The effects of stress can last a lifetime. Children learn, as part of growing up, how to cope with stress so that not every experience, jarring though it may be, is accompanied by a meltdown. The ability to cope is necessary not only socially but physiologically, for when we experience stress, our bodies react; the brain secretes hormones, and the heart rate becomes elevated. With the help of caring adults, children learn to temper their stress, so that unfamiliar situations—such as meeting new people or being left at day care—are tolerable. However, without the presence of supportive adults, those same stressors may become toxic, preventing the brain from returning to normal hormone levels. Instead, the body remains in a threatened state, which can result in a decrease in a person’s stress threshold so that events involving moderate stress are physiologically interpreted as extreme. This process can even impair brain development, diminishing connections between brain circuits and suppressing immune response and cognitive development in learning and memory.

In the 1990s the Centers for Disease Control and Prevention and Kaiser Permanente’s Health Appraisal Clinic in San Diego began collaborating on an extensive project called the Adverse
Childhood Experiences (ACE) Study. The study investigated the relationship between stressful events endured during childhood and mental, physical, and behavioral outcomes in adulthood. Adult patients who came to the clinic for their annual health evaluations during the study enrollment period were sent a survey asking ten yes/no questions about whether, during the first 18 years of their lives, they had experienced neglect (physical or emotional), abuse (physical, sexual, or verbal), or family dysfunction (presence of substance or alcohol dependence in the household, cohabitation with someone who was mentally ill or suicidal, cohabitation with someone who had been in prison, presence of domestic violence toward mother or stepmother, or separation or divorce of parents). Each respondent was then given an ACE score between zero and ten, with each “yes” response counting for one point. The more than 17,000 people who responded were overwhelmingly white and well-educated, with a mean age of 57 years. Each person’s ACE score was compared with his or her health assessment.

The results were startling. Researchers found a marked relationship between ACE scores and adverse health/behavior outcomes in adulthood; as the number of ACEs increased, so too did the number of problems faced in adulthood, including risk of teen pregnancy, family problems, financial troubles, high stress, alcohol and substance use, mental health issues, smoking, and anger-management difficulties. This graded relationship was also present for risk of obesity, heart disease, lung disease, cancer, skeletal fractures, and liver disease. In addition, researchers noted that the presence of one ACE greatly increased the chance of a respondent’s having experienced another form of trauma in childhood.

Though the study was not randomized and the results do not necessarily apply to all people, the implications of the findings are difficult to ignore. The more trauma experienced during childhood, the greater the likelihood of poor physical, mental, and behavioral health throughout the rest of the life course.

Databank

That’s Equivalent To

The Entire Population of Manhattan.

Sources:
U.S. Department of Housing and Urban Development, 2010 Annual Homeless Assessment Report to Congress; U.S. Census Bureau, New York County QuickFacts