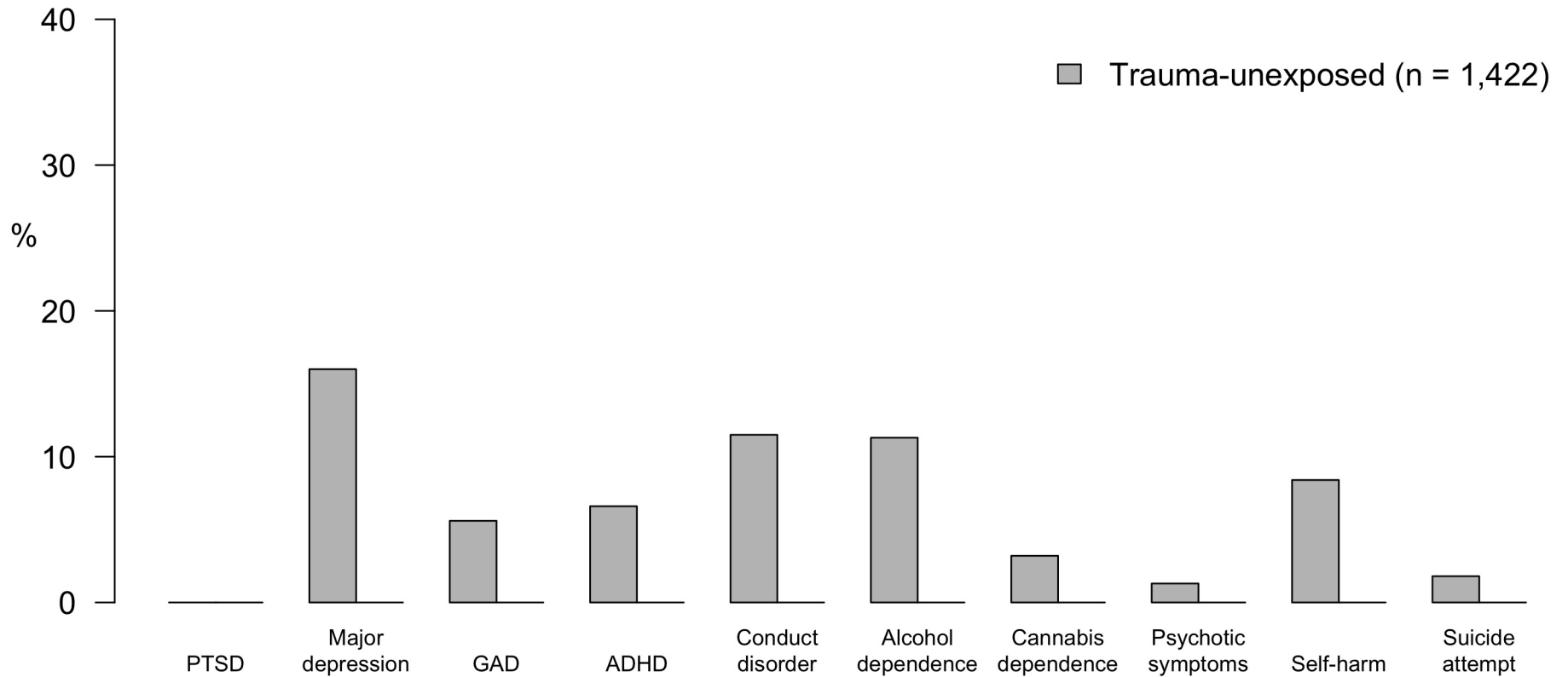
- Trauma-exposed vs. unexposed (odds ratios)



