Author's response to reviews

Title: National household survey of adverse childhood experiences and their relationship with resilience to health harming behaviours in England

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Author's response to reviews: see over
Dear Rita Aguirre,

We are delighted to submit a revised version of the original research study:

**National household survey of adverse childhood experiences and their relationship with resilience to health harming behaviours in England**

We are grateful for the comments from the reviewers. As instructed have addressed each comment and outlined how this has been done below. We are very pleased that both reviewers found the study of importance and hope that these revisions meet with your requirements. However, if you require any further changes or additional information please do not hesitate to contact me.

Yours sincerely,

Professor Mark A. Bellis

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**Response to Reviewers’ Comments**

**Reviewer 1**
The article presents data on an important public health issue: child abuse and its health consequences. The data have been collected from a sample representative of English population. The methods for data collection and data analysis are adequate for the purpose of the study. The results are discussed and interpreted taking in consideration the type of study and the sources of limits. The conclusions are realistic, suggesting the implications for health promotion measures, health policy, and future research. In summary, the article offers an important “piece” on understanding the link between adverse childhood experiences with health harming behaviours.

*We are delighted with this positive review.*

**Reviewer 2**
Thank you for asking me to review this well designed study of impactful public health significance. There was acceptable compliance in the population studied and the tools and statistical methods used are appropriate and the interpretation of the results is soundly supported by the following discussion.

*Minor Essential Revisions* - The authors have selected multiple health harming behaviours but have not examined self-harm/suicide. In view of the strong association described in other studies, such as Kessler 2010 (which the authors quote), they should justify why this was left out.

*While we understand that self-harm and suicide are important outcomes linked with ACEs, there were limitations to the number of outcomes that could be addressed in a single paper. We have included a statement to clarify this.*
While other HHBs, such as suicide attempt [11], have also been strongly linked to ACEs, the pilot survey [16] identified increased questionnaire length as detrimental to compliance and therefore not every HHB could be included.

Methods - 1st line, 2nd paragraph change residents to 'residence'

We have made this change.

Table 4 - 1st line of results- Change significance for gender to Not Applicable for unintended teenage pregnancy

We have left this as ns as gender was included in teenage pregnancy. This was possible as females were asked about being pregnant before 18 years of age but males were also asked if they got someone pregnant before they were 18 years old (Box 1). We have added a footnote to the Table 4 to explain this.

#accidentally got pregnant (females), accidentally got someone else pregnant (males).

**Discretionary Revisions**

The impact of ACEs on mental ill health could be alluded to in the discussion. The effect modification between ACEs, social class and health harming behaviours could be expanded further.

We have edited the first sentence of the conclusions to make it clear that ACEs impact on both physical and mental health. We have also included another sentence in the conclusions on the concentration of ACEs in more deprived social classes and the need for services to tackle these to be distributed accordingly.

Emerging international literature is beginning to describe consistent impacts of ACEs on behaviour and both physical and mental health outcomes across a variety of nations [16, 17, 37].

While ACEs are linked with deprivation they are by no means limited to poor communities and consequently ACE prevention activities should be both universal and proportionate to need.