Learn more about ACEs
Learn more about the research behind a variety of ACE topics on our CHS website: www.chssd.org/Prevention_Training/ACEs

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An interview with Vincent Felitti, MD
This interview features co-founder of The ACE Study, Vincent Felitti, MD.

Learn more about ACEs, trauma-informed care, and resiliency:
Center for Disease Control: www.cdc.gov
ACEs Connection.com
ACEs too high.com
What are ACEs?
Adverse Childhood Experiences (ACEs) are traumatic childhood events that create dangerous levels of stress and can negatively impact the development of a child’s brain and body.

This results in long-term effects on learning and behavior, as well as the social and physical health of the individual throughout their lifetime.

In addition to the specific traumatic events categorized as ACEs, there are other types of childhood trauma such as poverty, death of a loved one, neighborhood safety issues, and historical trauma that may also affect a child’s stress level.

The important thing to remember is that an ACE score is meant as a guideline. If other types of toxic stress occurred during childhood, that would only increase the risk of health consequences.

Types of ACEs:

**Abuse**
- Physical
- Sexual
- Emotional

**Neglect**
- Physical
- Emotional

**Household Dysfunction**
- Household mental illness
- Mother treated violently
- Household substance abuse
- Incarcerated household member
- Parental divorce or separation
**The ACE Study**

Dr. Vincent Felitti and Dr. Robert Anda, co-founders of The ACE Study, conducted research from 1995-1997, with findings published in 1998.

Study demographics included 17,337 adults ages 19-94, 46% were men and 54% were women, 75% were college educated, and 75% were Caucasian with 25% African American, Asian, or other races.

It is worth noting that participants in this study reflected a cross-section of middle-class American adults, and that “marginalized” populations were under-represented.

Study participants received physical exams and completed confidential surveys giving information about their childhood experiences, and their current health status and behaviors.

Survey information was combined with results from their physical exams to form the study’s findings.

Participants were given one point for every ACE they had experienced.

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**How Common are ACEs?**

- **ZERO ACEs**: 36%
- **ONE ACE**: 26%
- **TWO ACEs**: 16%
- **THREE ACEs**: 9.5%
- **FOUR or more ACEs**: 12.5%

Almost two-thirds of the adults surveyed reported at least one Adverse Childhood Experience—and the majority of respondents who reported at least one ACE reported more than one.

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**NOTE:** To protect the privacy of the children and families we serve, it is our practice (unless otherwise noted) to use names and photos that represent our stories, and ensure confidentiality.
The Impact of an ACE Score

Left untreated, ACEs can have a lifelong impact.
Childhood experiences have a tremendous, lifelong effect on our health and the quality of our lives.

The ACE Study showed dramatic links between childhood trauma and risky behavior, psychological issues, serious illness, and the leading causes of death.

As your ACE score increases, so does the risk of disease, social dysfunction, and emotional problems.

With an ACE score of 4 or more, the likelihood of these health issues increases:
- Hepatitis ......................... 240%
- Chronic pulmonary lung disease . . 390%
- Depression ....................... 460%
- Suicide ........................... 1,220%

How Do ACEs Affect Us?

Life Expectancy:
People with 6 or more ACEs died nearly 20 years earlier on average than those without ACEs.
How much can we attribute ACEs to societal problems?
ACEs are a public health issue as they affect communities and society in significant ways.

Individuals affected by ACEs appear in a variety of human service systems throughout their lifespans as clients with behavioral, learning, social, criminal, and chronic health problems. Individuals often turn to food, alcohol, tobacco, drugs, and other high-risk behaviors without recognizing these coping methods as the problems they are.

However, ACEs are not just an individual’s problem. According to the Centers for Disease Control and Prevention (CDC), just one year of confirmed cases of child maltreatment costs $124 billion over the lifetime of the traumatized children.

Effective prevention and treatment require integration of educational, criminal justice, healthcare, mental health, and societal reform.

Over 65% of alcoholism can be attributed to ACEs, 58% of suicide attempts, and 78% of IV drug use.
What can be done to treat ACEs?

The wide ranging health and social consequences underscore the importance of preventing ACEs before they happen.

A growing network of leaders in research, policy, and practice are developing approaches to prevent ACEs and diminish their impact.

**Approaches to treating ACEs:**

- Raising public awareness about ACEs
- Promoting routine, universal screenings
- Investing in early and effective interventions and prevention programs
- Implementing best practices by an integrated health services team.

**Building resilience is key.**

*Resilience is that ineffable quality that allows some people to be knocked down by life and come back stronger than ever.*

~ PSYCHOLOGY TODAY

Everyone, by virtue of being human, will face stress, trauma, or adversity, and our bodies are “wired” to handle some of that.

But what about when that stress, trauma, or adversity is prolonged? Just as you might take extra vitamins when you feel a cold coming on, incorporating resiliency-building practices into your life can help expand your capacity to manage these challenges.

Some resiliency-building strategies include: healthy relationships, adequate sleep, physical activity, good nutrition, mindfulness (prayer, meditation, yoga), and mental health services.

Trauma-Informed Care changes the question from:

“*What’s wrong with you?*”

to

“*What happened to you?*”
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