

The Long-term Effects of Childhood Trauma

Children across the country and of every race, ethnicity, and socioeconomic background are experiencing trauma at staggeringly high rates, and the effects of this trauma can span a lifetime. Results from the groundbreaking [Adverse Childhood Experiences Study](#) (ACE study), jointly conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, show a strong correlation between the number of different types of traumatic childhood experiences and the likelihood of engaging in risky behaviors, having chronic health problems, and dying young. Begun in 1995, the ACE study is one of the longest-running studies to analyze the relationship between different types of childhood trauma and future health and behavioral outcomes. A longitudinal study, it continues to track the subsequent health outcomes of the original participants; a [more recent study conducted by the CDC in 2009](#) replicated the results across a broader sample of the population. The results suggest that an underlying cause of many of our biggest public health problems may in fact be trauma experienced as a child.

Prevalence of Adverse Childhood Experiences

Over 17,000 people participated in the original ACE study and answered questions about the types of trauma, if any, they had experienced as a child. The participants were members of the Kaiser Health Plan and were generally middle-class and well educated: 80 percent white including Hispanic, 10 percent black, and 10 percent Asian. The researchers divided participant responses into ten categories of adverse childhood experiences (ACEs): psychological abuse by parents, physical abuse by parents, sexual abuse by anyone, emotional neglect, physical neglect, alcoholism or drug use in the home, loss of biological parent, depression or mental illness present in the home, mother treated violently, and an imprisoned household member. Each person was assigned an ACE score from zero to ten indicating the number of different categories (not the number of distinct incidents) of ACEs that person had experienced; each person's health outcomes have been tracked to this day.

[The numbers are overwhelming.](#) (Also see the Office on Women's Health's [webinar](#) on the ACE study). Two-thirds of the participants had experienced at least one type of ACE, and if one ACE was present, the likelihood that a person had experienced another ACE was 87 percent. One in ten had experienced five or more ACEs, and women were 50 percent more likely than men to have a score of five or more. Women were also almost twice as likely as men to have experienced sexual abuse, especially sexual abuse perpetrated by someone they knew. The high prevalence of ACEs among this population shows how widespread childhood trauma is and confirms that childhood trauma is not primarily a symptom or by-product of poverty.

ACEs and Future Behavior and Health Outcomes

That such large numbers of the population experience multiple childhood traumas is in itself worrisome, but the link between ACE score and future poor health outcomes is even more troubling. The results of the study show a strong link between traumatic childhood experiences and risky behaviors such as smoking, injecting drugs, and being promiscuous. For example, over 25 percent of people with an ACE score of four or more had sexual intercourse by the age of 15. This compares with only a little over 5 percent of those who had experienced no ACEs. The same pattern holds true for smoking and alcoholism. Higher ACE scores are also associated with increased likelihood of preventable poor health conditions. People with an ACE score of four or more are three times more likely than those with a score of zero to have a history of chronic depression and twice as likely to have liver disease. The results cannot be explained solely by increased rates of drug and alcohol use—the rate of hallucinating increases steadily with ACE score for those who do *and do not* abuse alcohol and drugs. For some health and behavioral outcomes, such as rates of attempted suicide, the likelihood increases exponentially with ACE score. The end results of these risky behaviors and poor health conditions are higher rates of doctor office visits, higher numbers of prescription drugs, and, ultimately, higher rates of early death.

ACEs and Domestic Violence

One of the study's findings of most concern was the clear connection between ACE score and domestic violence perpetration and victimization. As ACE score increases, the likelihood of perpetrating domestic violence as an adult increases similarly for both men and women. Differences occur along gender lines, however, when it comes to victimization. Overall women are more likely than men to be [victims of domestic violence regardless of ACE score](#) (slide 17); men who have experienced five or more ACEs are just slightly more likely to be victims of domestic violence than women who have experienced no ACEs. But the correlation between ACE score and likelihood of being a victim of domestic violence is also more significant for women than for men. Women who have experienced five or more ACEs are three times more likely than women who have experienced zero ACEs to be victims of domestic violence as an adult. For men, the relationship is much less clear. The story is similar for sexual violence. People who have experienced four ACEs or more are *eight times* more likely than those with no ACEs to be raped later in life. And, since women are 50 percent more likely than men to have experienced five or more ACEs, this is a finding of special concern for women, who make up a majority of rape victims in the first place.

Dealing with Childhood Trauma

The results of the ACE study are especially significant because they reflect the effects of childhood trauma on a relatively well-educated, unimpoorished group of individuals. The participants had access to adequate health care, and yet the number of ACEs was significantly correlated with high rates of preventable health conditions. [Five states have replicated the study](#) across different populations with similar results. These results point to an acute need for doctors and other health care professionals to screen routinely for traumatic childhood experiences as part of their basic

protocol. Indeed, when Kaiser Permanente began screening for ACEs, it found a 35 percent reduction in doctor office visits and an 11 percent reduction in emergency room visits. Although the underlying reasons for this reduction are uncertain, these results are promising and suggest a new paradigm for thinking about some public health problems—for some people, risky behavior and poor health may be a part of coping with traumatic experiences from childhood.

Moreover, results from the ACE study point to the heightened need for violence prevention and trauma treatment programs that deal with the multiplicity and complexity of the effects that childhood trauma has over a lifetime. Often the first places where the effects of trauma manifest themselves, schools need to attend to childhood trauma. Schools must not only adopt policies and protocols that ensure the safety of survivors while in school but also have on staff responsible adults who are knowledgeable about trauma, including domestic and sexual violence, and can connect survivors with counseling and other support services. The Women’s Law and Policy Project of the Sargent Shriver National Center on Poverty Law has been deeply involved in the [Ensuring Success in School Initiative](#), which is committed to promoting school success among students who are parents, expectant parents, and survivors of domestic or sexual violence. This it does by creating supportive learning environments in schools: embracing policies and practices that ensure student safety and well-being and connect students with the counseling and other services they need both in school and in the community. Supportive schools that identify and meet the needs of students who have experienced trauma can begin to mitigate the effects of childhood trauma early and combat future negative behavior and health outcomes.

Further Information

For more information on the impact of trauma specifically on women and girls, tune in to the U.S. Department of Health and Human Services, Office on Women’s Health’s new [webinar series](#), “The Impact of Trauma on Women and Girls Across the Lifespan.” This webinar series aims to raise awareness about the effects of childhood trauma on women and girls and discusses different models for addressing and treating childhood trauma and its effects. For still more information, or to become involved in the Ensuring Success in School Initiative, contact Wendy Pollack, director, Women’s Law and Policy Project, Sargent Shriver National Center on Poverty Law, at wendypollack@povertylaw.org.