

Understanding Adverse Childhood Experiences

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One Step Rehab

Learning Objectives

By the end of this module you should have:

- I. A basic understanding of attachment theory and how it may influence addiction later in life.
- II. A basic understanding of the childhood and adolescent stages of development according to Erik Erikson.
- III. Understood what Adverse Childhood Experiences are and how they contribute to addictive disorders in adulthood.
- IV. Completed the Adverse Childhood Experiences Questionnaire and balanced those findings with a list of your skill sets and positive life events.*

*Note: It is strongly advised that you wait until you have the support of a counsellor or mutual aid group before completing this questionnaire due to the difficult feelings it may evoke.

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1. Attachment Theory

Humans beings are apes (primates) and what's more, we are highly social apes. As such, we are hard-wired to bond with each other and attach to each other. One of the first people to write about this was a British psychiatrist called John Bowlby. Writing in the 1950's, Bowlby began to explore the idea that we have an inbuilt need for attachment to a *primary care-giver* (usually the mother) and that when this attachment becomes disrupted it can affect our mental and emotional health. This became known as *attachment theory*.

Bowlby disagreed with the two dominant theories of attachment at the time;

- Sigmund Freud's theory of attachment which was called *the cupboard love theory*. (Freud saw infants attachments to their mothers as mostly motivated by the need for food.)
- B.F. Skinner's *behavioral theories* of attachment, which saw attachment as resulting from familiarity between the infant and the mother (in other words "mother equals food".)

Bowlby believed instead, that attachment to a *specific* primary care-giver was an evolutionary survival strategy which had developed in various species (mostly mammals) to protect new born infants from straying too far from their mothers and being eaten by predators. This instinct evolved over millions of years and was therefore innate.¹ (In other words - we were born with it!)

Attachment theory's central ideas are as follows;

- Between the ages of six months and two-and-a-half-years, we form emotional attachments to a primary, permanent and reliable care-giver (again, usually the mother).

- We use this primary care-giver as a **secure base** from which to begin exploration and play (as do other mammals such as apes, monkeys and elephants).²
- The formation of emotional attachment at this age then becomes a blueprint for all adult relationships. In other words, the quality of the attachments that a child experiences (with his or her mother or other care-giver) influences the way he or she will behave towards other people later in life.
- Any event which threatens or disrupts attachment to primary care-givers, such as sudden or unexplained separation, or the inability of the primary care-giver to respond appropriately to the child's needs, can cause significant damage to young children and have long-term consequences on their development which extend well into adulthood.

Bowlby's pioneering work with under-privileged children in Islington, North London, seemed to bear this out. For example, he found a strong link between children who had been separated from their primary care-giver in infancy and criminal behavior in their teenage years. These findings overturned the prevailing theories and practices of social work at the time, which were highly punitive (punishing) and which grossly under-estimated the amount of distress caused to children by separation from their mothers.

For attachment theorists then, much of what constitutes behavioral and social problems in adults (such as addiction) can be traced back to infancy and early childhood, and to events which threaten the relationships that are supposed to ensure our survival, and most especially the mother-child relationship.

Attachment theory has since gone on to exert an enormous amount of influence on the way that psychologists and counselors view adult pathology particularly in the field of addiction treatment.

2. Erik Erikson's Child & Adolescent Stages of Development

Erik Erikson (1902–1994) was another Post-Freudian psychologist who focused heavily on childhood development and the effect it had on adult pathology. Like Bowlby, he believed that the infancy stage of development was dominated by the need to acquire safety and security - but he called it 'trust'. He placed the emphasis not so much on the actions of the primary care-giver (the mother) but also on the environment (the community) that surrounded her, as well as other key relationships in a child's life such as teachers, older siblings, friends, and partners.

