



Is there a link between ADHD and ACEs?

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This is a question that many people are considering at the moment. The discussion about Adverse Childhood Experiences has encouraged many people to consider carefully the lifelong impact of adversity in childhood. Prolonged exposure to toxic stress results in changes in brain functioning or “trauma.” This impacts upon both physical and mental health across the life span and the more ACEs a child experiences, the higher the risk factor for a range of physical and mental illnesses.

Well, the same can be said for ADHD to a point. Although the research into this is limited but growing, we know that ADHD can have long term impacts upon a person in adulthood. There is evidence that for some adults with ADHD, there is an increased risk of mental health problems, contact with the criminal justice system, poorer academic achievement and employment and higher levels of risk behaviour including smoking, alcohol consumption, illegal substance use and self-harm.

However, we need to be cautious. I am not claiming that having ADHD is automatically a traumatic event for a child. ADHD is largely genetically inherited. Yet this does mean that if ADHD is running in families, some of those will be living with significant adversity with their neurobiology being a factor.

Parenting a child with ADHD can be very challenging. Research evidence would suggest that there is an increased risk of family conflict and/ or increased parental/ child hostility as a result of this. Although the research is unclear as to what extent the child’s ADHD is causing the conflict or hostility.

If some adults with ADHD have experienced educational underachievement and have a history of poor employment, then children may experience material neglect. Research in the US by Patty Huang (2019) found that young adults with ADHD were less likely to pursue education post high school and when they do, more likely to drop out before graduation, 23% compared to the national average of 10%. Consequently, Huang also found that families with low socio-economic status were between 1.85-2.21 times more likely to have ADHD than children from families with high socio-economic status. Financial difficulties identified included affording heating, clothing, rent/mortgage, food or other items.

Children whose mothers have low educational qualifications were, on average, 1.91 times more likely to have symptoms of ADHD and children with single parents were 1.85 times more likely and lower overall family resilience levels. Similarly, research in the UK found associations between ADHD and a number of indicators of socioeconomic disadvantage including financial difficulties, younger maternal age and single parent status. (Avon Longitudinal Study of Parents and Children 2018).

Let us consider some of the other ACEs, for example, parental substance misuse. ADHD is significantly associated with higher levels of both substance use and substance use disorders. Children with ADHD were significantly more likely to have ever used nicotine and other substances and were more likely to develop disorders of abuse or dependence upon nicotine, alcohol, marijuana and cocaine. We know that some of the reasons for this are associated with self-medication to alleviate symptoms and with cognitive factors such as problems with self-regulation and coping strategies. Obesity is more prevalent in people with ADHD and

that this association may be due to impulsivity associated with binge eating or as a form of self-medication. In other studies, self-harming behaviours or drug overdoses were respectively twelve and three times more likely to have ADHD. Over 60% of people with ADHD will have comorbid conditions, such as Oppositional Defiance Disorder or Conduct Disorder which increase the risk for crime and anti-social behaviour. A study by the National Institute for Mental health in the US into Multimodal treatments for ADHD (1999) found that 27.1% of children with ADHD had engaged in “moderate” criminality, for example, shoplifting, general theft, causing injury to someone else through hitting, carrying or using a weapon compared to 7.4% of children without ADHD.

I know that this all sounds very grim and I must stress that these risks will not apply to all children and young people with ADHD. However, it is important to consider that there is a link between ACEs and ADHD supported by the research evidence in that young people with ADHD have a higher prevalence of ACEs overall. Understanding this must surely encourage us to not only ensure that ADHD is supported within every family, through early identification and diagnosis and access for all to appropriate psychoeducative interventions and for improved supports for adults with ADHD but also to consider the broader context in which the child or adult is living and how difficulties and challenges with ADHD can be exacerbated as a result.