## **Childhood Trauma's Impact on Health Risks**

As the number of traumatic events experienced during childhood increases, the risk for the following health problems in adulthood increases:

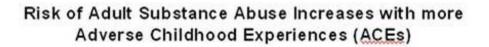
- Depression
- Alcoholism
- Drug abuse
- Suicide attempts
- Heart, liver, and pulmonary diseases
- Fetal death during pregnancy
- High stress
- Uncontrollable anger
- Family, financial, and job problems

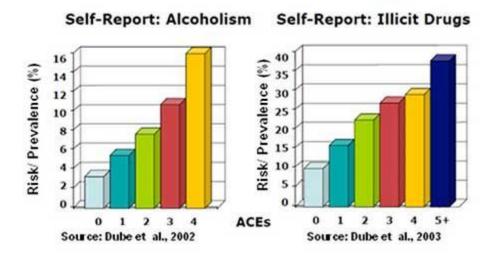
With help from families, providers, and the community, young children can demonstrate resilience when dealing with trauma.

As the number of adverse events (i.e., physical, emotional, and sexual abuse; neglect; violence; and natural disasters) experienced in childhood increases, the risk for the following health problems increases: depression; alcoholism; drug abuse; suicide attempts; heart, liver, and pulmonary diseases<sup>1</sup>; fetal death during adolescent pregnancy; high stress; uncontrollable anger; and family, financial, and job problems.<sup>2,2</sup> The effects of these events are long-term, powerful, cumulative, and may be invisible to health care providers, educators, social service organizations, and policymakers because the linkage between trauma and problems later in adulthood is concealed by time, the inability to "see" the process of neurodevelopment, and the effects of the original traumatic events, which may not become evident until much later in life.<sup>4</sup>

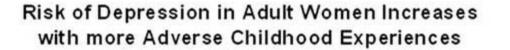
Research has shown that caregivers can buffer the impact of trauma and promote better outcomes for children even under stressful times when the following Strengthening Families Protective Factors<sup>5</sup> are present:

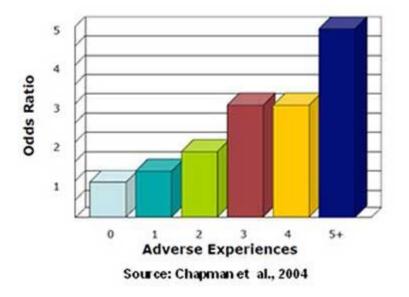
- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children



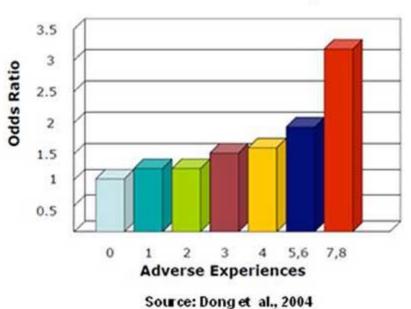


Text description of this chart is available on a separate page.





Text description of this chart is available on a separate page.



## Risk of Adult Heart Disease Increases with more Adverse Childhood Experiences

Text description of this chart is available on a separate page.

For more information on the impact of adverse childhood experiences, please visit <u>http://www.cdc.gov/ace/index.htm</u> 🗗.

- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study, *American Journal of Preventive Medicine*, 14 (4), 245-258. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/9635069?dopt=Abstract P.
- Hillis, S.D., Anda, R.F., Dube, S.R., Felitti, V.J., Marchbanks, P.A., & Marks, J.S. (February 2004). The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial outcomes, and fetal death. *Pediatrics*, 113(2), 320–327. Retrieved from <a href="http://www.ncbi.nlm.nih.gov/pubmed/14754944?dopt=Abstract">http://www.ncbi.nlm.nih.gov/pubmed/14754944?dopt=Abstract</a>
- 3. Anda, R.F., Felitti, V.J., Fleisher, V.I., Edwards, V.J., Whitfield, C.L., Dube, S.R., & Williamson, D.F. (2004). Childhood abuse, household dysfunction and indicators of impaired worker performance in adulthood. *The Permanente Journal*, *8*(1), 30–38.
- 4. Perry, B.D. (2009). Examining child maltreatment through a neurodevelopmental lens: clinical application of the Neurosequential Model of Therapeutics. *Journal of Loss and Trauma, 14*, 240-255.
- Horton, C. (2003). Protective factors literature review. Early care and education programs and the prevention of child abuse and neglect. Center for the Study of Social Policy. Retrieved from <u>http://strengtheningfamilies.net/images/uploads/pdf\_uploads/LiteratureReview.pdf</u> @(PDF).

Graphs were created by the Center on the Developing Child at Harvard University from the cited articles and are used by permission. For more information from the Center about early childhood development, please visit <u>http://www.developingchild.harvard.edu</u>

Dube, S.R., Anda, R.F., Felitti, V.J., Edwards, V.J., & Croft J.B. (2002). Adverse childhood experiences and personal alcohol abuse as an adult, *Addictive Behaviors* 2002;27(5):713–725. Retreived from <a href="http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\_uids=122013">http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\_uids=122013</a> 79

Dube, S.R., Felitti, V.J., Dong, M., Chapman, D.P., Giles, W.H., & Anda, R.F. (March 2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experiences Study. *Pediatrics*, *111*(3), 564-572.

Chapman, D.P., Whitfield, C.L., Felitti, V.J., Dube, S.R., Edwards, V.J., & Anda, R.F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82(2), 217–225. Retrieved from

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\_uids=154882 50 &.

Dong, M., Giles, W.H., Felitti, V.J., Dube, S.R., Williams, J.E., Chapman, D.P., & Anda, R.F. (2004). Insights into causal pathways for ischemic heart disease: adverse childhood experiences Study. *Circulation*, 110(13),1761–1766. Retrieved from

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\_uids=153816 52 &.