Adverse Childhood Experiences and Trauma Informed Care: Future of Health Care

By Resmiye Oral

Adverse Childhood Experiences (ACEs) are related to short- and long-term negative behavioral, social, physical, and mental health consequences among children and adults. The pathophysiology of these negative outcomes is related to toxic stress chronic childhood adversity leads to with subsequent adaptations in the brain, which helps the individuals survive in the short run with negative outcomes in the long run. As a result of neurodevelopmental and epigenetic changes, individuals subjected to chronic adversity without nurturing support may develop maladaptive behaviors. These include smoking, overeating, alcohol and substance abuse, and unsafe sexual behaviors. These behaviors may lead to social consequences such as family dysfunction, violence, and trouble with the law, among others.

Studies of the last three decades on ACEs and traumatic stress have emphasized that these behavioral and social maladaptations may then lead to mental and physical health problems. The former includes addiction, anxiety, depression, eating disorders, and personality disorders, among others. The latter involves an increased risk for diabetes mellitus, cardiovascular diseases, lung and liver cancer, chronic obstructive pulmonary disease, immunologic problems, and premature death, among others.

Over the last several decades, the evidence base has been created for the impact of ACEs on a variety of health outcomes and the cost to individuals, communities, and society in multiple domains. Along with this, researchers and practitioners alike have started recognizing the importance of preventing and addressing trauma across all service systems utilizing universal systemic approaches; in other words, implementing trauma informed care in the health, education, social services, and justice systems, to name a few.

Current developments on the implementation of trauma informed care in a variety of service systems call for the surveillance of trauma, resiliency, functional capacity, and health and social
adjustment impact of ACEs. Despite such efforts in pockets of communities across America, implementation of trauma informed care in larger networks of care such as school districts, large health care facilities, the justice system, and statewide social services has been scarce. Especially, early identification of childhood trauma in children still remains a significant public health need. Researchers and practitioners should become more knowledgeable about childhood adversity and traumatic toxic stress as well as their epidemiologic significance, including the prevalence of ACEs, their physical and mental health impacts, and intervention modalities for prevention.
Biography

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