

REPLY

The Adverse Childhood Experiences Study — the largest, most important public health study you never heard of — began in an obesity clinic

OCTOBER 3, 2012 *By Jane Ellen Stevens in ACE STUDY, CHILD ABUSE, CHILD TRAUMA, CHRONIC DISEASE, NEUROBIOLOGY* 267 COMMENTS

Mentions of the ACE Study – the CDC’s Adverse Childhood Experiences Study – have shown up in the New York Times (<http://www.nytimes.com/2012/09/28/opinion/brooks-the-psych-approach.html>), This American Life (<http://www.thisamericanlife.org/radio-archives/episode/474/back-to-school>), and Salon.com (<http://salon.com/>) recently. In the last year, it’s become a buzzword in social services, public health, education, juvenile justice, mental health, pediatrics, criminal justice and even business. Many people say that just as everyone should be aware of her or his cholesterol score, so should everyone know her or his ACE score (<https://acestoohigh.com/got-your-ace-score/>). But what is this study? And why is it so important to, well, almost everyone in 2012, the same way polio became important to almost everyone in the 1950s? Here’s the backstory.

The ACE Study – probably the most important public health study you never heard of – had its origins in an obesity clinic on a quiet street in San Diego.

It was 1985, and Dr. Vincent Felitti was mystified. The physician, chief of Kaiser Permanente’s revolutionary Department of Preventive Medicine in San Diego, CA, couldn’t figure out why, each year for the last five

years, more than half of the people in his obesity clinic dropped out. Although people who wanted to shed as little as 30 pounds could participate, the clinic was designed for people who were 100 to 600 pounds overweight.

Felitti cut an imposing, yet dashing, figure. Tall, straight-backed, not a silver hair out of place, penetrating eyes, he was a doctor whom patients trusted implicitly, spoke of reverentially and rarely called by his first name. The preventive medicine department he created had become an international beacon for efficient and compassionate care. Every year, more than 50,000 people were screened for diseases that tests and machines could pick up before symptoms appeared. It was the largest medical evaluation site in the world. It was reducing health care costs before reducing health care costs was cool.



(<https://acestoohigh.files.wordpress.com/2012/10/avafelitti.png>)

Dr. Vincent Felitti

But the 50-percent dropout rate in the obesity clinic that Felitti started in 1980 was driving him crazy. A cursory review of all the dropouts' records astonished him — they'd all been losing weight when they left the program, not gaining. That made no sense whatsoever. Why would people who were 300 pounds overweight lose 100 pounds, and then drop out when they were on a roll?

The situation “was ruining my attempts to build a successful program,” he recalls, and in typical Type-A fashion, he was determined to find out why.

The mystery turned into a 25-year quest involving researchers from the Centers for Disease Control and Prevention and more than 17,000 members of Kaiser Permanente's San Diego care program. It would reveal that adverse experiences in childhood were very common, even in the white middle-class, and that these experiences are linked to every major chronic illness and social problem that the United States grapples with — and spends billions of dollars on.

But in 1985, all that Felitti knew was that the obesity clinic had a serious problem. He decided to dig deep into the dropouts' medical records. This revealed a couple of surprises: All the dropouts had been born at a normal weight. They didn't gain weight slowly over several years.

“I had assumed that people who were 400, 500, 600 pounds would be getting heavier and heavier year after year. In 2,000 people, I did not see it once,” says Felitti. When they gained weight, it was abrupt and then they stabilized. If they lost weight, they regained all of it or more over a very short time.

But this knowledge brought him no closer to solving the mystery. So, he decided to do face-to-face interviews with a couple hundred of the dropouts. He used a standard set of questions for everyone. For weeks, nothing unusual came of the inquiries. No revelations. No clues.

The turning point in Felitti's quest came by accident. The physician was running through yet another series of questions with yet another obesity program patient: How much did you weigh when you were born? How much did you weigh when you started first grade? How much did you weigh when you entered high school? How old were you when you became sexually active? How old were you when you married?

“I misspoke,” he recalls, probably out of discomfort in asking about when she became sexually active — although physicians are given plenty of training in examining body parts without hesitation, they're given little support in talking about what patients do with some of those body parts. “Instead of asking,

“How old were you when you were first sexually active,” I asked, “How much did you weigh when you were first sexually active?” The patient, a woman, answered, “Forty pounds.”

He didn’t understand what he was hearing. He misspoke the question again. She gave the same answer, burst into tears and added, “It was when I was four years old, with my father.”

He suddenly realized what he had asked.

“I remembered thinking, ‘This is only the second incest case I’ve had in 23 years of practice,’” Felitti recalls. “I didn’t know what to do with the information. About 10 days later, I ran into the same thing. It was very disturbing. Every other person was providing information about childhood sexual abuse. I thought, ‘This can’t be true. People would know if that were true. Someone would have told me in medical school.’ ”

Worried that he was injecting some unconscious bias into the questioning, he asked five of his colleagues to interview the next 100 patients in the weight program. “They turned up the same things,” he says.

Of the 286 people whom Felitti and his colleagues interviewed, most had been sexually abused as children. As startling as this was, it turned out to be less significant than another piece of the puzzle that dropped into place during an interview with a woman who had been raped when she was 23 years old. In the year after the attack, she told Felitti that she’d gained 105 pounds.

“As she was thanking me for asking the question,” says Felitti, “she looks down at the carpet, and mutters, ‘Overweight is overlooked, and that’s the way I need to be.’”

During that encounter, a realization struck Felitti. It’s a significant detail that many physicians, psychologists, public health experts and policymakers haven’t yet grasped: The obese people that Felitti was interviewing were 100, 200, 300, 400 overweight, but they didn’t see their weight as a problem. To them, eating was a fix, a solution. (There’s a reason an IV drug user calls a dose a “fix”.)

One way it was a solution is that it made them feel better. Eating soothed their anxiety, fear, anger or depression – it worked like alcohol or tobacco or methamphetamines. Not eating increased their anxiety, depression, and fear to levels that were intolerable.

The other way it helped was that, for many people, just *being* obese solved a problem. In the case of the woman who’d been raped, she felt as if she were invisible to men. In the case of a man who’d been beaten up when he was a skinny kid, being fat kept him safe, because when he gained a lot of weight, nobody bothered him. In the case of another woman – whose father told her while he was raping her when she was 7 years old that the only reason he wasn’t doing the same to her 9-year-old sister was because she was fat – being obese protected her. Losing weight increased their anxiety, depression, and fear to levels that were intolerable.

For some people, both motivations were in play.

Felitti didn’t know this at the time, but this was the more important result – the mind-shift, the new meme that would begin spreading far beyond a weight clinic in San Diego. It would provide more understanding about the lives of hundreds of millions of people around the world who use biochemical coping methods – such as alcohol, marijuana, food, sex, tobacco, violence, work, methamphetamines, thrill sports – to escape intense fear, anxiety, depression, anger.

Public health experts, social service workers, educators, therapists and policy makers commonly regard addiction as a problem. Some, however, are beginning to grasp that turning to drugs is a normal response to serious childhood trauma, and that telling people who smoke or overeat or overwork that these are bad for them and that they should stop doesn't register when those approaches provide a temporary, but gratifying solution.

Ella Herman was one of the people who participated in the obesity clinic, but had dropped out because any weight she lost, she regained. Herman owned a successful childcare center in San Diego. Herman said she was sexually abused by two uncles and a school bus driver; the first time occurred when she was four years old. She married a man who abused her repeatedly and tried to kill her. With the help of her family, she fled with her children to San Diego, where she later remarried.

"I imagine I've lost 100 pounds about six times," she recalled. "And gained it back." Every time she lost weight and a man commented on her beauty, she became terrified and began eating. But she never understood the connection until she attended a meeting at which Felitti talked about what he'd learned from patients. At this time, Herman was just over five feet tall and weighed nearly 300 pounds. "He had a room full of people," she said. "The more he talked the more I cried, because he was touching every aspect of my life. Somebody in the world understands, I thought."

Herman later sent a letter to Felitti. "I want to thank you for caring enough about people to read all those charts and finding out what happens to all of us who are molested, raped and abused in childhood," she wrote. "...I suffered for years. The pain became so great I was thinking of jumping off the San Diego Bay Bridge....How many people may have taken their life because they had no program to turn to? How many lives can be saved by this program?"

What do you do when you've got something important to tell the world, but the world thinks it's stupid?

So, if you were Vincent Felitti, whom would you pick as your first audience to reveal your stunning findings? A group relatively informed about obesity that would greet the new information with extreme interest, praise and applause? Natch. So, in 1990, Felitti flew to Atlanta to give a speech to the members — many of them psychologists and psychiatrists — of the North American Association for the Study of Obesity. The audience listened quietly and politely. When he finished, one of the experts stood up and blasted him. "He told me I was naïve to believe my patients, that it was commonly understood by those more familiar with such matters that these patient statements were fabrications to provide a cover explanation for failed lives!"

At dinner, Dr. David Williamson, an epidemiologist from the U.S. Centers for Disease Control and Prevention, sat next to the perplexed Felitti. Williamson was intrigued. He leaned over and "told me that people could always find fault with a study of a couple of hundred people," says Felitti, "but not if there were thousands, and from a general population, not a subset like an obesity program. I turned to him and said, 'That's not a problem.' "



(<https://acestoohigh.files.wordpress.com/2012/10/avawilliamson.jpg>)

Williamson invited Felitti to meet with a small group of researchers at the Centers for Disease Control. Dr. Robert Anda, a medical epidemiologist was among them. If Felitti is the model for a TV show featuring a wise and stately chief physician who sits straight, stands straight, and keeps his personal feelings in check, Anda would be the dashing, young, brilliant researcher who wears his tie askew, slumps in chairs, laughs easily, loves to joke around, and puts his heart on his sleeve for all to see.

