

# strengthening families

## research in brief: the adverse childhood experiences study

### ORIGINS OF THE STUDY

In 1985 Dr. Vincent J. Felitti, director of a Kaiser Permanente weight loss program, made a strange clinical observation: program participants who were most successful were also most likely to drop out of the program. In follow-up interviews with many of these participants, Dr. Felitti discovered that child sexual abuse and/or physical abuse was common, and the abuse typically preceded the onset of obesity. He concluded that obesity was not the real problem, and that many participants had used it as a solution for coping with more severe problems they could not talk about.

### BACKGROUND OF THE STUDY

The Adverse Childhood Experiences (ACE) Study was led by co-principal investigators Dr. Felitti and Dr. Robert Anda. From 1995–1997, medical history and retrospective childhood experiences data was gathered from over 17,000 middle-income adults (average age = 57) with KP health insurance to assess the relationship between multiple forms of childhood trauma, later adolescent or adult risky behaviors, and current health status.

Ten categories of adverse childhood experiences (ACEs) were examined that included 5 categories of child maltreatment and 5 categories of family dysfunction: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, household substance abuse, household mental illness, incarcerated household member, mother treated violently, and parental separation or divorce.

An individual's ACE score equals the total number of ACEs reported; the higher the score, the greater the amount of trauma experienced in childhood.

### FINDINGS

ACEs are much more common than previously recognized.

- A little more than half of the study participants reported one or more ACEs.
- One in 4 participants was exposed to two ACEs.
- One in 16 was exposed to four ACEs.
- Given exposure to one ACE, there is an 80% chance of exposure to another.

ACEs had a strong, positive correlation to adult health status a half-century later.

- As the number of ACEs increase, the risk for health problems (e.g., alcoholism/alcohol abuse, smoking, depression, liver disease, pulmonary disease, risk for intimate family violence, suicide attempts) increases in a graded fashion.

### IMPLICATION FOR STRENGTHENING FAMILIES

Reducing the likelihood of child maltreatment by building the Strengthening Families Protective Factors may contribute to improved adult health outcomes.

### SELECTED REFERENCES

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