Erikson saw the human being as an organism that developed within the body of a larger organism (society). Thus, an individual's development was not defined entirely by one primary relationship, but by a number of different influences present in the community such as extended family and other elders. According to Erikson, all of these relationships became increasingly important in forming a mature and balanced personality as the life cycle unfolded through its natural stages of development, which he called 'The Eights Stages'. (See fig. 1).*

**Note that we are only looking at the first 5 stages of development through childhood and adolescence).*

Infancy

For Erikson, the important trait that any human infant must acquire, is the ability to trust, or have *confidence* in the world.³ In infancy, humans must feel that their environment is safe and that their parents are stable. According to Erikson, if the parent isn't stable, then the child won't be either. As an extreme example, imagine a heroin addicted mother who cannot respond to her

infant's cries for attention, or an alcoholic married couple who are fighting all the time. This creates an atmosphere that lacks safety and stability.

2-3 Years Old

Two-year-old children are famously difficult to control, and have their fingers in everything. Erikson saw this as a natural exploratory stage of development. Parents need to find a perfect balance between allowing toddlers to explore their environment but at the same time keeping them safe, otherwise they will not grow up without a sense of autonomy, individuality or the ability to think independently.

3-6 Primary School Age

At primary school age (3-6) children learn to explore socially outside of their family of origin for the first time. They do this by playing with other children. Parents who are too strict (or too busy) often don't allow much time for play. Also, some harsh environments like inner city areas or war zones do not enable safe places for children to play together, and this can be damaging in terms of limiting the development of the child's imagination. Imagination is a key superpower in adult human functioning (think of how much imagination engineers, artists and businessmen need in order to accomplish what they do).

Pre-Teen

Pre-teens should be engaged in **skill acquisition** (in learning to perform tasks which will eventually make them useful members of society). In developed countries this might entail joining sports clubs or social initiatives (scouts, guides, football teams etc.). In developing countries this is often the age at which children begin helping adults with work (e.g. tending livestock, washing, cooking and cleaning). It is important that children:

- a) receive some kind of guidance in skill acquisition at this stage, and
- b) receive **praise** from one or both parents for doing so

If they are lacking in either of the above, children may develop a feeling of inferiority which they may carry with them into adult life.

Fig. 1: Erikson's stages of human psycho-social development.

Stage	Challenge	Crisis	Primary Relationship	Trait that needs to be developed
(0-2) Infant	Is the world a trustworthy place?	Trust vs Mistrust	Primary care-giver (usually the Mother)	Trust or confidence
(2-3) Toddler	Can I master my environment?	Autonomy vs Shame	Both parents	Will or individuality
(3-6) Child	Am I ok in relation to others?	Initiative vs Guilt	Extended Family	Purpose & Imagination
(6-12) School	Can I be a competent member of the tribe?	Industry vs Inferiority	Teachers (& family)	Competence & Skill
(12-25) Teen	Who am I?	Identity vs Confusion	Peers	Fidelity or Faith (in oneself and one's ideas)

Teenage Years

Finally, the teenage stage of development entails learning to fit in with your peers. Everybody knows what a painful experience this can be during our teenage years. Rejection by one's peers can have lasting effects which continue to affect adult relationships if we don't do something to overcome that feeling of rejection. Usually, if people have had a difficult time in their teenage years – such as being bullied – they can put this right in their twenties by finding new friends through work, or a life partner who understands them. However, addicted people often struggle to manage this due to the fact that

addiction complicates everything. Therefore they often remain stuck with the feeling that they 'don't fit in'.

In summing up about Erikson's Stages of Psycho-Social Development, we should say that many addicted people had a less than ideal journey through these childhood developmental stages and that this experience has left them with many self-defeating traits and behaviors which continue to impact their lives as adults.

If we started taking drugs or alcohol early (while in the child or teenage stages of development) then this only compounds the problem, and we often remain 'frozen' emotionally at the stage of development where we were at when the drug use began. Sometimes you will hear this referred to as 'arrested development'.

3. The ACE Study

It is now thought that addiction is heavily influenced by trauma. Not just the serious types of post-traumatic stress that results from battlefield experiences, near death experiences and serious physical or sexual assault, but also (and perhaps more frequently) from a range of *relational* and *developmental traumas*, especially when they occur in early childhood.