Anda began his career as a physician, but became intrigued with epidemiology and public health. When he met Felitti, he had been studying how depression and feelings of hopelessness affect coronary heart disease. He noticed that depression and hopelessness weren't random. "I became interested in going deeper, because I thought that there must be something beneath the behaviors that were generating them," says Anda.

Kaiser Permanente in San Diego was a perfect place to do a mega-study. More than 50,000 members came through the department each year, for a comprehensive medical evaluation. Every person who came through the Department of Preventive Medicine filled out a detailed biopsychosocial (biomedical, psychological, social) medical questionnaire prior to undergoing a complete physical examination and extensive laboratory tests. It would be easy to add another set of questions. In two waves, Felitti and Anda asked 26,000 people who came through the department "if they would be interested in helping us understand how childhood events might affect adult health," says Felitti. Of those, 17,421 agreed.

Before they added the new trauma-oriented questions, Anda spent a year pouring through the research literature to learn about childhood trauma, and focused on the eight major types that patients had mentioned so often in Felitti's original study and whose individual consequences had been studied by other researchers. These eight included three types of abuse — sexual, verbal and physical. And five types of family dysfunction — a parent who's mentally ill or alcoholic, a mother who's a domestic violence victim, a family member who's been incarcerated, a loss of a parent through divorce or abandonment. He later added emotional and physical neglect, for a total of 10 types of adverse childhood experiences, or ACEs.



(<https://acestoohigh.files.wordpress.com/2012/10/avaanda.jpg>)

The initial surveys began in 1995 and continued through 1997, with the participants followed subsequently for more than fifteen years. “Everything we’ve published comes from that baseline survey of 17,421 people,” says Anda, as well as what was learned by following those people for so long.

When the first results of the survey were due to come in, Anda was at home in Atlanta. Late in the evening, he logged into his computer to look at the findings. He was stunned. “I wept,” he says. “I saw how much people had suffered and I wept.”

This was the first time that researchers had looked at the effects of several types of trauma, rather than the consequences of just one. What the data revealed was mind-boggling.

The first shocker: There was a direct link between childhood trauma and adult onset of chronic disease, as well as mental illness, doing time in prison, and work issues, such as absenteeism.

The second shocker: About two-thirds of the adults in the study had experienced one or more *types* of adverse childhood experiences. Of those, 87 percent had experienced 2 or more types. This showed that people who had an alcoholic father, for example, were likely to have also experienced physical abuse or verbal abuse. In other words, ACEs usually didn’t happen in isolation.

The third shocker: More adverse childhood experiences resulted in a higher risk of medical, mental and social problems as an adult.

Adverse Childhood Experiences Are Common	
Household dysfunction:	
Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%
Abuse:	
Psychological	11%
Physical	28%
Sexual	21%
Neglect:	
Emotional	15%
Physical	10%

(<https://acestoohigh.files.wordpress.com/2012/10/aceslist.png>).

To explain this, Anda and Felitti developed a scoring system for ACEs (<https://acestoohigh.com/got-your-ace-score/>). Each type of adverse childhood experience counted as one point. If a person had none of the events in her or his background, the ACE score was zero. If someone was verbally abused thousands of times during his or her childhood, but no other *types* of childhood trauma occurred, this counted as one point in the ACE score. If a person experienced verbal abuse, lived with a mentally ill mother and an alcoholic father, his ACE score was three.

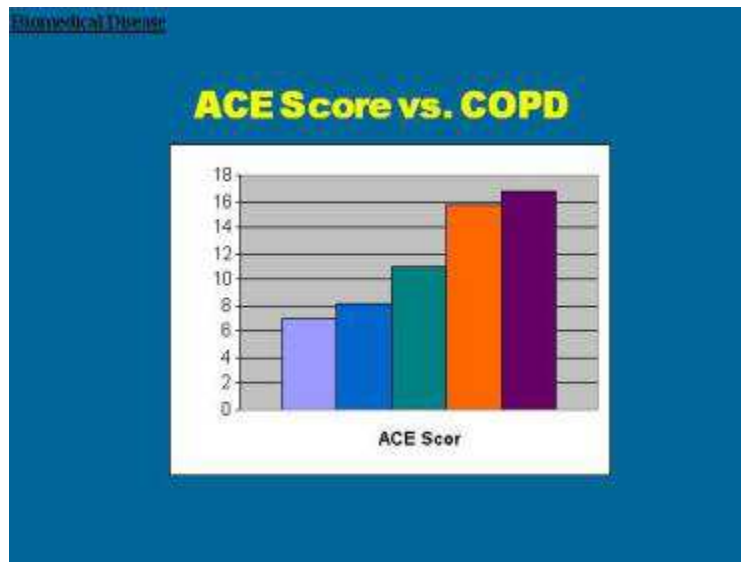
Things start getting serious around an ACE score of 4. Compared with people with zero ACEs, those with four categories of ACEs had a 240 percent greater risk of hepatitis, were 390 percent more likely to have chronic obstructive pulmonary disease (emphysema or chronic bronchitis), and a 240 percent higher risk of a sexually-transmitted disease.



(<https://acestoohigh.files.wordpress.com/2012/10/acealcoholism.png>).

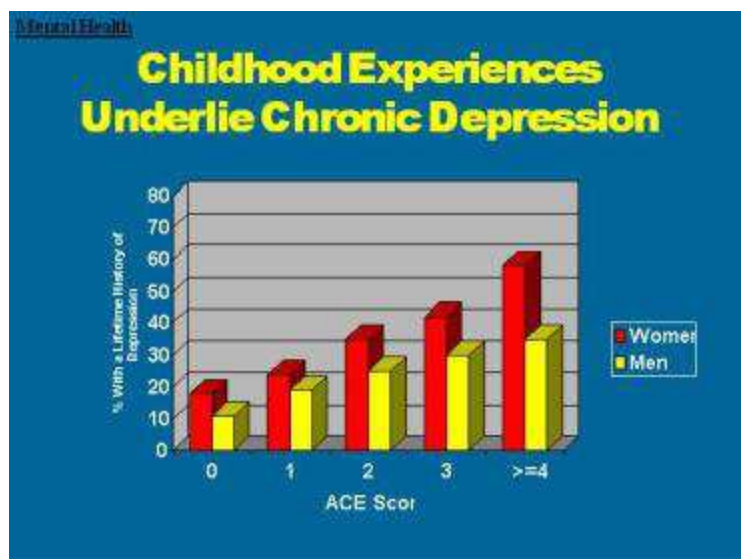
They were twice as likely to be smokers, 12 times more likely to have attempted suicide, seven times more likely to be alcoholic, and 10 times more likely to have injected street drugs.

People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, more auto-immune diseases, and more work absences.



(<https://acestoohigh.files.wordpress.com/2012/10/acecopd.png>).

“Some of the increases are enormous and are of a size that you rarely ever see in health studies or epidemiological studies. It changed my thinking dramatically,” says Anda.



(<https://acestoohigh.files.wordpress.com/2012/10/acedepression.png>).

Two in nine people had an ACE score of 3 or more, and one in eight had an ACE score of 4 or more. This means that every physician probably sees several high ACE score patients every day, notes Felitti.

“Typically, they are the most difficult, though the underpinnings will rarely be recognized.”

The kicker was this: The ACE Study participants were average Americans. Seventy-five percent were white, 11 percent Latino, 7.5 percent Asian and Pacific Islander, and 5 percent were black. They were middle-class, middle-aged, 36 percent had attended college and 40 percent had college degrees or higher. Since they were members of Kaiser Permanente, they all had jobs and great health care. Their average age was 57.

As Anda has said: “It’s not just ‘them’. It’s us.”

Changing the landscape of understanding human development

In the last 14 years, Anda, Felitti and other CDC researchers have published more than 60 papers in prestigious peer-reviewed journals, including the Journal of the American Medical Association and the American Journal of Preventive Medicine. Other researchers have referenced their work more than 1,500 times. Anda and Felitti have flown around the U.S., Canada and Europe to give hundreds of speeches.

Their inquiry “changed the landscape,” says Dr. Frank Putnam, director of the Mayerson Center for Safe and Healthy Children (<http://www.cincinnatichildrens.org/research/divisions/m/mayerson/default/>) at Cincinnati Children’s Hospital Medical Center and professor at the University of Cincinnati Department of Pediatrics. “It changed the landscape because of the pervasiveness of ACEs in the huge number of public health problems, expensive public health problems — depression, substance abuse, STDs, cancer, heart disease, chronic lung disease, diabetes.”

ACE Study DVD Pre-View.mov



The ACE Study became even more significant with the publication of parallel research that provided the link between why something that happened to you when you were a kid could land you in the hospital at age 50. The stress of severe and chronic childhood trauma – such as being regularly hit, constantly belittled and berated, watching your father often hit your mother – releases hormones that physically damage a child’s developing brain (<http://developingchild.harvard.edu/>).

Flight, fight or freeze hormones work really well to help us accelerate when we’re being chased by a vicious dog with big teeth, fight when we’re cornered, or turn to stone and stop breathing to escape detection by a predator. But they become toxic when they’re turned on for too long.

This was determined by a group of neuroscientists and pediatricians, including neuroscientist Martin Teicher (<http://www.mclean.harvard.edu/about/bios/detail.php?username=mteicher>) and pediatrician Jack Shonkoff (http://developingchild.harvard.edu/about/center_director_and_staff/#Shonkoff), both at Harvard University, neuroscientist Bruce McEwen (<http://www.rockefeller.edu/research/faculty/abstract.php?id=109>) at Rockefeller University, and child psychiatrist Bruce Perry at the Child Trauma Academy (<http://www.childtrauma.org/>).

As San Francisco pediatrician Nadine Burke Harris recently explained to host Ira Glass on the radio program, “This American Life (<http://www.thisamericanlife.org/radio-archives/episode/474/back-to-school>)”, if you’re in a forest and see a bear, a very efficient fight or flight system instantly floods your body with adrenaline and cortisol and shuts off the thinking portion of your brain that would stop to consider other options. This is very helpful if you’re in a forest and you need to run from a bear. “The problem is when that bear comes home from the bar every night,” she said.

