INTRODUCTION

- Research has consistently shown that experiences of child abuse are a common antecedent to homelessness.  
- Adverse Childhood Experiences (ACEs) are commonly associated with poor physical health and greater illicit drug usage. 
- The aim of the current study was to determine the empirical links between ACEs, perceptions of health, and illicit drug use. 
- The study hypothesized a "treatment effect" of illicit drug usage on perceptions of health for those experiencing higher ACE scores. Specifically, the study tested a statistical model of higher levels of illicit drug usage "buffering" the negative relationship between ACEs and perceptions of poor health.

METHODS/RESULTS

- **Participants:** To test the hypothesized model, paper and pencil surveys were administered to clients of an emergency shelter for homeless individuals. Participants were offered a pen and fruit as an incentive. The resulting sample included 207 individuals consisting of a 50/50 split between white versus minority status along with 53% male and 46% female. 

- **Measures:**
  - Short Form 36 Health Survey (SF-36) was used to measure perceptions of health. The general health dimension was used to assess an individual’s perception of health, with higher scores representing perceptions of worse health. 
  - Adverse Childhood Experiences (ACEs) Questionnaire includes 10 items that measure the degree of abuse, neglect, and household dysfunction experienced during childhood. The greater number of positive responses on the questionnaire, the higher the ACEs score. 
  - Adolescent Alcohol and Drug Involvement Scale captures the frequency of respondents’ drug usage of illicit drugs (cocaine, heroine, etc.) ranging from 0 = never used to 7 = several times a day.

- **Methods/Results:**
  - Illicit drug usage was examined as a moderator of the relationship between ACEs and perceptions of general health. To test for moderation, ACEs were dummy coded into 2 groups (0 = 0-3 ACEs; 1 = 4 or more ACEs). The variables were then entered hierarchically into a regression model, with ACEs and drug usage entered in step 1.
  - The step 1 variables accounted for 4.8% of variance in perceptions of health, with higher ACEs and greater drug usage both significantly predicting poorer perceptions of general health. In step 2 of the model, the product indicator interaction term of ACEs X total drug usage was entered, with the interaction term explaining significant additional variance in perceptions of general health, \( \Delta R^2 = .08, \Delta F(1, 120) = 5.21, p = .024 \).
  - Results indicate total drug usage was indeed a moderator of the relationship between ACEs and perceptions of general health. Upon graphing the interaction, results indicate the moderation was a "buffering" form with high drug usage attenuating the negative relationship between ACEs and perceptions of general health (see Figure 1 below).

- **Figures and Tables:**
  - **Figure 1:** The Relationship of ACEs, Illicit Drug Usage and Perceptions of Health (N = 207)

**TABLE 1**

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences (ACEs)</th>
<th>Perceptions of Better Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than 4 ACEs</td>
<td></td>
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<tr>
<td>Greater Drug Usage</td>
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<tr>
<td>18.944</td>
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**REFERENCES**