



LNP 287

Adverse Childhood Experiences (ACE)

In Legal Nurse Podcast 286, Dr. Linda Olson spoke of the impact on children from watching domestic violence. What kind of damage does that do?

This is Pat Iyer with *Iyer's Insights*, one of the twice weekly shows of Legal Nurse Podcast.

I am in the process of finishing ghostwriting a book with an author whose childhood in a very rough part of Chicago exposed him to a variety of traumatic experiences. Against all odds, he escaped the environment and made a huge success of himself. Why he succeeded when so many of his classmates and family members ended up dead or incarcerated is the subject of the book.

Dr. Linda Olsen referred to adverse childhood experiences. Just what are these?

Adverse Childhood Experiences

ACEs are events that range from stressful to traumatic, occurring in children's lives from birth through the age of about eighteen. They can include direct sexual, physical, and emotional abuse. They may also involve witnessing domestic violence, serious neglect, and growing up with family members who have substance use disorders and/or who have been or are in prison.

This syndrome puts children at critical risk for acquiring substance use disorders and other forms of dysfunctional behavior that may mirror those of their parents, guardians, or other significant family members.

It also makes people vulnerable to a wide range of health problems.

According to a study released in 2012 by the Center for Disease Control (CDC), on a national level, one year's worth of confirmed cases of child maltreatment costs \$124 billion over the lifetime of the traumatized children. This includes child and adult health care, child welfare, special education and criminal justice costs as well as productivity losses.

The actual costs are far higher. Confirmed cases represent a fraction of actual cases.

The CDC-Kaiser Permanente Study

Ground-breaking investigation into ACE began in 1985, when Dr. Vincent Felitti, a Kaiser Permanente physician in San Diego couldn't figure out why 50% of patients who had successfully lost weight dropped out of a weight loss program.

A misphrased question opened the door to a shocking discovery. Instead of asking an interviewee how old she'd been when she'd first become sexually active, he asked her how much she'd weighed. She said, "Forty pounds" and burst into tears. "It was when I was four years old, with my father."

Shaken by this experience, Felitti pursued this new line of investigation. He interviewed 286 dropouts and learned that a majority of them had experienced childhood sexual abuse.

Many of these interviewees expressed the feeling that weight protected them. Felitti developed the hypothesis that weight gain could be a coping mechanism for depression, anxiety, and fear. He also discovered that women reported receiving more attention from men when they lost weight. This made them feel sexually vulnerable and activated childhood sexual trauma. Regaining the weight made them feel safer.

Dr. Robert Anda, a medical epidemiologist, recognized the significance of Felitti's discovery, and they cooperated to launch the CDC-Kaiser Adverse Childhood Experiences Study. Between 1995 and 1997, over 17,000 adult members of Kaiser Permanente in San Diego participated in this study.

About half of the participants were female, and 75% were white. The average age was 57. Seventy five percent had attended college. They all had jobs and good health care.

These participants shared information about health, behavior, and adverse childhood experiences, which included physical, emotional, and sexual abuse and physical and emotional neglect. The researchers also gathered data about growing up in homes with divorced parents, domestic violence, substance abuse, and mentally ill or imprisoned household members.

The Questionnaire Specifics

Respondents were asked to base their answers on the first 18 years of life.

Abuse

Emotional abuse: This involved a significant adult living in one's home swearing at the child, insulting him/her, speaking disparagingly, or acting in a way that made the child fear physical violence.

Physical abuse: The significant adult pushed, slapped, or grabbed the child, threw something, or hit with the child with force that caused injury.

Sexual abuse: This involved any kind of sexual attention up to and including intercourse from anyone at least five years older than the child.

Household Challenges

Mother figure treated violently: She was the subject of the kinds of physical abuse experienced by the child. The violence may have escalated to being threatened by a father, stepfather, or mother's boyfriend in possession of a knife or gun or to realization of the threat.

Substance Abuse: A household member was an alcoholic or drug addict.

Mental illness: A household member was mentally ill and/or may have attempted suicide.

Parental separation or divorce

Household member had been or was in prison.

Neglect

Emotional neglect: Lack of attention, including not being loved, made to feel unimportant, and unprotected, and lack of mutual family support.

Physical neglect: This could involve addicted parents who didn't take care of the child. It could involve lack of food, medical care, and clean clothing.

ACE Study Insights

Although the researchers may have expected to find disproportionate numbers of poor and/or people of color represented in the results, the ACE Study demonstrated that childhood trauma occurs widely to the children of white, highly educated adults.

Nearly 30 percent of the study participants experienced physical abuse as children, and fifteen percent experienced emotional neglect.

The researchers also learned that ACEs were seldom single events. As an example, of the adults who reported sexual abuse, 80 percent reported at least one additional ACE. Sixty percent reported more than two.

Another discovery has key significance. Although millions of children in the U.S. experience poverty, neglect, and abuse, they frequently feel ashamed of and stigmatized for their adverse experiences and attempt to conceal and even forget them.

This attempt at concealment also has traumatic consequences. Some of the completed questionnaires included notes thanking the investigators for giving them the opportunity to be open about the traumas they'd experienced. One person wrote, "I thought I would die never having told anyone about my childhood."

Consequences of ACEs

Dr. Anda says, "ACEs create a 'chronic public health disaster' that until recently has been hidden by our limited vision. Now we see that the biologic impacts of ACEs transcend the traditional boundaries of our siloed health and human service systems. Children affected by ACEs appear in all human service systems throughout the lifespan — childhood, adolescence, and adulthood — as clients with behavioral, learning, social, criminal, and chronic health problems."

ACEs have measurable consequences that include the risk of alcohol use by age 14 and street drug use by 15. Teen pregnancies and suicide are also more likely. The risk of adult suicide and marital problems also increases. Both teens and adults run a greater risk of living low-achieving lives.

Overall physical health is also jeopardized, with outcomes including cardiovascular disease, chronic obstructive pulmonary disease, IV drug use and adult alcoholism, with all their health consequences, liver disease, and a host of other conditions.

ACEs don't stop when the individual originally experiencing them dies. The next generation has already been affected by the dysfunctional experiences and behaviors of the previous one.

What Is the Solution?

We need wider recognition that, as Dr. Anda says, ACE is “a chronic public health disaster.”

The nature of this condition resists treatment. Given that 50% of those participating in a weight-loss program dropped out because their safety felt threatened, the ACE effect is likely to sabotage any program designed to help those who need it. ACE must be considered as the root cause of its consequences and treated directly.

On an individual level, people need to educate themselves on this issue and be very mindful about how they raise their children and not close their eyes to the abuse of other children.

People with ACEs need to learn that humans are innately resilient. With the right kind of counseling and programs, they can heal their wounds.

While on national, state, and local levels, many programs have been launched, many more are needed. We need to recognize the crisis nature of this situation and address it with determination and commitment.

How does this relate to your role as a legal nurse consultant? You may work on cases involving child or sexual abuse, domestic violence, substance abuse and more. Understanding the damage these dysfunctional behaviors cause is important in helping the attorney who is involved in the litigation.

These intolerable behaviors leave wide wakes of destruction.

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