If a bear threatens a child every single day, his emergency response system is activated over and over and over again. He’s always ready to fight or flee from the bear, but the part of his brain – the prefrontal cortex – that’s called upon to diagram a sentence or do math becomes stunted, because, in our brains,



[_ \(https://acestoohigh.files.wordpress.com/2012/10/burkeharris.jpg\)](https://acestoohigh.files.wordpress.com/2012/10/burkeharris.jpg)

Dr. Nadine Burke Harris and faux patient (for the photo)

emergencies – such as fleeing bears – take precedence over doing math.

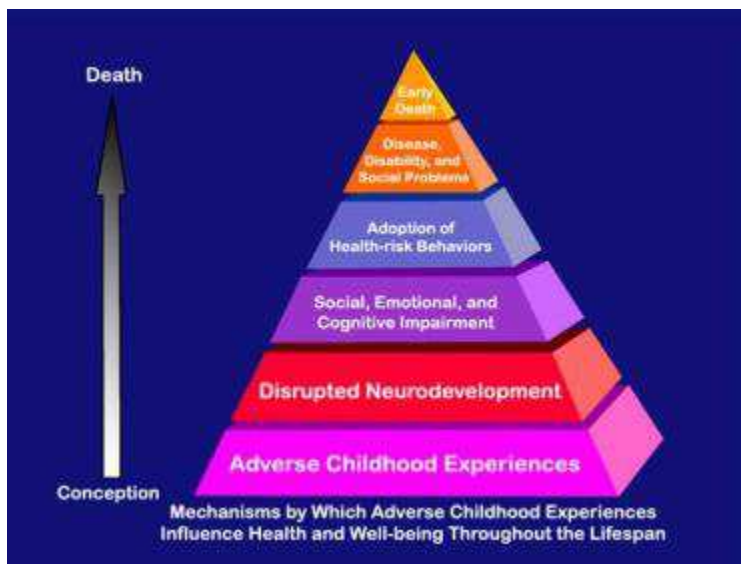
For Harris' patients who had four or more categories of adverse childhood experiences “their odds of having learning or behavior problems in school were 32 times as high as kids who had no adverse childhood experiences,” she told Glass.

Together, the two discoveries – the ACE epidemiology and the brain research — reveal a story too compelling to ignore:

Children with toxic stress live much of their lives in fight, flight or fright (freeze) mode. They respond to the world as a place of constant danger. With their brains overloaded with stress hormones and unable to function appropriately, they can't focus on learning. They fall behind in school or fail to develop healthy relationships with peers or create problems with teachers and principals because they are unable to trust adults. Some kids do all three. With despair, guilt and frustration pecking away at their psyches, they often find solace in food, alcohol, tobacco, methamphetamines, inappropriate sex, high-risk sports, and/or work and over-achievement. They don't regard these coping methods as problems. Consciously or unconsciously, they use them as solutions to escape from depression, anxiety, anger, fear and shame.

What all this means, says Anda is that we need to prevent adverse childhood experiences and, at the same time, change our systems – educational, criminal justice, healthcare, mental health, public health, workplace – so that we don't further traumatize someone who's already traumatized. You can't do one or the other and hope to make any progress.

“Dr. Putnam is right — ACEs changed the landscape,” Anda says. “Or perhaps the many publications from the ACE Study opened our eyes to *see the truth of the landscape*. ACEs create a “chronic public health disaster” that until recently has been hidden by our limited vision. Now we see that the biologic impacts of ACEs transcend the traditional boundaries of our siloed health and human service systems. Children affected by ACEs appear in all human service systems throughout the lifespan — childhood, adolescence, and adulthood — as clients with behavioral, learning, social, criminal, and chronic health problems.”



(<https://acestoohigh.files.wordpress.com/2012/10/acepyramid2.png>)

But our society has tended to treat the abuse, maltreatment, violence and chaotic experiences of our children as an oddity instead of commonplace, as the ACE Study revealed, notes Anda. And our society believes that these experiences are adequately dealt with by *emergency* response systems such as child protective services, criminal justice, foster care, and alternative schools. “These services are needed and are worthy of support — but they are a dressing on a greater wound,” he says.

“A hard look at the public health disaster calls for the both the prevention and treatment ACEs,” he continues. “This will require integration of educational, criminal justice, healthcare, mental health, public health, and corporate systems that involves sharing of knowledge and resources that will replace traditional fragmented approaches to burden of adverse childhood experiences in our society.”

As Williamson, the epidemiologist who introduced Felitti and Anda, and also worked on the ACE Study, says: “It’s not just a social worker’s problem. It’s not just a psychologist’s problem. It’s not just a pediatrician’s problem. It’s not just a juvenile court judge’s problem.” In other words, this is everybody’s problem.

According to a [CDC study released earlier this year](http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html) (http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html), just *one* year of confirmed cases of child maltreatment costs \$124 billion over the lifetime of the traumatized children. The researchers based their calculations on only confirmed cases of physical, sexual and verbal abuse and neglect, which child maltreatment experts say is a small percentage of what actually occurs.

The breakdown per child is:

- \$32,648 in childhood health care costs
- \$10,530 in adult medical costs
- \$144,360 in productivity losses
- \$7,728 in child welfare costs
- \$6,747 in criminal justice costs

- \$7,999 in special education costs

You'd think the overwhelming amount of money spent on the fallout of adverse childhood experiences would have inspired the medical community, the public health community and federal, state and local governments to integrate this knowledge and fund programs that have been proven to prevent ACEs. But adoption of concepts from the ACE Study and the brain research has been remarkably slow and uneven.

On the federal level, the Substance Abuse and Mental Health Services Administration (<http://www.samhsa.gov>) (SAMHSA) – probably the largest federal agency you never heard of – launched the National Child Traumatic Stress Network (<http://www.nctsn.org>) in 2001, and the National Center for Trauma-Informed Care (<http://www.samhsa.gov/nctic/>) (NCTIC) in 2005. Much of the work focused on stress from *individual* traumatic events, or individual types of child abuse; only recently has there been a focus on dysfunctional families or changing systems that engage those families to become trauma-informed, i.e., not further traumatizing already traumatized people, as so many of our systems do.

Until the last 10 months, the medical community practically ignored the ACE Study. Just last December, the American Academy of Pediatrics issued a policy statement (<https://acestoohigh.com/2012/01/02/pediatrics-academy-tells-baby-docs-your-new-job-is-to-reduce-toxic-stress/>) recommended that its members look for toxic stress in their patients. Except with local exceptions, the public health community has not embraced it. In fact, the CDC — the one agency you might think would use its own research to reorganize how it approaches prevention of alcohol, obesity, sexually transmitted diseases and smoking — has whittled down funding for the ACE Study to practically nothing, and nobody's working on it full time.

However, on a local and state level, there's been considerably more action. Washington was the first state to embrace the ACE Study and the research on children's developing brains, when its Family Policy Council (<http://www.fpc.wa.gov>) distributed the information through a statewide network of 42 communities. Over the last three years, 18 states have done their own ACE surveys, with results similar to the CDC study.

Some cities have set up ACE task forces. Trauma-informed practices are popping up around the U.S., Canada, and countries in Europe, Asia, and Central and South America in schools, prisons, mental clinics and hospitals, a few pediatric practices, crisis nurseries, local public health departments, homeless shelters, at least one hospital emergency room, substance-abuse clinics, child welfare services, youth services, domestic violence shelters, rehab centers for seniors, residential treatment centers for girls and boys, and courtrooms.

In these dozens of organizations, the results of the new approach are nothing less than astounding: the most hopeless of lives turned around, parents speaking "ACEs" and determined not to pass on their high ACEs to their children, and a significant reduction in costs of health care, social services and criminal justice.

NEXT (but not tomorrow): What happens when a homeless shelter in Petaluma, CA, integrates ACE concepts.

267 responses

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SHARON WALK says:

January 28, 2019 at 6:11 am

I recently began studying ACEs. I had come to conclusions of my own regarding my physical problems and my adverse childhood experiences. My personal experiences with ACEs had led me to the same conclusion about that as the researchers found in the survey work they did. My medical expenses are outrageous every year. I have POTs, adrenal insufficiency, fibromyalgia, chronic fatigue syndrome, asthma, Graves Disease, migraine headaches. My mental health diagnoses are PTSD, Major Depression, Borderline Personality Disorder. I am also a licensed clinical counselor in Ohio. I have spent the last 30 years trying to understand myself. Now I am 71 years old. My family denied the whole thing, church people believe I'm crazy, My husband has not a clue as to how to deal with me. I am still looking for some one to help me. I have maintained normal weight, was successful in school, have no substance abuse issues. I wonder how I managed all of that with an ACE score of 5.

J HALEY says:

March 4, 2019 at 6:12 am

Because you inner will and strength must be phenomenal on a conscious level. Its clearly still impacting you unconsciously x Have you read The body keeps score? See a Hypnotherapist and try Regression. I can look in my group to find one near you.

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AVERY RAY COLTER says:

August 20, 2018 at 2:48 pm

I for one am curious how many clients of this clinic mentioned what I sometimes call the "fat-hate feedback loop". Many adipose people I know could well answer to having suffered several types of ACEs precisely because they were either objectively or subjectively perceived as "overweight" and subjected to various levels of ill treatment, sometimes quite severe, by schoolmates, by parents, by doctors. Often I have heard people say things on the order of "I look back at my school pictures, and I wasn't even that fat, but everyone told me I was". The crafters of the messaging about childhood obesity evidently have little ability to see how smacking of an authoritarian surveillance state some of it can look to the intended recipients. Forced contact is a sexual assault everyone recognizes, but for many fat adolescents, just as much a sexual assault is the suggestion that some few extra pounds will

make them unattractive to anyone, a suggestion that is not only heartless, but not even remotely true. In fact especially adolescent girls who are tall as well as heavy tell of being told such insinuations of ugliness one moment, then the next mistaken for adult women and having to handle adult males' sexual overtures. These things are the drivers of all manner of confusion and suicidal ideation and reckless attempts at weight reduction. "If you'd just lose the weight you wouldn't have any problem" is precisely an instance of parents' failure to defend which I've heard all too often. And if adverse stress is a causative factor in weight gain, one can easily see a feedback loop setting up where gains in weight are met with all manner of abusive responses which ratchet up the stress level, generating a triple-spiral of weight, health problems, and social abuses. A person in this cycle might lose weight, but the internalized and externally reinforced messaging about weight is still there, and so will may be the health issues. To my mind the only sustainable way to break this cycle is to work to arrest abusive treatment of fat children and give all children plenty of positive messaging that their potential matters no matter how their bodies are shaped.