Relational and developmental trauma refers to any event which disrupts the normal stages of development in young humans (attachment, exploration, play, skill acquisition and a sense of belonging) - or any event which disrupts the key relationships that should be helping us to configure those abilities (usually parents and teachers).

In the mid 1980s physicians at Kaiser Permanente's Department for Preventative Medicine in San Diego made a startling discovery that seemed to bear this out. They found that members of their weight loss program often dropped out as soon as they *successfully* started losing weight.⁴

This finding led the doctors to speculate as to why their obese patients were seemingly unwilling to let go of their weight? Could overeating be a coping mechanism for obese patients that they didn't want to let go of, and that they learnt in childhood or adolescence? Could it be that these patients had put on excess weight as a protective mechanism in response to a traumatic childhood?

For example, could someone who had been sexually abused as a child have learned that excess weight made them less attractive to a sexual predator? Or did comfort eating self-medicate such traumas by releasing feel-good neurotransmitters like dopamine and endorphins, which temporarily blotted out the effects of the emotional abuse, stress, and abandonment? Was there indeed, a link between adult obesity and childhood trauma?

In the mid 1990s the Kaiser hospital group teamed up with *The Center for Disease Control* and designed the **Adverse Childhood Experiences Study** (also known as the ACE Study).⁵ The study intended to find a link (if any) between ten common types of childhood adversity and a number of adult health concerns including; *overeating, nicotine use, alcohol use* and the use of *injectable drugs*.

The following things were outlined by the ACE study to be the most defining characteristics of an adverse childhood. They are ten common types of adversity which fall under three categories; **abuse, neglect** and **household dysfunction**.

Abuse

1. Emotional abuse
2. Physical abuse
3. Sexual abuse

Neglect

4. Emotional neglect
5. Physical neglect

Household Dysfunction

6. Domestic violence in the household
7. Mental illness in the household
8. Addiction in the household
9. Separation or divorce of parents/death of a close family member
10. An incarcerated family member

Respondents were asked a variety of questions pertinent to these criteria in order to determine the levels of *abuse, neglect and household dysfunction* each respondent have been exposed to. The results were stark. This study (and

further studies) found a high degree of correlation between these adverse childhood experiences and poor behavioral health in adulthood – behaviors such as drug addiction, alcoholism, overeating and smoking.⁶

And this was not the only link. High rates of ACE also indicated much higher rates of chronic and non-communicable diseases such as bronchitis and emphysema, than in those who were not exposed to such adverse experiences.⁷

In fact, the study also revealed a ‘dose-response’ relationship between ACE and addictive behaviors, meaning that the more a person used illicit drugs, alcohol, nicotine or food to self-medicate, the higher the rate of ACE in childhood.⁸

Below are three examples of the dose-response relationship between ACE and addictive behavior

- 1) A severe, hardcore intravenous heroin user who has hepatitis C and who works in the sex trade, might have 9 out of 10 of these ACE's.
- 2) A cocaine addicted, heavy drinking lawyer with a history of convictions for drink driving (but an otherwise functioning life) might have 5.
- 3) A cannabis addicted student failing in his grades, might have 2.

This mirrors what we already know about substance abuse disorder (SUD). SUD exists on a continuum. It is not black and white! You are not either ‘an addict’ or a ‘non-addict’. People exist on a range between ‘not really being compulsive in any of their behaviors’, to being ‘full-on addicted to multiple drugs and behaviors’. Most humans are somewhere in-between.

It is also worth noting that household dysfunction and adverse childhood experiences do not seem to be the sole preserve of extremely poor

communities or those at the bottom of the socio-economic hierarchy. ACE's are much more evenly distributed across socio-economic groups than we might like to think. The ACE study was researched using data from over 17,000 predominantly middle-class Americans of various ethnicities.⁹

The criteria used to define abuse might also come as something of a surprise. Below are some of the questions that were used by the ACE study to determine emotional and physical abuse.

