Reading #1

Fostering Resilient Learners

ACEs Wild

In the late 1990s, Dr. Robert Anda and Dr. Vincent Felitti led a collaborative project between the Centers for Disease Control and the Department of Preventive Medicine at Kaiser Permanente in San Diego, California, to explore the relationship between children's emotional experiences and their subsequent mental and physical health as adults. This groundbreaking research (Felitti et al., 1998) revealed a strong correlation between adverse childhood experiences and adult health and, perhaps more significantly, signaled that these ACEs were far more prevalent than previously thought.

What constitutes an ACE? Many of us can probably come up with some ideas, but the initial eight ACEs that Felitti and colleagues studied were

- Substance abuse in the home.
- Parental separation or divorce.
- Mental illness in the home.
- Witnessing domestic violence.
- Suicidal household member.
- Death of a parent or another loved one.
- Parental incarceration.
- Experience of abuse (psychological, physical, or sexual) or neglect (emotional or physical).

Many would argue now, and I would agree, that the list is not complete and should include other experiences, such as exposure to a natural disaster, criminal behavior in the home, terminal or chronic illness of a family member, military deployment of a family member, war exposure, homelessness, and victimization or bullying.

Despite this limitation, the details of the original ACE Study are fascinating. Anda and Felitti collected data from more than 17,000 adult patients who were insured by the major insurance provider in Southern California (Kaiser Permanente), tallying how many ACEs from the list

each respondent had experienced. Each ACE listed was given a value of 1, so individuals reporting none of the above would have an ACE score of 0, whereas those who experienced all of the ACEs would have a score of 8. The researchers found that more than half of their subjects had experienced at least one ACE during their youth. Roughly 25 percent had experienced multiple ACEs, and 1 in 16 had an ACE score of 4 or above (Felitti et al., 1998). Not only did this study's result shock the belief systems of many people working in the caregiving fields, but it also helped dispel the myth that trauma happens only in populations of poverty. Although living in poverty increases the likelihood of ACE exposure, poverty itself is not considered an adverse childhood experience. This study supported what many of us already knew: trauma does not discriminate. It happens everywhere—across all races, religions, socioeconomic levels, and family systems.

One of the more profound implications of this study was the acknowledgment of the prevalence of trauma in our society. One might even hypothesize that these numbers were low estimates of the actual occurrences, owing to social taboos against seeking or sharing this type of information and the fact that the traumatic experiences were self-reported. In fact, in two similar studies (Breslau, Kessler, & Chilcoat, 1998; Burns, 2005), more than 90 percent of respondents reported at least one lifetime traumatic event. These studies have been replicated with hundreds of thousands of subjects and across several arenas (including, for example, health care, education, and military), but the results remain consistent. These findings have been so powerful that many states are incorporating ACE awareness into their state studies and census data.