JEN SCHAGER says:

August 20, 2018 at 1:57 pm

What are your sources for this backstory? utilizing ACEs in my dissertation and wanting to know more about the backstory as to how the ACEs study came about.

JANE ELLEN STEVENS says:

August 20, 2018 at 4:03 pm

Sources were interviews with the researchers, and CDC publications.

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Pingback: [Did childhood trauma play a role in your autoimmunity? | Drceland.com](#)

CAROL MAIARA OPULSKI says:

March 2, 2018 at 3:11 am

Thank you

VIRGINIA says:

March 25, 2018 at 7:48 am

I appreciate the ACE information..I am a person who has an ACE score of 10. I struggle to find help that embraces the ACE idea of an integrative approach.. I do not smoke. I do not drink 13 years). I have done weight loss programs and weight came off and came back. I have been diagnosed with PTSD. I think more like CPTSD for obvious reasons. I do work with a therapist and a psychiatrist. I work and do find that the work stress triggers me physically despite me doing healthy things to mitigate. I am contemplating bariatric surgery and came across this article trying to find out if this is going to be successful or if this is going to be another exercise in futility.

AMAC⁵³⁰ says:

March 29, 2018 at 7:35 am

Hi Virginia: I am PeTe a retired clinical psychologist with many years of experience treating adults who had been abused and or molested as children. Please reread this statement by Dr. Nadine Burke Harris, " if you're in a forest and see a bear, a very efficient fight or flight system instantly floods your body with adrenaline and cortisol and shuts off the thinking portion of your brain that would stop to consider other options. This is very helpful if you're in a forest and you need to run from a bear. "The problem is when that bear comes home from the bar every night," she said.

If a bear threatens a child every single day, his emergency response system is activated over and over and over again. He's always ready to fight or flee from the bear, but the part of his brain – the prefrontal cortex – that's called upon to diagram a sentence or do math becomes stunted, because, in our brains, emergencies – such as fleeing bears – take precedence over doing math.

For Harris' patients who had four or more categories of adverse childhood experiences "their odds of having learning or behavior problems in school were 32 times as high as kids who had no adverse childhood experiences,

So in cases like yours you can count on there being abnormal responses in your brain to stress. I suggest to you that any job or lifestyle which has more than minimal stress, although you can certainly handle it better than most, will cause you to remain in chronic stress mode and will keep many of your normal brain functions from working properly. I think that you would best build a life with minimal stress and make sure you have loving supportive people in your social life and minimal stress in your work. I suggest that group therapy with other ACEs victims with varying time in recovery would be very valuable for you so smooth your reactions and responses to life events.

I discovered that my ACEs score is 8 after many years of treating these wonderful people and I decided to calm things down in my life due to my tendency to over react in terms of what is good for my general health. My life is now much more calm and I am happier with a calmer life with much less stress after years of healing with others in similar life situations. I have become a devoted Christian, which provides fellowship and an opportunity to come to know the bible which has greatly helped me find ways of operating, which have improved my life immeasurably.

I hope that this helps you my fellow traveler. PeTe

LESLYE says:

April 1, 2018 at 6:12 pm

You might want to look at EMDR therapy before you try bariatric surgery. It must get be helpful. It is recognized by the World Health Organization as efficacious for treating trauma. It changed my life. Hope things get better for you. Leslye

TERESA KUBIAK says:

April 2, 2018 at 12:20 pm

Can you believe that in Rochester, NY, the head of psychiatry and Unity Health System has forbidden all therapists to use EMDR because he read on the internet (at QuackWatch.org) that EMDR is a farce. Dr. Michael McGrath is also working to disprove the theory of freeze response.

Pingback: ["Trauma, Toxic Stress, and Building Self-Healing Communities" – a Town Hall on March 27th – GriffinNeighbors](#)

Pingback: [Depression: A complex condition worth looking at the big picture | Stick Out Your Tongue](#)

Pingback: [Does childhood sexual abuse change you forever?](#)

Pingback: [HERE this NOW is Bringing Trauma-Informed Change to NH and Beyond - Here This Now](#)

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Pingback: [Finding a Mentor: How Books Inspire Resiliency - Literacy & NCTE](#)

Pingback: [ACE – Adverse Childhood Experiences - Riktr Pro Massage Therapy, Santa Barbara, Goleta.](#)

Pingback: [ACE – Adverse Childhood Experiences - Sports Massage Santa Barbara Goleta](#)

ADMIN says:

September 12, 2017 at 11:15 am

Reblogged this on .

DANIEL says:

February 21, 2019 at 9:33 pm

Research has shown that it's not necessarily the specific technique used in therapy that renders the highest curative potency to mental demoralization but rather the the therapeutic relationship between the client and therapist. Common factors that contribute to relief from mental anguish stem first and foremost from the unconditional positive regard, empathic listening without judgement, and the trusting bond forged in the therapeutic relationship. From this foundation many techniques can be used with success because the foundation has been laid where the client believes in the treatment modality, the genuine intent of the therapist and feels valued as human

being. Often for the first time in their lives. So whether it's EMDR or CBT or REBT or ... The demoralization that precipitates from childhood trauma and persists through adulthood can be decreased via therapy with a compassionate and competent mental health counselor.

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Pingback: [Adverse Childhood Experiences: Why the past won't just go away \(Part 1\). – healing insights](#)

Pingback: [The past, present and future health costs of inequality - CHPI -sandbox-](#)

KELLEY DEVLIN-LAKE says:

June 9, 2017 at 7:41 am

This puts many struggles into a context that makes sense. Kudos to those who persisted.

JENNIFER KREGER MD says:

June 8, 2017 at 8:56 am

On behalf of the medical community, I hereby apologize to our populace for our delay in facing this key epidemic.

Ignorance is not a good excuse. People who taught self-defense classes, ran For Men Against Sexism workshops, worked at battered-people's shelters, or lent listening ears to their friends and relatives could have told us all of this many decades ago—and, in fact, did.

One of the things that got in the way of facing the truth was our own embarrassment.

None of us is more than one or two degrees away from a perpetrator or victim of serious abuse, and all of us carry some bits of victimhood and abusiveness within our own psyches.

Another is the way that health care is used as a profit-making industry. Taking good care of young people does not make huge profits for drug companies.

Fortunately we have the means to change things. Here are two that are already ready for prime time:

- (1) Parenting support from HandinHandParenting.org — very effective at breaking the chain of mistreatment and very pro-parent as well as pro-child
- (2) Single-payer health care that makes health care a public good, not another way to exploit the victims.

JANE ELLEN STEVENS says:

June 9, 2017 at 2:15 pm

Thank you for your comment. If you're interested in seeing how others, including those in the medical community, are integrating practices based on ACEs science, you may be interested in joining ACEsTooHigh's companion social network, ACEsConnection.com.

Cheers, Jane

KELLOR says:

June 6, 2017 at 5:12 pm

This is all true in my life ! I am now working with a therapist who is helping me help the Child in me understand and care for

Parents divorce at age 4 was the beginning

Of my food issues -The mental abuse from family about my weigh. Mom controled my food intake , put me thru crazy weight programs The worst was Shick shock program

Infertility has made it all worse -I know failure

But success is scary !

TONI SAMS says:

June 6, 2017 at 10:02 am

This is very eye – opening. How can we protect all the poor children of the world who are pout through such misery. There should be screening tests for people who wish to be parents.

RAY WOMAC says:

June 6, 2017 at 4:27 am

I have known and felt this from the bottom of my heart as long as I have lived. I'm proud of your persistence.

ELISSA GROSS says:

June 5, 2017 at 4:30 pm

This makes perfect sense to me – asa psychologist who has worked with thousands of People

Over the years – I have seen it over and over again

MICHELLE says:

June 4, 2017 at 9:22 pm

The wave of healing is growing, and nobody can stop it! There is so much hope because so many individuals have dedicated their lives to crafting healing arts. Check out new paradigms such as Internal Family Systems Therapy (IFS), Family Constellations, or Voice Dialogue. There are pioneers out here who have been doing the work and now we all can benefit. There is so much free information online to get you started. I have witnessed people heal from the most horrific atrocities, and I want anyone out there suffering to know that there is REAL HEALING available! I urge you to research these systems and other new trauma-healing systems that have developed over the last few decades. They aren't mainstream yet, but they really work, and I really urge you to keep going because you can heal. Learn how to connect with your Higher Self with IFS and you will be amazed at how powerful and beautiful you really are.

ANCI BARTLETT says:

June 4, 2017 at 7:47 am

This explains my life Exactly 😞

Pingback: [Parenting a child with ACES](#)

Pingback: [The past, present and future health costs of inequality | CHPI -sandbox-](#)

Pingback: [The past, present and future health costs of inequality - CHPI](#)

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Pingback: [From foodie to glorious food – Anne Malatt on Life](#)

Pingback: [Love Your Neighbor – the Resilience Movie and Adverse Childhood Experiences \(ACEs\) | Blog – Deb Mills](#)

PETE BELDING says:

November 25, 2016 at 2:22 pm

As a former (1974 to 1989) clinical psychologist specializing in adults molested and abused as children i can say that the people i worked with had significant physical, social and psychological challenges making a normal life impossible without significant intervention, which was very difficult for them always.

