Nearly two-thirds of children will suffer the trauma of at least one adverse childhood experience (ACE), which potentially could result in a lifetime of chronic health consequences and challenges. Among these are alcoholism, depression, unemployment, heart disease, and substance abuse. Furthermore, ACE-related problems tend to be co-occurring.

Many studies have examined the relationship between ACEs and known risk factors for disease, disability, and early death. Researchers have discovered a person’s cumulative ACE score — a total of the different categories of ACEs reported by participants — has a strong, graded relationship over time to numerous health, social, and behavioral problems through adulthood, notably substance use disorders.

These long-term, adverse health effects — and the public and private costs required to address them — mean ACEs are not only childhood crises calling for prevention and intervention, but also a pressing adult health care issue physicians must take into account.

ACEs are ...

- Stressful or traumatic events like abuse and neglect, and
- Household dysfunction like witnessing domestic violence or growing up with family members with substance use disorders.

Even one ACE can result in behavioral, physical, and mental health problems lasting — or even first appearing — well into adulthood.

Adverse childhood experiences “are strongly related … to a wide range of health problems throughout a person’s lifespan.”

— U.S. Substance Abuse and Mental Health Services Administration

In the U.S., more than 64% of children will suffer an ACE in their formative years.

In the U.S., more than 20% of adults report experiencing three ACEs during their youth.

**WHAT YOU CAN DO**

Deliver trauma-informed care in your practice.

- Adult patients of all ages are likely to present in physician offices and health care systems with long-term physical and behavioral problems resulting from childhood trauma.
- Past trauma can influence how these adults interact with the health care system and their physicians.

Trauma-informed care is a program, organization, or system that:

- Acknowledges the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist retraumatization.*

**YOUR GOAL**

Create structures and processes for staff and patients that are responsive to the impact of trauma.

- Assess your system’s policies, practices, and capacity to deliver trauma-informed care.
- Train your practice’s leaders and staff in skills and competencies needed for families, such as:
  - Compassionate understanding of the neurobiology of trauma, and
  - Interpersonal actions such as compassionate listening.

*U.S. National Library of Medicine studies  **Substance Abuse and Mental Health Services Administration
THE ACE STUDY
Originated in 1995 to 1997 by Vincent Felitti, MD, and Robert Anda, MD, the study looked at 17,000 Kaiser Permanente members seeking to participate in a weight loss and management program. The Centers for Disease Control and Prevention (CDC) continues ongoing surveillance by analyzing and publishing findings from the study participants.

WHY?
Drs. Felitti and Anda saw a pattern of patients at their obesity clinic dropping out of weight-loss programs, regaining weight lost, and gaining additional weight within a short time.
Interviews with a cross-section of these patients revealed they had experienced some form of trauma in their development that correlated directly with their weight gain, and other disordered behaviors, e.g., tobacco or drug misuse, alcohol abuse, risk-taking, or violence.¹

FINDINGS
ACE Prevalence
• Almost 40 percent of the Kaiser sample reported two or more ACEs, and 12.5 percent experienced four or more.²
• The likelihood of additional types of childhood trauma accompanying a single ACE is 95 percent.³
• An ACE score of four increases a person’s risk of emphysema or chronic bronchitis by 400 percent and suicide by 1,200 percent.
• People who experience four or more ACEs, compared with those who had none, saw up to a 12-fold increase in health risks from alcoholism, drug abuse, depression, and suicidality.
• People with six or more ACEs died nearly 20 years earlier on average than those without ACEs.⁴

1  https://acestoohigh.com/
2  www.cdc.gov/violenceprevention/acestudy/about.html
4  http://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html
5  www.childhealthdata.org/

Of the 17,000 participants studied ...

28% reported physical abuse
21% reported sexual abuse
27% reported household substance abuse
23% experienced parental separation or divorce
15% reported emotional neglect
10% reported physical neglect

48% of U.S. children aged 0-17 have had at least one of nine key adverse childhood experiences.⁵

CDC estimates the lifetime costs associated with child maltreatment is $124 billion, of which $83.3 billion is attributed to productivity loss.