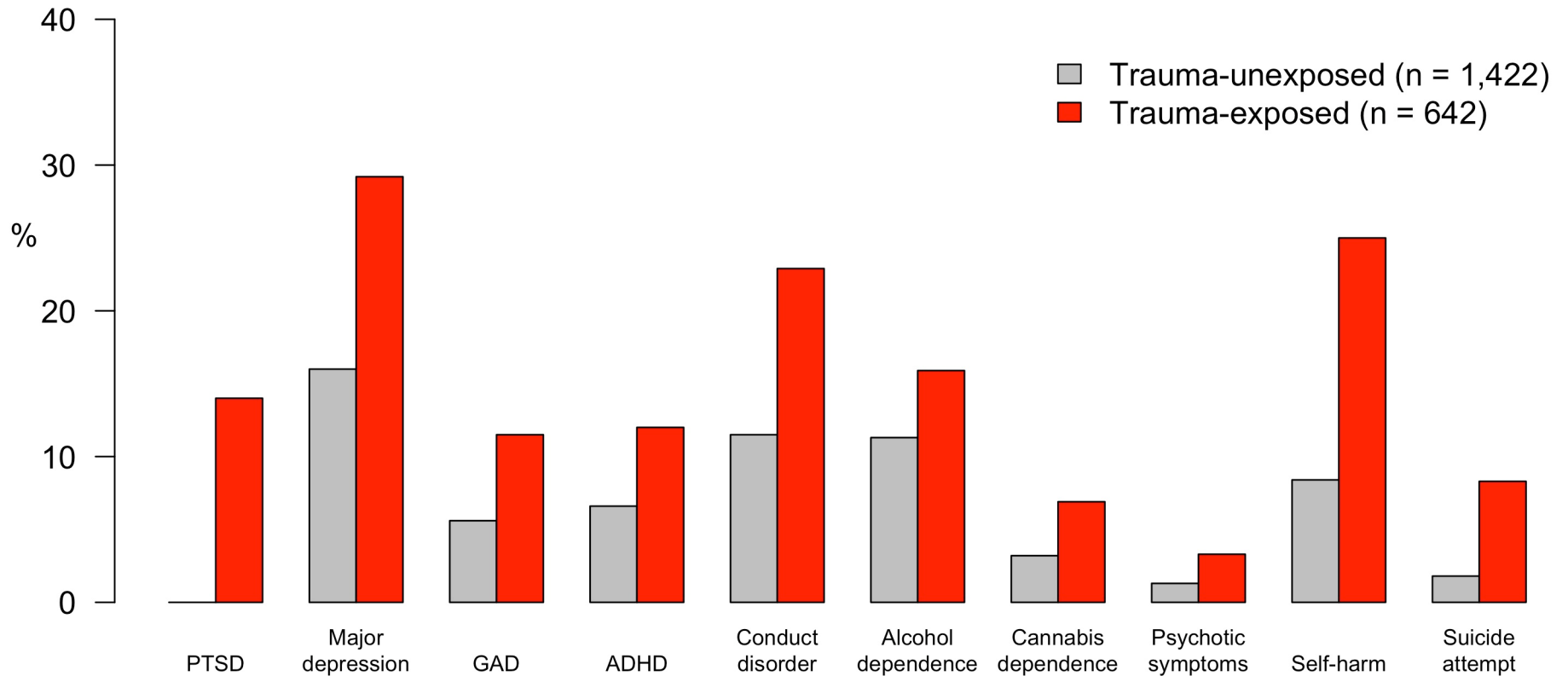
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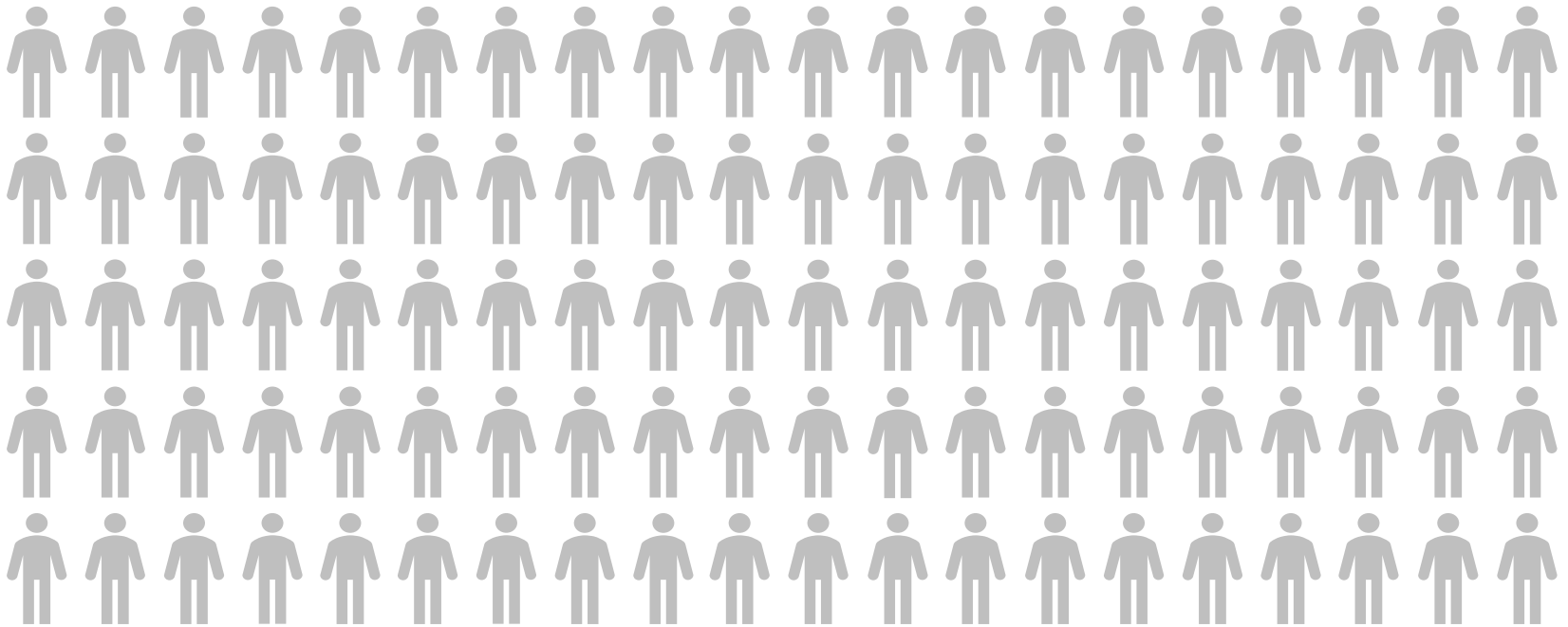
WHAT?