- “How often did a parent, step-parent, or adult living in your home swear at you, insult you, or put you down?”
- “How often did a parent, step-parent, or adult living in your home act in a way that made you afraid you might be physically hurt?”
- “How often did a parent, step-parent, or adult living in your home push, grab, slap or throw something at you?”

Answers of “sometimes,” “often,” or “very often” defined emotional or physical abuse during childhood. Not exactly big traumatic stuff you might think, but this is because the things that cause psychological imbalance in humans are not what you might expect. Humans can deal with floods, and they can deal with hurricanes, but they can't cope with being abused by the people that are supposed to love them.

4. Summary

The developmental view of addiction is very compelling. It says that addiction can be influenced by the environment as much as it can be by genes or medical issues. The ACE study in particular shows us that adverse childhood experiences are more common than we think, that they go unrecognized as a cause of physical and mental ill health by both the individual and wider society, and that they are still having pronounced effects on the victims' decades later.

It also shows us that many of the diseases that cause early death – both addiction itself, and the chronic diseases that often arise out of it, such as lung cancer, heart disease, HIV and liver disease – most likely have significant roots in the childhood environment.

In sum, attachment theory has uncovered a strong link between childhood neglect and abandonment, and mental, emotional and behavioral health problems in adulthood. So there appears to be an undeniable link between childhood adversity and poor health outcomes in adults, particularly via the behavioral illnesses that we think of as 'addictions' (smoking, overeating, sexual impulsivity and heavy drug and alcohol use).

5. Exercise 1: The ACE Questionnaire

Answer Yes or No to the following questions:

1) Before your 18th birthday, did a parent or other adult in the household often or very often...

- swear at you, insult you, put you down, or humiliate you?

or

- act in a way that made you afraid that you might be physically hurt?

YES/NO

2) Before your 18th birthday, did a parent or other adult in the household often or very often...

- push, grab, slap, or throw something at you?

or

- ever hit you so hard that you had marks or were injured?

YES/NO

3) Before your 18th birthday, did an adult or person at least five years older than you ever...

- touch or fondle you or have you touch their body in a sexual way?

or

- attempt or actually have oral, anal, or vaginal intercourse with you?

YES/NO

4) Before your eighteenth birthday, did you often or very often feel that...

- no one in your family loved you or thought you were important or special?

or

- your family didn't look out for each other, feel close to each other, or support each other?

YES/NO

5) Before your 18th birthday, did you often or very often feel that...

- you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

- your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

YES/NO

6) Before your 18th birthday, was a biological parent ever lost to you through divorce, abandonment, or other reason?

YES/NO

7) Before your 18th birthday, was your mother or stepmother:

- often or very often pushed, grabbed, slapped, or had something thrown at her?

or

- sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

- ever repeatedly hit over the head for at least a few minutes or threatened with a gun or knife?

YES/NO

8) Before your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

YES/NO

9) Before your 18th birthday, was a household member depressed or mentally ill, or did a household member attempt suicide?

YES/NO

10) Before your 18th birthday, did a household member go to prison?

YES/NO

Max score 10

My total =

6. What Conclusions Should you Draw from the ACE Questionnaire?

Research by the CDC strongly suggests that 4 or more ACE's are indicative of the following negative health outcomes in adults:

- 3 x more likely to smoke and/or have lung disease
- 11 x more likely to be an intravenous drug user
- 14 x more likely to have made a suicide attempt
- 4.5 x more likely to have suffered significant depression
- 2 x more likely to have liver disease
- 4 x more likely to have had sex before the age of 15

It is important not to draw too many conclusions from these results or to begin thinking fatalistically about it. For example, the ACE score doesn't take into account your own unique circumstances and your own unique character. Humans have markedly different characters (personalities) and these remain relatively stable throughout the lifespan. You might be a person who has naturally high resilience.

Neither does it take into account genetic influences which might be protective factors against many of the illnesses and health conditions that are linked to ACE's.