TERESA KUBIAK says:

November 29, 2016 at 5:31 am

Wow, you were doing that work back then! What a gem you must be. I wish my mother could have found help. She was looking. I've been looking my whole life. Finally with the new understanding of the part our "older" brain plays, I have found help to turn my nervous system around – it was shattered from years of developmental trauma. Now I'm building new pathways of thought and my body is unwinding from years of contraction patterns. It's not easy. The more you heal, the more you feel. You can't do it all at once. It's scarier than fire walking.

AMAC⁵³⁰ says:

December 2, 2016 at 3:09 pm

Hi Teresa: I would love to hear about what you have done. would you write me at drpetie@yahoo.com or call me at 619 723 8383.

RAVI says:

April 17, 2017 at 5:13 am

How are you going about it?

Pingback: [Healthy Relationships Matter More Than We Think](#)

Pingback: [Healthy Relationships Matter More Than We Think](#)

Pingback: [What about our children? – Building Resilience in the Face of the ACE of Divorce – The Costello Center Blog](#)

Pingback: [Blueprint for a Healthier America - How Does Yoga Fit into this Design? | Subtle Yoga](#)

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Pingback: [Childhood Trauma Expert, Dr. Felitti, Say Early Adverse Experiences Contribute to Issues Later in Life](#)

Pingback: [Adverse Childhood Experiences study \(ACEs\) Resources – Bichara Sahely's Blogs](#)

Pingback: [About the Adverse Childhood Experience Study | Arundel Lodge](#)

Pingback: [Meeting a Hero and Supporting Moms | Petaluma Health Care District : Blog](#)

ARLETTA SLOAN says:

August 19, 2016 at 8:25 am

Thanks for all the great information. I really appreciate what was brought up about not retraumatizing the already traumatized. I do not go anywhere near doctors offices, anymore, because I am very tired of having my intelligence insulted, denials of me knowing anything about how I feel or think or what has happened to me, and ... oh, just so much crap, really.

Going to a doctor is, generally, an expensive exercise in futility. I need someone who is going to listen and see me as a human being, not catch a few words here or there and remember what their textbook said. Going to a doctor is worse than talking to an IT department.

It's good to read about a couple of people who really want to help and the possibility of others following their lead. There are so few medical professionals out there who are really interested in their patients and out of those, well, I don't know any a poor person can visit.

AMAC530 says:

December 2, 2016 at 3:19 pm

Arletta: I am so sorry to hear that you have had this experience (not surprised but sorry). I became exhausted because when it was discovered that I would help adults molested as children, I was swamped with patients and had literally no one I could refer to. I trained others and eventually they became licensed and were competent but this is very hard work and very sad in the beginning because you have to identify the history and then start working on the effects on behavior and thinking VERY RESPECTFULLY cuz this is a kid making choices with no loving adult to help decide how to think and act.

There may be good people who will handle your healing lovingly and with patience and at rates you can afford (group therapy is way helpful). you are right to be very demanding and to get out when you feel not cared about or not respected or not valued. This will be very difficult and must be guided by someone who cares and knows how to help and get through making mistakes along the way cuz we all make mistakes and people who love each other make fixing those mistakes a very high priority. I suggest that you watch out for know it alls. love, Pete

Pingback: [Violence is just one part of childhood trauma. So why are we focusing so much on childhood violence? « ACEs Too High](#)

Pingback: [Click for Resources Adverse Childhood Experience \(ACE\) Studies | LucidWitness.com](#)

JULES8092 says:

June 30, 2016 at 11:20 am

I wish I lived in the US right now! I think the work you are doing to help protect kids is amazing and long may it continue and fewer kids may not have to experience the terror of violent, abusive and neglectful parents. I watch the work of Bessel Van der Kolk and Peter Levine to mention but a few and I wish we had the understanding and the practitioners here in the UK.

I have an ACE score of 10 plus though I do believe I must have some resilience or I would not still be here today! I have reached 52 and struggled all my life thinking I was just crazy, had adhd, thought I was weak as I was unable to say 'NO' to pretty much anything and agree to pretty much anything if I think it will please people. I don't have any trouble remembering the bear coming home from the bar every night and beating my mother whilst we stood with pee running down our legs too scared to move and unable to protect her but once I got to 11 I could calm him by letting him sexually abuse me – disgusting but it kept my mother and brother safe sometimes. My parents were my abusers but after that I've ended up in a 25 year marriage with a very controlling man, I ran to him as he was 'big and strong' in the hope that he would always protect me from my father. Almost 12 months ago

something inside me snapped and the 'shell' or the pretence of being an able, capable mum, post grad with a reasonably good job just stopped working I have no idea why and I am now in a state of emotional collapse. I have never been so less capable, unable to focus on anything, unable to concentrate. I have always suffered from chronic insomnia but just learned to live on very little sleep but I could do that in my 20's, 30's and 40's but no more! I am in a complete and utter mess, no job, no income and everything seems so hopeless.

I went to my doctor and tried to explain about my ACE score and he just looked at me and said I don't know what you're talking about. I asked for a psychiatric referral but was told I couldn't have one? It seems there is no help available for me despite all of the years of tax paid to fund our National Health system. If I want help I must sort it out myself and sadly the cost is out of my reach. How do you start when the UK seems miles behind and doesn't seem to want to admit there is a problem. I wish I could shout about ACEs from the rooftops and make people listen but given my mental state right now I will probably end up in jail! I feel so hopeless useless and worthless right now and I just don't know what to do as my brain won't seem to calm enough to think of anything sensibly. If anyone can suggest anything please do as I am lost.

JANE ELLEN STEVENS says:

July 3, 2016 at 7:42 pm

I'm so sorry that you experienced such a horrible childhood. Nobody should have to go through that. I suggest joining ACEsConnection.com, the companion social network to ACEsTooHigh.com, and looking for people in the UK who are members (currently, there are 98). Many of them are implementing trauma-informed, resilience-building practices based on ACEs science, or want to.

JULIA JOHNSON says:

July 3, 2016 at 11:42 pm

Hi Jane,

Thank you so very much I've been looking for stuff in aces in the uk and felt like I was getting nowhere fast! I will check it out.

Thank you for your kindness

Julia

TERESA KUBIAK says:

July 4, 2016 at 5:02 pm

I am in your place too – it is scary and hopeless. I have made a lot of progress with something called Associative Awareness Technique, but today I am in a bad place, feeling hopeless, spiraling into isolation more and more every day. I think I may in a deep form of “freeze” but knowing that doesn't help. I was strong and fought my past for several decades, but the loss of a relationship 5 years ago plummeted me into a black hole. It was as if my initial childhood trauma had laid eggs. I have been trying to pull myself up by my boot straps but I keep falling down. My resistance is broken and triggers are killing me left and right.

I think the real killer for me now is isolation. I don't want to be with people. I am tired of small talk and being around other people's happy families. I cannot talk about my reality to people – it is too disturbing for them. It would be nice to have a forum or support group.

I think there should be a diagnosis called Compound Complex PTSD – when a person has spent decades under the rule of sadistic parental introjects. Now that I understand the nervous system better, I look back on many therapies and spiritual practices that I tried and realize that many of them embedded my trauma deeper. I think that there are barely a handful of people in the world who know how to help people like us, and it is a dangerous road. The more you heal, the more you feel.

SUSAN HARTMAN says:

July 11, 2016 at 4:59 pm

Teresa,

I feel your encompassing range of unwelcomed & uninvited emotions as well. Your post touched me in the center of my struggling heart & soul. I find many similarities in our situation and am pursuing positive options to overcome this life situation that has hung on far too long to find hope to overcome. My last relationship ended 7 years ago, kids are grown & gone, rarely hear from them and I feel isolated & very much alone. The upside I hold onto is my morals, values, & ability to read & reach out to those I find in need of comfort or help. However, I have also found this to be a double edged sword where I have been used & abused. I send this message to you in hopes that you find hope to smile and feel value in the special person you seem to be and agree that an educated support group or forum would be so beneficial for us all.

MARTHA HULSEY SMALLEY says:

September 3, 2016 at 5:46 am

Dear Julia. I feel you are so brave to come out with your story as your story is so much like mine. I lost my identical twin sister 3 years ago and now I understand why I am coming apart spiraling down and always wanting to be alone yet I still I don't like loneliness. A year after my twin died, I had a major stroke. I lost the one person who knew what we went through. WE were each other's support. Im a high ACES.

AMAC530 says:

March 29, 2018 at 7:46 am

Hi Jules: Just read your message. I really feel for you my dear. My only suggestion is that you read what is put up here and let it guide your life until the UK medical community is shamed into facing this major cultural issue and starts making treatment available for people like us. You could also advertise for others in the same position and start a self help group meeting and talk about what is found in these messages. I think that would be a step in the right direction anyway. I do think that writing your powers that be and sending them some of the materials available about ACEs might also produce some movement in your culture. Love, PeTe

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Pingback: [Working Ranch Integrates ACEs, Animals Into Treatment for Teens | Juvenile Justice Information Exchange](#)

Pingback: [Working Ranch Integrates ACEs, Animals into Treatment for Teens | Youth Today](#)

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Pingback: [The ACE Study: Finding a new fix |](#)

Pingback: [Johnna Janis makes documentary “Invisible Scars” to heal her and others’ childhood trauma - Heal Write Now for Trauma Survivors & Adults Abused as Children](#)

Pingback: [Johnna Janis makes Invisible Scars to heal her and others’ childhood trauma](#) « ACEs Too High

Pingback: [The ACE: One Test You Hope You Don’t Ace | This Must Be Normal](#)

TOM SABO says:

March 6, 2016 at 8:59 am

Hopefully something to bring people’s perspectives together. In my field, this is a given. Take it to the Suits, Wallets and decision makers, and it is irrelevant. Too many monoliths to listen to the tiny and most damaged voices, classified most often as Borderline and Antisocial Personality Disorders. There is a point on the timeline that the Syndrome becomes the survival instinct, when the victim becomes a Community Problem and requires traumatizing treatment. I could go on and on. Very frustrating.

