



# The Fundamentals of Childhood Trauma and ACEs Policy Working Group (CTAP)

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Childhood trauma is an event, series of events, or set of circumstances experienced by a child as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Traumatic events in childhood may include abuse or neglect, witnessing domestic, school or community violence, suicide or mental health challenges in the home, poverty, food or housing insecurity, separation from parents through incarceration or divorce, natural disasters, terrorism, refugee or war experiences, and or life-threatening illness.

*More than two-thirds of children reported at least one traumatic event by the age of 16.<sup>1</sup>  
Nearly 1 in 6 adults across 25 states experienced four or more ACEs by the age of 18.<sup>2</sup>*

### **Childhood trauma correlates to other long-term health conditions and social problems.**

Experiencing trauma – especially complex trauma (prolonged, repeated, or multiple forms of trauma) – can impact healthy development and create toxic stress, which can harm children into adulthood.

The 1998 CDC-Kaiser Adverse Childhood Experiences (ACE) Study assessed the relationship between adult health risk behaviors and childhood abuse and household dysfunction. Participants reported how many ACEs they experienced. The ACE list was physical, emotional, or sexual abuse by a parent, growing up with an alcohol and/or drug abuser, the incarceration of a household member, living with a family member experiencing mental health challenges, domestic violence, loss of a parent, or emotional or physical neglect.

The study found that people who experienced four or more ACEs had increased risk for smoking, alcoholism, substance use disorder, depression, suicide attempts, non-school completion (1.4 times as likely), and obesity (1.2x). ACE scores in a population are also associated with increased heart, lung, kidney (1.7x), and liver disease, asthma (2.2x), stroke (2.1x) and cancer (1.4x) in that population.<sup>3</sup>

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1. Copeland, W.E., Keeler G., Angold, A., & Costello, E.J. (2007). Traumatic Events and Posttraumatic Stress in Childhood. *Archives of General Psychiatry*. 64(5), 577-584

2. Merrick MT, Ford DC, Ports KA, et al. Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:999-1005. DOI: <http://dx.doi.org/10.15585/mmwr.mm6844e1>

3. Ibid.

**When protective factors are present in a child’s life, they are less likely to experience long-term problems.** Protective factors are conditions or attributes in individuals, families, and communities that promote the health and well-being of children and families. Protective factors can act as a buffer between a child, family, and adult survivor of violence and trauma.

The protective factor approach finds a family and caregivers strength to create healthy and healing conditions for a family while identifying areas where they need assistance, thereby reducing the chances of child abuse, neglect and experience of ACEs. Protective factors include things like having supportive adults in a child’s life, social connections, emotional self-regulation skills, and concrete support for parents.

**Childhood trauma is preventable.** Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent trauma. This includes strengthening economic supports, promoting social norms that protect against violence and adversity, teaching skills, connecting youth to caring adults and activities, and trauma-informed intervention.

Preventing ACEs would create 21 million fewer cases of depression, 1.5 million fewer cases of school non-completion, 2.5 million fewer cases of obesity, and 1.9 million fewer cases of heart disease.<sup>4</sup>

ACEs can increase the risk factor for a lot of issues later in life but are not a predictor, and those impacts do not have to be permanent. By investing in support/resources and prioritizing protective factors when working with a family that has experienced violence or trauma, the negative health and emotional impacts of trauma can also be mitigated and even reversed.

**Addressing childhood trauma is cost-saving.** ACEs cost the United States \$748 billion annually, which is 3.6 percent of the U.S. Gross Domestic Product. More than 75% of costs come from individuals who have two or more ACEs.<sup>5</sup>

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4. Merrick, M.T., Ford, D.C., Ports, K.A., Guinn, A.S., Chen, J., Klevens, J., Metzler, M., Jones, C.M., Simon, T.R., Daniel, V.M., Ottley, P., & Mercy, J.A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention — 25 states, 2015-2017. Centers for Disease Control and Prevention. Retrieved from <https://tinyurl.com/cdcaces19>

5. Bellis, M.A., Hughes, K., Ford, K., Rodriguez, G. R., Sethi, D., Passmore, J. “Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis”. 2019. The Lancet Public Health. October 2019; 4-10; E517-E528. DOI:[https://doi.org/10.1016/S2468-2667\(19\)30145-8](https://doi.org/10.1016/S2468-2667(19)30145-8)

6. Ibid.