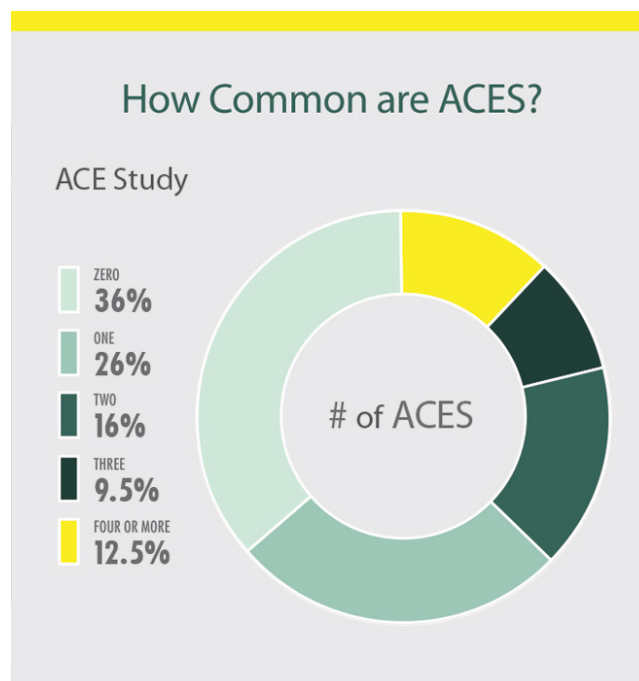
Also, the ACE study doesn't take into account positive life experiences and life-skills you may have developed despite your early adverse environment. Oftentimes, extended family members such as grandparents and aunts or uncles can provide equal levels of maternal/paternal care and act as highly effective surrogate parents (as can other unrelated adults). Such human relationships can be a huge mitigating factor working against the effects of ACE.

Lastly, we must acknowledge that there are people with high ACE scores who are highly effective and well-balanced people, and there are people who do not score highly on ACE tests who are highly dysfunctional.

So what does the test tell us. Well. The statistics on the prevalence of ACE are pretty clear about one thing (see fig. 2 below). Only 12.5% of the population have 4 or more ACE's, which roughly corresponds to the amount of people in society who have some kind of addictive disorder, or who are on their way to developing an addictive disorder.¹⁰

It is important for you to know that even if you are in the 12.5% of the population who have experienced 4 or more ACE's, you are still the one who controls your own future. ACE's may have shaped your yesterday's, but they don't have to shape your tomorrows.

Fig. 2: ACE Score Prevalence for CDC-Kaiser ACE Study Participants



(Source: CDC website cdc.gov)

7. Exercise 2: Your Skill Sets & Positive Life Experiences

Regardless of how adverse our childhood environment was, we all have certain skill sets that have developed through our life or simply through an innate talent that we have.

Also, it is a common to find that most people also have positive memories of childhood and adolescence as well as negative ones and these should be taken into account when considering our past. Only by taking these things into account can we develop a balanced view of things and remind ourselves that we do have the power and capacity to effect change.

a) List what you think are your top 5 skills or talents

1

2

3

4

5

b) List 5 positive memories from childhood or adolescence

1

2

3

4

5

References

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3. Erikson, E. H. 'Identity and the Life Cycle' (1959) Norton. p.63
4. See; Obesity: a runaway trend predicted to sabotage health of the nation. By Lincoln Cushing. May 8 2012. Kaiser Permanente: A history of total health website. Available online. Accessed Dec 2018
5. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, et al. '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 Preventative medicine*. 1998; Vol 14(4):245-258
6. Dube SR, Felitti VJ, et al. 'Childhood abuse, neglect and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study.' *Pediatrics* 2003; 111; p566
7. Ibid.p564
8. Felitti J. (2004) 'The origins of addiction: evidence from the adverse childhood experiences study'. p5
9. Ibid. p7
10. In 2018, an estimated 21.2 million people in the U.S. aged 12 or older needed substance use treatment. This number translates to about 1 in 13 people who needed treatment (7.8 percent).