DERNHELM6 says:

March 2, 2016 at 3:17 am

Reblogged this on [Indie Lifer](#) and commented:

Excellent article on the adverse childhood experiences study that began in an obesity clinic.

Pingback: [The Adverse Childhood Experiences Study — the largest, most important public health study you never heard of — began in an obesity clinic | christybez](#)

Pingback: [Do You Keep Hearing About the ACE’s Study? – Family Insights](#)

STEVEN CLARK says:

February 28, 2016 at 10:59 pm

What about those who were abused by school teachers, or some one at Church. These also were ACEs. Can you develop questions that reflect that? If you restrict my childhood abuse to my immediate family my ACE is 1. If you include Educational and Spiritual Abuse my ACE is 3.

Also what about children of those with high ACE scores? My mother was an ACE 4.

JANE ELLEN STEVENS says:

February 29, 2016 at 4:53 pm

Hi, Steven: There are, of course, many other types of childhood trauma — watching a sibling being abused, losing a caregiver (grandmother, mother, grandfather, etc.), homelessness, surviving and recovering from a severe accident, witnessing a father being abused by a mother, witnessing a grandmother abusing a father, etc. The ACE Study included only those 10 childhood traumas because those were mentioned as most common by a group of about 300 Kaiser members; those traumas were also well studied individually in the research literature.

Some people are adding questions to the survey — I know of three pediatric clinics that have added four to six additional questions — and other organizations are assessing the types of childhood trauma reported by the populations they're serving to add them to the 10-question survey.

The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress, such as those you mentioned, then they can also affect your health and well-being.

ROB E says:

March 1, 2016 at 11:46 am

I don't think this article discounts your experience. Why did you feel you couldn't let your family know you were being harmed?

CAROL CLARKE says:

March 8, 2016 at 10:18 am

When I was sexually abused between the ages of 5 and 10, how did I know as a child, what was normal. I was a frigging child! Why/How would I know to ask?

Pingback: [Boston's architect of community well-being: Pediatrician Renée Boynton-Jarrett « ACEs Too High](#)

Pingback: [Adverse Childhood Experiences \(ACEs\) and Trauma-Informed Care \(TIC\): Critical Insights for Navigating School Health | Family & Youth Roundtable](#)

Pingback: [Real Health Medical Did childhood trauma play a role in your autoimmunity? By Dr. Tracy McAlvanah - Real Health Medical](#)

REVGERRY says:

January 15, 2016 at 12:00 pm

Thank you for this information – i couldn't stop reading.

Pingback: [Did childhood trauma play a role in your autoimmunity? - Glen Mills Chiropractic](#)

Pingback: [ACEs histories for mothers recovering from substance abuse « ACEs Too High](#)

Pingback: [California High School Health Clinic Asks Students about Childhood Trauma to Improve Their Health | Youth Today](#)

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Pingback: [Washington's Horrible Mental Health Legislation - LiberalVoiceLiberalVoice — Your source for everything about liberals and progressives! — News and tweets about everything liberals and progressives](#)

Pingback: [California high school health clinic asks students about their childhood trauma as a way to improve their health « ACEs Too High](#)

MARGARETHA says:

September 13, 2015 at 5:59 pm

Reblogged this on [Psikologi Forensik dan Psikopatologi](#) and commented:

A very important study.

Pingback: [Childhood Trauma – Disability or Injustice? « ACEs Too High](#)

Pingback: [Eroding | Behind the White Coat](#)

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Pingback: [“Paper Tigers” 🙌 The cast and crew of Paper Tigers take a bow after a sold-out screening at the Seattle International Film Festival. | Humanity Is Action](#)

DANA TERRELL, LCSW, EAC says:

July 6, 2015 at 9:51 pm

Jane Ellen Stevens, thank you for your tremendous energy and dedication to bringing ACES knowledge where it can benefit the most people. You are offering a tremendous gift.

JANE ELLEN STEVENS says:

July 6, 2015 at 10:27 pm

Thank you for your kind words, Dana.

Pingback: [In “Childhood Disrupted”, Donna Jackson Nakazawa explains how your biography becomes your biology](#) « ACEs Too High

Pingback: [Problem-Solving Courts Dig Deep to Acknowledge, and Sometimes Address Trauma | Juvenile Justice Information Exchange](#)

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Pingback: [In Safe Babies Courts, 99% of Kids Don’t Suffer More Abuse — but Less Than 1% of U.S. Family Courts Are | Youth Today](#)

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Pingback: [If you are a Child Advocate, this is a must-read. | Annabel Murray Attorney at Law](#)

CARL SELB says:

February 22, 2015 at 3:23 pm

How does a woman with ACES effect the relationship with her husband? My wife is constantly mad at me and treats me like her father with was the reason for her ACES. We have now been married almost 9 years and I just can’t stand her mental abuse any longer.

Pingback: [Adverse Childhood Experience \(ACE\) questionnaire | acestoohigh.com | BlueHackers.org](#)

JENNIE C. says:

January 23, 2015 at 2:44 pm

Reblogged this on [Skarlit Sunrise](#).

JRAPRIL says:

December 10, 2014 at 11:35 am

My score is very high.

Pingback: [Quagmire | Behind the White Coat](#)

Pingback: [Trauma induced Obesity.... Really? No Sh*t! | Out of the Rabbit Hole](#)

TERESA KUBIAK says:

December 5, 2014 at 5:51 am

I am 53, ACE score of 7. I left home at 18 and have been seeking professional help my entire life. I wish it were so simple as “change your thoughts change your life” but it’s not – I have tried all of these avenues. What I have found is a body of work based on the “freeze response” (when you cannot fight or flee). Peter A Levine did some of the most important ground breaking work on this and developed a form of therapy called Somatic Experiencing, but there are others who have taken this body of knowledge into the realm of physical therapy, where the work can be done by addressing the brain stem and amygdala, which really run the show. I was able to stop all of my meds for sleeping and depression. Life is so different without the burden of those side-effects on my system, and the drugs never fixed anything – at any dose. Anyway, neurologist Robert Scaer has a huge body of work on trauma and the freeze response. His web site is [traumasoma.com](#). The modality that helped me, and which I am still using is called Associative Awareness Technique, developed by Scott Musgrave. (<http://www.wellnessandperformance.com>) Bit by bit my feeling-self is coming back into my body, which was a very unsafe place for it to be. I am also practicing the Feldenkrais method of somatic awareness. For me, they work together well.

BLISS (BEING LIS SIMPSON says:

December 7, 2014 at 10:58 am

Thank you for your comment Teresa. Your journey and persistence is a gift for us all. I continue to learn about more sources as each person shares their story, what’s helping, and the rewards of doing this work at various levels: personal, interpersonal community and beyond.

SANDYJEAN says:

December 10, 2014 at 11:31 am

I can’t tell my story; too painful. But the study explains a lot, about origins of depression and obesity, much of which I already knew.

PAMELA POLLACK says:

December 12, 2014 at 7:22 am

Teresa- We seem to be on a similar path! I discovered AAT through a local physical therapist 2 1/2 years ago and have since read Levine, Scaer, and everything I can find about trauma and healing from it. Interesting that you use Feldenkrais- I am just starting to learn about it after reading that Dr. Merzenich, one of the pioneers in neuroplasticity research, is a huge fan of it. I have found a similar practice, Continuum Movement, very helpful already. I also practice sitting meditation and use mindfulness awareness techniques throughout my day. I think the best and most readily

accessible instruction in these techniques remains Jon Kabat-Zinn's book Full Catastrophe Living. I strongly believe the healing I experienced from AAT bodywork enabled me to begin consistently practicing meditation and mindfulness, after I had been doing AAT for over a year. It is particularly difficult for traumatized people to sit still with their body and mind, though this practice is so very valuable and creates so much positive transformation in the brain. For this reason, the Trauma Center in Brookline, Mass uses trauma-informed yoga classes to help their patients ease into the experience of being with their breath and body. I think this is an interesting approach, but somehow, and I hope someday to fully understand how, the AAT tools have been profoundly effective for enabling me to do this. Also, I should mention another powerful healing technique I recently discovered and now use almost daily is Tapas Acupressure Technique (TATlife.com- basic instructions can be downloaded for free.) Wishing you blessing and awakening on your healing journey, Teresa!

TERESA KUBIAK says:

December 14, 2014 at 8:12 am

Hi Pamela, I'm glad to have connected with someone else who knows about this stuff. I love this site and am thrilled that it is here. I think there are a lot of reasons why our discoveries are hard to put out there. Robert Scaer has written about the inherent trauma in the field of medicine – the bullying that is passed down from one generation of doctors to another, including the horrible ritual of sleep-deprived residencies. They too are brain washed and would rather delight in telling someone to not eat sugar than to hear the reality of a life story of trauma. Living in a body that has been racked by physical and emotional trauma is no joy ride. Going to the gym only results in pain and injury. I would like a case to be made for a "trauma body". When I first started AAT, the person I was working with told me "no more exercise for a while". As the AAT begins to heal my brain, I can absorb the wisdom of Feldenkrais – there was a time I couldn't take it in because lying on my back on the floor brings up memories of torture. At this point I cannot practice any type of meditation and I doubt I ever will. EFT and tapping techniques only put me in the most horrible of places. I can stroke my face gently but tapping doesn't feel good. Being with my mind is like curling up in a basket of razor blades. The best I can do is connect with my body and my breath as I move through the day. Even my breath can hold me hostage. There are times when it is stuck and no amount of mindfulness will let it release. I am healed enough so that I can walk and that is my meditation. I hope someday that I can experience joy, but for now I am grateful that episodes of despair are not as long or devastating as they used to be. I once had a therapist reprimand me: "there are no adult victims in my practice". Well, goody for him. I hope, as the attention is put on children at risk, that someone out there realizes that adults need care too. It is people like us, if given a chance, who can carry the torch through the darkness.

