In this research brief, we report the association between ACCEs and chronic health outcomes.

Introduction

Kushalnagar, et al., 2020, define **adverse childhood communication experiences (ACCEs)** as a form of toxic stress experienced by deaf and hard of hearing (DHH) children. Language deprivation (insufficient access to direct child-caregiver communication during a child’s critical period of language development) and communication neglect (exclusion from indirect family communication and incidental learning), are two defining features of ACCEs.² Toxic stress experienced during ACCEs, like with adverse childhood experiences (ACEs), are associated with poor health outcomes in adulthood.²

Findings

Language deprivation is linked to delayed cognitive development and psychosocial isolation.¹

Poor direct child-caregiver communication and long-term exclusion from incidental family communication were associated with increased risk for multiple chronic health outcomes for DHH adults.²

Actions to prevent and mitigate ACCEs

- Develop a common, statewide lens around ACCEs
- Improve the quality of ACCEs surveillance data
- Implement ACCE screening
- Support systems transformation
- Develop a comprehensive, ACCE trauma-informed system of care

References Used in this Brief
