

Trauma Chat Episode 9

Disclaimer: This is a verbatim transcript which may contain spelling errors.

[00:00:00] **Laura Reagan:** [00:00:00] Trauma Chat episode 9.

[00:00:04] Hey, welcome back. I hope you've been finding Trauma Chat to be helpful so far. Today, I'm going to explain something that I haven't gone into depth about in previous episodes, but I've mentioned childhood trauma several times, and I wanted to give you information about something called the Adverse Childhood Experiences Study, and the concept of Adverse Childhood Experiences and Adverse Babyhood Experiences as well. So, the adverse childhood experiences study. You might've heard of it, it's been called ACES and recently it was changed to PACES to, uh, reference [00:01:00] positive and adverse childhood experiences because of course our lives are not made up of only the negative traumatic experiences that we have, but those experiences and the way they impact us are mediated by the effects of positive experiences that build resiliency. So when we look at someone's risk factors for long-term harm from childhood trauma, we also look at what were their resilience factors. I'll go more into that, but just going back to what the Adverse Childhood Experiences study is or was. It was a study that was begun in 1995 and carried on through 1997 by Kaiser Permanente. They [00:02:00] surveyed thousands of their members of their insurance plan, and through this, they asked them about, whether they had experienced certain things.

[00:02:26] I'm going to give you links to learn more about the study. And how they identified the need to ask these questions. But what happened is at the time it was thought that basically childhood traumatic experiences, negative things that happen during childhood don't really impact us once we become adults and that, you know, children don't really understand. And then they, if they live through it, they get over it, and they should be fine as adults. [00:03:00] And what this study found by asking people, whether they had experienced any one of 10 different types of adverse experiences, which could impact a child, they found out that this experience of having childhood trauma is far more common than they thought.

[00:03:23] And they also found by studying that population of people who answered the questions in the initial study over time and looking at their health outcomes, they found that the more adverse experiences the person had, the poorer health they also had physically and mentally. So, it's extremely valuable that this study was done for several reasons. One is, it lets us know just how prevalent childhood trauma is in the [00:04:00] United States. It's very common. Two, it shows us that this common problem is really important because it affects individuals over their entire lives. It causes poor health, physical health, and mental health, and individuals having poor physical and mental health is bad for the individuals, and it's bad for the society that they live in.

[00:04:28] So if we want to have a thriving society where people live to their best fullest potential, healthy, long, happy, lives. We need to do everything we can to prevent long-term harm from childhood trauma and prevent childhood trauma itself, which is again, one of the

reasons why I started this podcast is to make more people aware of trauma, including the very common problem of childhood trauma, because we can't change what [00:05:00] we don't see as a problem.

[00:05:03] In the United States, our attitude of rugged individualism really leads to blaming people for their own life circumstances. So, if people are living in poverty or if they have poor health, we tend to say, well, they must not have tried hard enough, they must not want to work. If they're ill, we say, they must not be taking good care of themselves, they must not eat well, they're obese, they're just greedy, lazy... These are just completely untrue descriptions and characterizations of individuals. And I hope that one of the things that may come from this show is a reminder to all of us that we are all human. We're all connected. We need to care [00:06:00] about other people outside of just who lives in our house, in our neighborhood, in the community that's familiar to us.

[00:06:08] We need to really care about people who are struggling more than we are. And don't assume that those people have no power, but if some people are struggling because of childhood trauma, even if we aren't affected as much as them, it's important that we care and connect and, and be a community of human beings because we are all part of one human family.

[00:06:52] So in today's show notes, you're going to see a bunch of links to learn more. But what I'm going to do for this episode is just limit [00:07:00] what I'm sharing with you, to letting you know about the questions that they asked on the ACEs questionnaire.

[00:07:16] I'll give you more resources to read more and learn more if you want. And then I'm going to tell you about, um, some of the ways that that work has expanded since the original study was done.

[00:07:33] So here are the 10 questions that they asked back in 1995 to 1997, when they originally created the ACE study. And as you listen to these questions, you may recognize that you've had some of these experiences. So, one, I hope that you'll be gentle with yourself if that comes up and you need to pause, [00:08:00] please do and take care of you, but also recognize that if you get the feeling of what these kinds of questions are about, you may know of other experiences that you've had, that don't fall into these categories, but that do fit adverse experiences in childhood. So, if that fits your situation, but your, your type of incident is not mentioned on these 10 questions know that your feelings are valid, your trauma's valid. So, these are the, ten questions that they started off with originally.

