

A Chronic Public Health Disaster

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Columns



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More than 60 medical studies done since 1995 show a direct connection between childhood trauma and serious and costly, mental, emotional and *physical* illnesses that show up in adulthood.

I first learned about this a couple of years ago in a meeting of a task force on child maltreatment established by the U.S. Centers for Disease Control. I was asked to join by Prevent Child Abuse America, the national organization of which Children's Trust Fund (CTF) of Michigan is a member.

I've spent a great deal of time the past few years with colleagues at MSU doing research, outreach and education on behalf of CTF. I've learned more than I have taught on the subject, but I have become very disturbed by what I have learned from serving on the task force. Nothing I knew about child abuse and neglect in America could have prepared me for what I have learned from the Adverse Childhood Experiences (ACEs) studies.

Much of this research has been led by a top CDC physician with Michigan roots, Dr. Robert Anda, and his colleague, Dr. Vincent Felitti of Kaiser Permanente HMO. Anda was a member of CDC's Epidemic Intelligence Service assigned to do disease investigations at the Michigan Department of Public Health from 1984 to 1986.

The ACEs studies began as Felitti and a team of researchers Anda assembled at CDC questioned more than 17,000 HMO patients about their childhood experiences. Felitti had a theory about the cause of so many of the mental and emotional problems he was seeing, and Anda wanted to know whether ACEs lead to a variety of *preventable* chronic public health problems that CDC views as priority issues.

And sure enough, a startling number of these patients reported that as children they had experienced one or more of the categories of ACEs, the adverse childhood experiences Felitti and Anda refer to as childhood "stressors."

With symptoms much like battlefield post-traumatic stress disorder, many adult patients reported that as children they experienced one or more of the following conditions: recurring emotional, physical or sexual abuse; seeing their mom threatened or beaten; living with a drug user or alcoholic; experiencing a family break-up; seeing a household member sent to jail; and experiencing significant neglect. In a series of more than 60 articles, the ACEs studies match these reports of childhood trauma directly against the patients' HMO medical records. They show the direct connection between childhood stress and adult mental illness that Felitti and Anda predicted. And the researchers are finding much, much more.

Their work has confirmed that the more "stressors" a person experienced as a child, the more likely he or she will be as an adult to have done one or more of the following: attempted suicide, become mentally ill, used street drugs as adults, gotten pregnant or gotten a girl pregnant as a teenager; and acquired a sexually transmitted disease. The research confirmed Felitti's initial theory and showed that *preventing* ACEs holds great promise for *improving* public health.

The list of debilitating and costly adult mental and emotional conditions associated with childhood stressors is extensive. And, of course, the more childhood stressors a person has experienced, the

more likely the researchers were to find emotional and mental illness in their adult patients. They expected to find that. But even the most seasoned medical researchers seemed shocked at what they found next:

Adults who have experienced unusual stressors as children are more likely to have serious, expensive, sometimes life-threatening physical illnesses as adults. Medical researchers have found that, beyond expected mental and emotional problems, adult physical illness is directly connected to the way we treat our children.

So far, researchers have found lung problems, including cancer, in adults with ACEs — disease that can't be explained simply as being caused by smoking or other environmental factors. They have found ischemic heart disease among adults who suffered unusual stress as children. Using modern radiology, neuroscientists have found changes in brain structure of adults who suffered “toxic stress” that explain the underlying biology of how ACEs affect public health.

Emotional and mental illness in adults seems like a logical and likely consequence of childhood trauma. Everyone can see that. But how can the CDC, or anyone else, suggest that damaged adult organs or compromised immune systems may be related to childhood stress?

Well, the science for this is way over my head, but the logic isn't. What we might be seeing in the ACEs study data is the effect of the pumping of stress hormones, adrenaline — that kind of thing — on the developing brain and other organs that are only beginning to mature.

While, fortunately, these lasting, life-shortening effects of childhood trauma were not found in every adult who has experienced them, they are being found often enough to constitute what Anda has called a “chronic public health disaster.”

During February, I shared a PowerPoint overview of these studies with 58 individual members of the Michigan Legislature, picked by random draw for private appointments in their offices — one by one. Nearly every legislator received me warmly, and most of them were as shocked by the CDC's research as I had been the first time I saw it.

To their credit, most legislators wanted my advice on what they could do about this. I refused to speculate other than to say I know it is important that they thank the Kiwanis Clubs, the Exchange Clubs, the teachers and social workers, the church groups and the hundreds of volunteers among their constituents who are helping reduce the stress in the lives of children. According to the CDC, their work may be saving lives as well as reducing long-term costs of the loss of human potential and increased medical care.

You see, I had begun each of my 58 legislative meetings by emphasizing that even though I have some strong opinions on what legislators should or should not do with these data from a policy or budget standpoint, I felt that expressing my personal opinions on the issue would only get in the way of the presentation of the facts. Call me naïve, but I trust the process to do the right thing eventually, especially when the facts are allowed to speak so loudly for themselves.

Why am I so passionate about getting the word out about ACEs? Again quoting CDC's Dr. Anda: “The public health impact of adverse childhood experiences can now only be ignored as a matter of choice. Thus, with this information comes the responsibility to use it.”

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Note: If you are interested in learning more about the public health disaster of ACEs, please refer to the CDC ACEs [website](#). Or you can download a PowerPoint of my slides (and narrative) [here](#). A more detailed presentation than mine is available [here](#).

In addition, an ABC News [Report](#) emphasizes that the CDC data show adverse childhood

experiences of children may shorten their lifespans by 20 years or more. You can find much more information than this by “Google-ing” the phrase “Adverse Childhood Experiences.”

But remember, with this information comes the responsibility to use it, even if the most you think you can do is to go out of your way to give special recognition to anyone, especially parents, who are treating children as the precious, fragile little beings that they obviously are.

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