PAMELA POLLACK says:

December 15, 2014 at 6:31 am

Teresa, you write so eloquently and poignantly about your experience. Thank you for replying. Compared to what you describe, my life has been a picnic, and yet I know how very shut down I was and unable to feel, without understanding why, or even realizing that there was any other way to *be* in the world, and in my body. From what you describe, I would highly recommend again that you look at TAT and maybe consider doing a Skye session with Tapas Flemming. She is offering a discount on sessions through December but it can be used next year. While TAT is the same genera as EFT/Tapping, "energy psychology," it is a different approach, involving holding specific points on the face and head rather than tapping or moving one's hands. Tapas is an acupuncturist, and began using her method to treat allergies.

One day an allergy client mentioned that as they had been working with her allergy to salt (!) she was noticing a profound shift in her relationship to her own childhood trauma. It turned out that she had been sexually abused in a bar and afterwards was always given a bag of potato chips- hence the salt “allergy”! So Tapas began to use her technique for broader issues. The TATlife.com web site details all of this. I’ve found TAT to be very powerful and easy to use. I can actually feel energy flowing in my body as I do it, and I often get a lot of discharge/shaking when I am working with a particularly intense subject. It can be used for life trauma, general challenges, or for immediate relief, like how I am feeling in the moment.

Another great resource is Dr. Stephen Porges, who developed the Polyvagal Theory that has informed many trauma treatment approaches including AAT. His writing can be slow to get through, but his interviews are wonderful as he talks engagingly about the clinical applications of his theory. You can find a lot of great info on his web site <http://stephenporges.com>. I liked the interview he did for this series in particular: <https://www.entheos.com/Hardwiring-Happiness/Rick-Hanson>

BTW, Teresa, if you’d like to keep in touch you can find me on Facebook. Best, Pamela

Pingback: [Tell the truth about your own life, and you become much harder to lie to. | Steven Barnes](#)

Pingback: [The town of Dalles, OR, remakes itself as a trauma-sensitive sanctuary « ACEs Too High](#)

Pingback: [Treat children kindly: childhood abuse and neglect lasts a lifetime. | Steven Barnes](#)

Pingback: [Most Californians have experienced childhood trauma; early adversity a direct link to adult onset of chronic disease, depression, violence « ACEs Too High](#)

Pingback: [Alberta Family Wellness Initiative changes minds by informing Canadians about effects of toxic stress on kids’ brains « ACEs Too High](#)

Pingback: [Maine Resilience Building Network changes how people think about childhood trauma « ACEs Too High](#)

Pingback: [Three brothers, three paths out of foster care « ACEs Too High](#)

Pingback: [Children’s Resilience Initiative in Walla Walla, WA, draws spotlight to trauma-sensitive school • SJS](#)

Pingback: [RT @Rich_Stewart1: Chimacum is fortunate to be par... | EducatorAl's Tweets](#)

Pingback: [From Hope to Resilience trauma sensitive curriculum | American Mothers of Lost Children](#)

Pingback: [Children’s Resilience Initiative in Walla Walla, WA, draws spotlight to trauma-sensitive school « ACEs Too High](#)

Pingback: [Childhood Trauma and the NFL | American Mothers of Lost Children](#)

Pingback: [전세계의 최신 영어뉴스 듣기 - 보이스뉴스 잉글리쉬](#)

Pingback: [Four Things the NFL Can Do to Stop Abuse and Keep Players on the Field – Huffington Post | Latest News Portal Info](#)

Pingback: [Four Things the NFL Can Do to Stop Abuse and Keep Players on the Field | Four Things the NFL Can Do to Stop Abuse and Keep Players on the Field | Social Dashboard](#)

Pingback: [How the NFL can stop abuse AND keep its players on the field • SJS](#)

Pingback: [How the NFL can stop abuse and keep its players on the field « ACEs Too High](#)

Pingback: [Trauma-informed judges take gentler approach, administer problem-solving justice to stop cycle of ACEs « ACEs Too High](#)

SERINA says:

September 23, 2014 at 3:34 am

Thank you so much for writing about this important topic, in such a good and creative way! This blogpost brought forward both smiles and tears. I have a question concerning emotional neglect. You were writing: " These eight included three types of abuse — sexual, verbal and physical. And five types of family dysfunction — a parent who's mentally ill or alcoholic, a mother who's a domestic violence victim, a family member who's been incarcerated, a loss of a parent through divorce or abandonment. He later added emotional and physical neglect, for a total of 10 types of adverse childhood experiences, or ACEs." I am interested in reading some of the work that includes EN. I understand that this work underline the point that the stress from different kinds of adverse experiences work together, but it would be really interesting to also have a look at the effect from different types of trauma, especially EN as this is a type of ACE that is often overlooked. Kind regards, Serina Vorland, Norway.

JANE ELLEN STEVENS says:

September 23, 2014 at 10:10 am

Hi, Serina. Thanks for your comment. You may be interested in taking a look at the ACE publications on the [CDC's ACE Study site](#). Some of them look at comparing different types of abuse and outcomes. For example — [Body weight and obesity in adults and self-reported abuse in childhood](#) — compares the effects of physical, sexual and verbal abuse on obesity.

— Jane

Pingback: [The Wounded Child | Steven Barnes](#)

Pingback: [Depression: What Do We Tell the Kids? - Matthew Peters](#)

Pingback: [Study Reveals Stronger Link Between Childhood Trauma and Juvenile Offenders in Florida | Reclaiming Futures](#)

Pingback: [Florida study confirms link between juvenile offenders, ACEs; rates much higher than CDC's ACE Study « ACEs Too High](#)

Pingback: [Pediatricians Screen for Child Trauma | "Don't Try This at Home"](#)

Pingback: [Q-and-A: Pediatrician screens parents, kids for trauma because her ACE score is 9 • SJS](#)

Pingback: [An Open Letter to Richard Dawkins -](#)

Pingback: [To prevent childhood trauma, pediatricians screen children and their parents...and sometimes, just parents « ACEs Too High](#)

DAVID BOULTON (@LEARNINGACTIVIST) says:

July 26, 2014 at 6:18 am

What's missing is ANY acknowledgement of the chronic performance-anxiety-shame-stress children experience IN school. <http://www.learningstewards.org/do-you-see-what-i-see/>

JANE ELLEN STEVENS says:

July 26, 2014 at 3:19 pm

Thanks for your comment. Check out the stories on this site about schools that have implemented trauma-informed practices.

KATHRYN THOMPSON says:

September 30, 2014 at 3:34 pm

True that, and if one doesn't fit well at home, follows they won't fit well in school

Pingback: [\[Reaction\] "Orange is the New Black": The Reality of Women behind Bars | STL Center for Women in Transition](#)

Pingback: [Failing Schools or Failing Paradigm? « ACEs Too High](#)

ANO.YMOUD says:

July 16, 2014 at 8:14 am

So not only did I get to survive a horrid childhood (ACE score = 5) but now I get to have negative effects on my ability to get and keep health care?

Pingback: [What's missing in climate change discussion? The certainty of trauma...and building resilience « ACEs Too High](#)

OVEREXCITABLE says:

July 13, 2014 at 8:01 pm

Reblogged this on [Overexcitable](#) and commented:

This is epigenetics. This is how nature and nurture interact. This is how vulnerable children are. And this is why adults need to start stepping up!

Pingback: [Breendoggle Documentation Now On a Wiki](#)

INGRID OLIPHANT says:

May 22, 2014 at 6:47 pm

Reblogged this on [Ingrid Oliphant's UnCommon Touch](#) and commented:

For those in the social and healing services, this is a must read, no matter how you define your work. Doing healing work with a myopic view can, at best, delay results, and at worst, cause more harm.

Pingback: [Q-and-A: Pediatrician screens parents, kids for ACEs because her ACE score is 9 • SJS](#)

Pingback: [Developmental Trauma: What you Can't See CAN Hurt You | "Don't Try This at Home"](#)

Pingback: [Q-and-A: Pediatrician screens parents, kids for ACEs because her ACE score is 9 « ACEs Too High](#)

Pingback: [Childhood Matters — Very Much | Geoffrey Kane](#)

Pingback: [Childhood Trauma Questionnaire | Childhood Trauma Recovery](#)

Pingback: [Foundations | Middle of the Pacific](#)

CHRISTIE HARDWICK says:

April 14, 2014 at 2:39 pm

I appreciate the study for many reasons but primary among them is the title- it does not label the person but the experience ... Too often label keep people feeling like it is their identity rather than a condition resulting from ideas or experiences. Now people like me can continue undoing the impressions of these experiences to free ourselves from their effects!

KATHRYN THOMPSON says:

September 30, 2014 at 3:35 pm

concur, the experience, not the person

MAHUSTLERSZONE says:

April 12, 2014 at 12:32 pm

Reblogged this on [Embakasi Reloaded](#).

Pingback: [At Reedley \(CA\) High School, Suspensions Drop 40%, Expulsions 80% In Two Years • SJS](#)

Pingback: [Vermont first state to propose bill to screen for ACEs in health care • SJS](#)

Pingback: [Dr. Mary Main's Adult Attachment Interview \(AAI\) | "Don't Try This at Home"](#)

Pingback: [Vermont first state to propose bill to screen for ACEs in health care « ACEs Too High](#)

Pingback: [Trying to make LA schools less toxic is hit-and-miss; relatively few students receive care they need « ACEs Too High](#)

Pingback: [Suspensions plummet with peer mediation, but at this school, it's just another program that's going away • Social Justice Solutions](#)

Pingback: [ACEs \(Adverse Childhood Experiences\) Basics | SocialWorkSynergy](#)

Pingback: [Dr. Jeffrey Brenner: "I believe ACE scores should become a vital sign, as important as height, weight, and blood pressure." • Social Justice Solutions](#)

THE DOUBLE PARENT says:

February 4, 2014 at 11:57 pm

Reblogged this on [The Double Parent](#).

