

The ACE Study

Video transcript for SHARE.

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So, this next segment is about adverse childhood experiences which we would commonly refer to as the ACE Study [www.ACEstudy.org]; and what the ACE Study did was it looked at what happens to us into early childhood before the age of eighteen and then what those adult health outcomes are. And, they looked at two separate categories. They looked at “Was there anything that happened to you as an individual?”

[CHILDHOOD ADVERSITY BY CATEGORIES chart].

Was there any type of abuse or neglect, whether it was sexual, physical or emotional?” And, then they looked at what was happening in your house—“Was there any untreated mental health or substance abuse issues? Was there any domestic violence or interpersonal violence? Or, was there the loss of a parent for any reason or did you have a parent incarcerated?” And they looked at all of those different factors and formed what they call the A Score. It was based on the number of categories that you experienced. They found that if you were exposed to any one of those factors there was an 80% likelihood of you being exposed to another factor. And they also found that as your A-Score went up, those number of adverse *[ACE Study visual]* experiences you went through, so did your risk for having more health problems as you got older. It also showed that the more violent experiences you had as a child, the higher your risk factors as an adult to either re-perpetrate those events or to be re-victimized in the same way.

The study began at Kaiser Permanente, actually the weight loss program. They were helping employees work on wellness and, you know, trying to prevent disease. In that weight loss program, what the doctor started noticing is that some of the people that did the very best would drop out. He thought that was very interesting; but, you know, things happen. And, then there was one particular lady who went through the program. She lost an amazing amount of weight, did it all the right way. She was doing really well. Then, in one month, she gained over thirty pounds and dropped out of the program. And, so, they asked her about it. You know, they wanted to find out what was going on. And, she told them the truth. She explained to them that she had been sexually abused as a child by her grandfather. And that after she lost all the weight and went back to work and, you know, was feeling so good about herself, that this elderly gentleman that looked like her grandfather had hit on her. And she went back to where she felt safe. And they started thinking how that made so much sense, that it wasn't just that this was a bad behavior or bad coping skill, but that it was actually a way of protecting herself and surviving what had happened. And, that's when they started the A-Study was to find out

“Was this just one person or is this something that we hadn’t been paying attention to in the medical community, in the psychological community, in any of our public health centers?” That maybe there really was a reason for some of the behaviors and health things that we see and it wasn’t just the people making bad choices. So, an easy way to understand how someone might go from an adverse childhood experience to early death is to go through the steps that lead to that. And, they start with that you experience some adverse childhood event and out of that adverse childhood event *[visual, pyramid illustrating conception to death]* you develop social, emotional, and cognitive problems. Those social, emotional, and cognitive problems lead to high risk behavior, and those high risk behaviors can lead to disease, disability, and social issues, which ultimately lead to early death. And, out of that, we started looking and seeing how to reframe the way we’ve been doing treatment and also as people are coming in, to find out what’s really going on and not just focus on the behaviors that are presenting at the time. So, considering the child who’s had an A-Score of 4; they’ve had four off of that list of adverse childhood experiences. *[Statistics shown on screen]* That child is at a 250% increased risk of sexually transmitted disease. They’re at a 390% higher risk of developing COPD, a 460% more likely to suffer from depression; and if their A-Score goes up, *[visual on statistics]* they go from 1, 220% increased risk in suicide attempt to 3000 to 5000% increased risk of suicide attempt. Then if you have a male child with an A-Score of six or more, they’re *[visual showing statistics]* at a 4,600% increased risk of being an adult IV drug use. So, what the A-Study did is it gave us a great way of framing how we perceive people, and it really did lay the foundation for so much of the work that has happened in other areas, both in trauma-informed systems, in medical care, in totally changing not just how we see the people that we’re serving but how we see ourselves and establishing that link in between behavior and cause and letting us learn different ways to help people based on their stories and not just the symptoms that they’re presenting when they come in.