Ask the Experts

Adverse Childhood Experiences: What Can We Do?

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Question: I see many kids who have been neglected or abused, and so often have to help treat the psychological problems that result. Is there any update on how to best approach these situations?

A: Bad things happen to everyone, but unfortunately for some children these bad things are so chronic and significant that they create lasting physical and psychological consequences. The term used to describe this is “adverse childhood experiences” or ACES, which consist of events such as chronic abuse, neglect, and significant household dysfunction.

The research has been growing about ACES and their potential negative impacts since the original ACE study was undertaken in the mid 1990s. The findings boil down to a recognition that as the number of different adverse early childhood experiences increase (abuse, neglect, dysfunction), there is an increase in the likelihood of adult life complications. Associated ACE complications include substance abuse, obesity, diabetes, chronic obstructive pulmonary disease, depression, personality disorders, suicide attempts, sexually transmitted diseases, heart disease, cancer, and stroke. Chronic stress in early childhood could also be labeled as “toxic stress” in that it may lead to permanent changes in developing brains and organ systems, likely from the cascade of events triggered by impaired functioning of the hypothalamic-pituitary-adrenal access.

Developmentally speaking, one of the earliest stages we all go through is learning to trust that the people around you care about you and that your needs will be met. This developmental phase normally continues up to about age 2 years and successfully resolves through experiencing a “good enough” and responsive caregiver. If, because of ACES, one never develops the ability to trust, future stressors in adulthood may be greeted unhelpfully with tantrums or acquiescent despair.

Although it is intuitively apparent that ACES would be bad for kids, the extent of that badness may not be. I didn’t fully appreciate the degree of neuropsychiatric damage that ACES could cause until I had transitioned from working as a general pediatrician to working as a psychiatrist. Then, I was able to see firsthand in long-term psychiatric hospitals that experiencing ACES like repeated physical and sexual abuse at the hand of early-life caregivers was generally the norm in that population rather than the exception. It seemed to me that the earlier in life significant ACES happened, the more fundamental and recalcitrant the neuropsychiatric impairments.

So what can we do? The main goal is prevention by promoting stable and nurturing caregiver relationships.

Prevention can start at the societal level, with programs that raise awareness of the damaging impacts of ACES and increasing social services to those in need. Because those most in control over ACES are the child’s parents, activities such as parenting classes and other ways to support parents are thought to be the best way to help. If you encounter an opportunity to advocate locally for family assisting services such as home-visiting specialists, you may find it helpful to do so under the header of a way to reduce ACES. Other categories of assistance include domestic violence prevention, parent social supports, teen pregnancy prevention and support programs, and enriched preschool programming.

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Detecting a child’s risk for ACES could start with screening the child’s parents for their own adverse experiences, and opening the discussion in this way. For instance, while screening for parent depression postpartum, one can also ask if anything happened to them while growing up that really should not have happened. Parents who say they are still struggling to overcome their own early childhood experiences could be directed toward receiving their own mental health treatment services because there are effective trauma-focused therapy treatments available that can help. A nurtured parent is a better parent. Then, asking if they are worried that their child has been or will be faced with their own adverse experiences creates a child opportunity for intervention.

Children discovered to have significant adverse experiences may need to receive specialized trauma-informed psychiatric care services. Long-term healing for these kids comes from living in an environment with supportive and responsive caregivers who weather the storms of the young person testing and relearning if the world can become a safe place for them. Pediatric primary care providers can play an important role in supporting parents and foster parents who help children through difficult years of recovery.

REFERENCES