JOHN THE DRUNKARD says:

January 31, 2014 at 10:21 am

Terribly important. BUT: To put is briefly:

1. Does abuse cause addiction?

Or

2. Does addiction cause abuse?

I think the answer is 'yes' to both questions. The second one may be more important. The cascade of ACEs passes from generation to generation, along with any hereditary component. The genetic risk for alcoholism is almost always going to be accompanied by the 'second-hand smoke' effect in the family and society.

Pingback: [Healing: as within, so without | Pheonic Chicken Mystery School](#)

Pingback: [The Adverse Childhood Experiences Study — the largest, most important public health study you never heard of — began in an obesity clinic | Pheonic Chicken Mystery School](#)

Pingback: [Dr. Jeffrey Brenner: “I believe ACE scores should become a vital sign, as important as height, weight, and blood pressure.” « ACEs Too High](#)

Pingback: [San Francisco's El Dorado Elementary uses trauma-informed & restorative practices; suspensions drop 89% • Social Justice Solutions](#)

Pingback: [San Francisco's El Dorado Elementary uses trauma-informed & restorative practices; suspensions drop 89% « ACEs Too High](#)

Pingback: [Georgia juvenile court judge galvanizes statewide child trauma initiatives • Social Justice Solutions](#)

DBMAMAZ says:

January 26, 2014 at 10:11 am

I shared this wonderful article on facebook, and a lot of my friends have also. One person unfriended me over it, saying that “Trying to trigger people who have been raped and molested is extremely unacceptable.” So i guess maybe this article needs to be labeled with a trigger warning . . .

MICK BERRY says:

January 25, 2014 at 8:52 pm

I don't buy any of it. As someone who has had a terrible problem with depression, I can say unequivocally that I never experienced any sexual encounters as a child. And I still managed to make myself crazy. What made me get better? Discovering that I create my mental disturbance. No one else can do it. No situation or circumstance can make me feel any particular way. I make myself feel what I feel by what I tell myself about my situation. And I remain a typical human being. That's the hard and fast truth. People survived Auschwitz with no permanence mental incapacity. And they were in the majority. People are born into a life of luxury and drive themselves crazy. Our mental world is what we create. That's it!

JANE ELLEN STEVENS says:

January 26, 2014 at 6:46 pm

Hi, Mick. Thanks for your comment. If you look at the “Got Your ACE Score?” tab in the navigation bar, you'll see that sexual abuse is one of 10 types of trauma. You can suffer severe depression without having been sexually abused. Certainly, when a person is an adult, it is that person who is in charge of changing, and many people have, with help. However, the science is very clear that when you're a child, your brain's structure and functioning can be changed by the events occurring around you.

JANET says:

February 27, 2015 at 7:16 pm

I did not know I was sexually abused until I had a hypnotherapy session... I was telling the therapist this story (that with my adult mind was critiquing as complete BS!) about having my head shoved down into a toilet. Well, about two weeks later I suddenly realized that I no longer had the 'habit' of never flushing the toilet until the door was open. Did that my entire life, and just put it down to a bad toilet-training experience. If I had not had that spontaneous

remission of an ingrained practice, I never would have believed the situation had happened, even though I was there! Must have buried that one deep. Never had a problem with toilets again. Thanks for the great work!

KATE says:

February 3, 2014 at 3:48 pm

Well, Mick... If *you* say that a huge, well designed, very conclusive public health study is incorrect, it must be true!

You're an N of one. Your personal experience certainly has validity, but you should refrain from applying it to everyone else in the world.

The take-away from the study is not that people cannot recover from a traumatic childhood. It's that we'll save money and lives if we prevent the trauma to start with, and if we address the needs of the many, many adults who haven't been so fortunate as you in their own healing processes.

SILICONBRONZE says:

February 3, 2014 at 7:14 pm

Hi Mick,

It's great to take responsibility for our lives as adults. However, much trauma occurs before we are adults, some of it pre-verbally. This repeated trauma creates well-worn "pathways" in the brain, and these dysfunctional pathways are used by us as adults until we can create new, healthy pathways. The dysfunctional pathways made "sense" when we were young trying to cope/survive. They no longer serve us in adulthood. Unfortunately, they are pernicious, and not always easily identified.

Pingback: [Judicial leadership galvanizes statewide child trauma initiatives in Georgia](#) « ACEs Too High

ANARCHOMUSE says:

January 24, 2014 at 12:19 pm

Reblogged this on [Anarchomusings](#) and commented:

A fascinating read. Kudos to Vincent Felitti, for compassion and persistence

BETH says:

January 24, 2014 at 8:03 am

This is facinating. I wonder about onset and prevalence of eating disorders into adulthood, which is on the other end of the spectrum – the notion of wanting to disappear, or even be seen/noticed after losing weight, and the relationship with parental/family neglect.

Pingback: [af Thursday - My Way Out Forums](#)

Pingback: [ACES Wild | Heh. Indeed.](#)

Pingback: [At Reedley \(CA\) High School, suspensions drop 40%, expulsions 80% in two years with PBIS, restorative justice; but going the distance might require more tools](#) « ACEs Too High

Pingback: [Suspensions plummet with peer mediation, but at this school, it's just another program that's going away](#) « ACEs Too High

Pingback: [Overweight is Overlooked | Jules Mulcahy](#)

JULESMULCAHY says:

November 30, 2013 at 7:44 am

I have just read this article after it was sent to me by someone who knew I worked with women with weight issues brought about by emotional reasons. I use a number of techniques with my clients to work at the source issues of their weight, but predominantly EFT. Like Dr. Robert Anda, I was moved to tears when I realised the extent of the suffering by so many. And I was especially touched by Ella Herman's story, as it matches so many of my clients.

Thank you for your detailed reporting of such an important topic.

JANE ELLEN STEVENS says:

November 30, 2013 at 5:25 pm

Thank you for your comment, Julia. How do the women you work with find out about you?

SARAH MARSHALL says:

January 24, 2014 at 9:27 am

I am a survivor of this type of abuse. I definitely rank above 5 on the scale. I've been in a healing period for over 31 years.

In 1997 I did a report on "Healing from Childhood Sexual Abuse" for a class. Using then current numbers, I estimated that 97million Americans had experienced some type of intimate violation prior to their 18th birthday. The population of the 1990 census was 274 mln. This means that fully one third of the population of our country fell into this category. I was enraged to realize this.

I am now convinced that this is the single biggest health problem faced by Americans today. Let me know if I can be of service.

Best regards,
Sarah M.

JANE ELLEN STEVENS says:

January 24, 2014 at 3:17 pm

Hi, Sarah — Thanks for your comment. I'm sorry that you suffered so much abuse. Yes, it's stunning how many people are affected by this. I'd encourage you to join ACEsConnection, a community of practice social network whose members are people who are implementing — or thinking about implementing — ACE, trauma-informed and resilience-building practices.
Cheers, Jane

KIM CORMIER says:

November 23, 2013 at 5:22 pm

I am so grateful for your research. I can relate. I have a ACE score of 5, based on this information. I had fibromyalgia, depression, migraines and PTSD for years. I met Dr. David Mickel, and with his treatment, Mickel Therapy, got well. I have been a Mickel Therapist for years now, and the one thing I noticed with all of my clients is, they were not able to be themselves, many times because of abuse, but their fight or flight was often on..Dr. Mickel realized this caused a physical condition called "Hypothalmitis". Basically, fight or flight stuck on. The treatment is a talking therapy, one which they are taught to recognize how they feel, and act on it. We believe that, in other words, these conditions were caused by "mishandling of Negative emotions. As a Mickel Therapist, this is what

we teach them..your studies are all the same as this, just in different words.

I will give a copy of this article to all I treat, as it may assist them in returning to good health.

Thank you for all you did and are doing for people like me..

Sincerely,

Kim Cormier, LPN, Mickel Therapist, Author

Pingback: [Substance Abuse or Survival? | "Don't Try This at Home"](#)

Pingback: [Want your ACE score? Now there's an app for that! « ACEs Too High](#)

Pingback: [The Restorative Justice League of Le Grand High School Jumps In To Save The Day • Social Justice Solutions](#)

Pingback: [Survey shows 1 in 5 Iowans have 3 or more adverse childhood experiences « ACEs Too High](#)

Pingback: [The Restorative Justice League of Le Grand High School « ACEs Too High](#)

Pingback: [Wild Medicine, City Medicine: Part I | In the Big Muddy.](#)

Pingback: [There's no such thing as a bad kid in these six Spokane, WA, trauma-informed elementary schools • Social Justice Solutions](#)

Pingback: [There's no such thing as a bad kid in these six Spokane, WA, trauma-informed elementary schools « ACEs Too High](#)

DANIEL MORRIS says:

June 2, 2013 at 6:41 am

Reblogged this on [Recovery in Oklahoma](#) and commented:

This is critical information to those of us who work in the behavioral health field. Not only do we need to understand the implications, our clients need help understanding how the events of their childhood may have contributed to the problems they experience as adult. Hopefully, through that understanding they can find a way to overcome and thrive in adulthood.

Pingback: [What motivated Boston bombing suspects? Looking for their ACEs might provide some answers « ACEs Too High](#)

Pingback: [What prisons, sugar and health care costs have in common \(besides some cool infographics\) « ACEs Too High](#)

Pingback: [Survey finds teen, young mothers using Crittenton services have alarmingly high ACE scores « ACEs Too High](#)

Pingback: [Survey finds teen, young mothers in Crittenton homes have alarmingly high ACE scores « ACEs Too High](#)

LINDA SIMPSON, MPH says:

October 21, 2012 at 8:30 pm

thank you so much for your writing about this and promoting efforts to address the need for healing the wounds of generations of human beings. i am heartened by bringing light to these areas of our collective darkness.

JESTEVEN says:

October 21, 2012 at 9:06 pm

Thank you for your kind words, Linda.

Pingback: [Approval « My Journey Into Fitness and More](#)

Pingback: [article « My Journey Into Fitness and More](#)

ACEs Too High

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