WHAT?



WHAT?



WHAT?



WHAT?

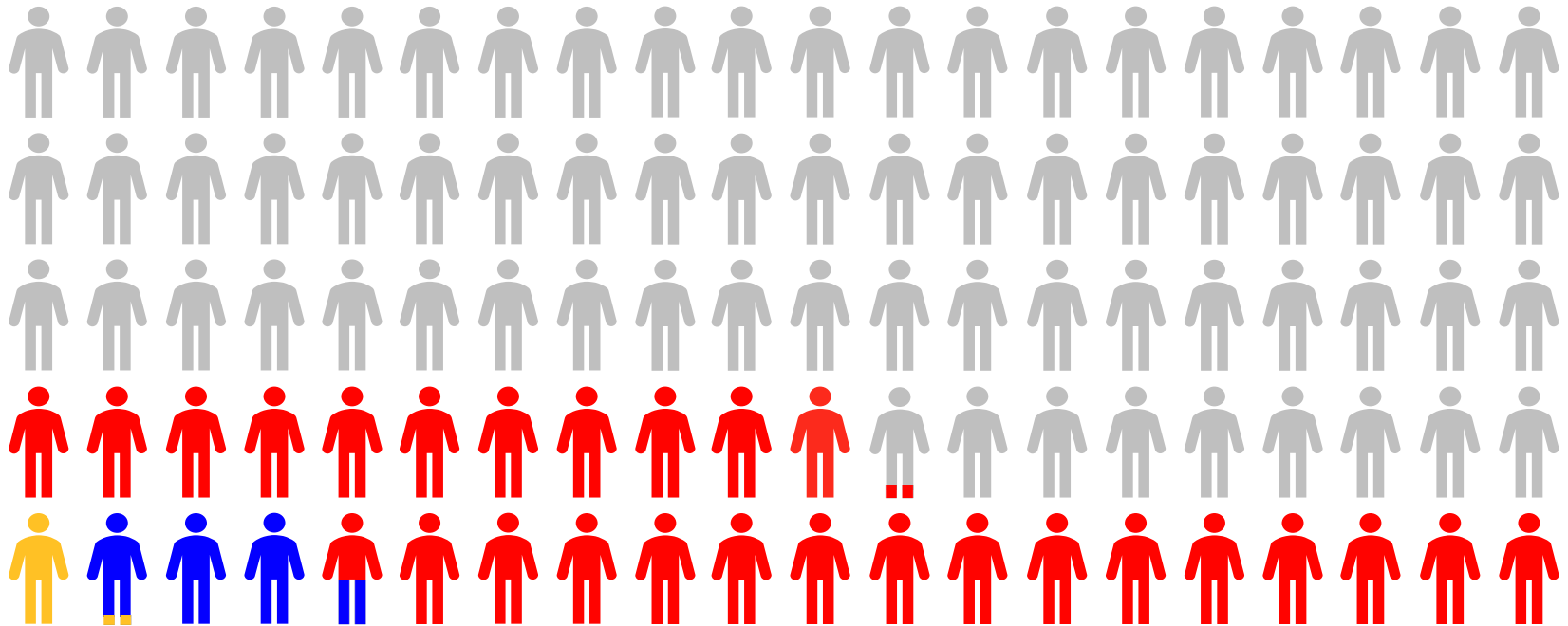
Accuracy?



PTSD in 14% of trauma exposed

WHAT?

Accuracy?



Mental health service use in 26% of PTSD cases

WHAT?

Childhood trauma is a key risk factor for psychopathology, not a disorder
> *Use prediction modeling to identify individual risk (in unseen cases)*

There are obvious barriers to accessing clinical services
> *Develop public health interventions (MH education, reduce stigma)*

who?

why?

what?

ACKNOWLEDGEMENTS

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E-Risk & Dunedin teams

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NSPCC



NARSAD