[00:08:48] Number one: 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 [00:09:00] act in a way that made you afraid that you might be physically hurt?

[00:09:06] Number two: 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?

[00:09:27] Number three: 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. Now I'll say for that one, there are so many sexually violating experiences that can happen in childhood that might not fit into the way that question is asked, but they felt violating, they felt traumatizing. [00:10:00] And if that's the case, trust what you know about that feeling.

[00:10:10] Number four: 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?

[00:10:32] Number five: Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, or 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?

[00:10:52] Number six: Were your parents ever separated or divorced?

[00:11:00] [00:11:00] Number seven: 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 at least a few minutes, or threatened with a gun or knife?

[00:11:28] Again, you could substitute was your primary caregiver for was your mother or stepmother? Many people may not have been raised with their mother or set mother in the home, but they may have had a figure in the home who was treated this way, that could have been very traumatic.

[00:11:45] Number eight: Did you live with anyone who was a problem drinker, or alcoholic, or used quote street drugs?

[00:11:55] Again, if someone has a substance abuse problem that may not fit into that, [00:12:00] but you know what it is and how it felt

[00:12:03] Number nine: Was a household member depressed or mentally ill, or did a household member attempt suicide?

[00:12:11] Number ten: Did a household member go to prison?

[00:12:25] Okay, those are the 10 questions. Now what it says in this article, which I will link to, is there are of course, many other types of childhood trauma and this, this article lists just some suggestions of what it could be. Racism, bullying, watching a sibling being abused, losing a caregiver, homelessness, surviving and recovering from a severe accident, [00:13:00] witnessing a father being abused by a mother, witnessing a grandmother abusing a father, involvement with the foster care system, or the juvenile justice system. And it also says the most important thing to remember is that the ACE score is meant as a guideline. If you experienced other types of toxic stress, over months or years, then those would likely increase your risk of health consequences, depending on the positive childhood experiences you had.

[00:13:41] So the people who participated in this study in 1995 to 97 were in San Diego, people who had Kaiser Permanente insurance. So, in that time, before universal healthcare

was available in our country, people [00:14:00] had health insurance through work and Kaiser Permanente would have been through work. So, the population that was surveyed here was a population of employed white middle-class college educated people who had health insurance.

[00:14:16] So that's a pretty high functioning population. And the study found that there was a direct link between childhood trauma and chronic disease in adulthood, including depression, suicide, being violent, being a victim of violence, as well as diabetes, cancers, heart disease, obesity, basically anything that can shorten your lifespan, higher risk of substance abuse. So, the ACE study was the first one to really prove [00:15:00] that childhood trauma is common in all across all socioeconomic groups in the U.S.

[00:15:10] Part of it is part of our culture, that we treat children as little robots that are supposed to be quiet and compliant. And that's not what children are meant for. They're meant to play, and explore, and be curious, and have adventures.

[00:15:40] Another piece that, um, is newer is the idea of Adverse Babyhood Experiences. And that's ABES. [00:16:00] That is a term coined by Veronique Mead. Before I go into talking about ABES, though, I want to tell you about an amazing Ted Talk where you can understand more about the impact of adverse childhood experiences and why we should care about them even beyond our own healing.

[00:16:26] It's something that matters for everyone in the world for humanity, and for us in every country. So that's a Ted talk by Dr. Nadine Burke Harris, and I'll link to that. You can also listen to Therapy Chat episode 19, which is called the Epidemic of Childhood Trauma, and talks about this in more depth. And I'll link to the ACEs connection website now called pieces connection.

[00:16:57] As I mentioned, as well [00:17:00] as Veronique Mead's website, Chronic Illness and Trauma Studies. Veronique Mead's work is focused on the connection between childhood and babyhood traumatic experiences and attachment wounds, which I count as a traumatic experiences as well, and chronic illness. She's a former physician who became a trauma therapist, and now she spends the majority of her time writing about the chronic illness, childhood and babyhood trauma link with amazing, unbelievable documentation of all the research. So Veronique's, uh, ABE, concept talks about categories of adverse babyhood [00:18:00] events.

[00:18:01] Number one: Maternal loss trauma.

[00:18:05] Number two: lack of support.

[00:18:08] Number three: emotional stress.

[00:18:11] Number four: physical stress or illness.

[00:18:16] Number five: maternal complications.

[00:18:20] Number six: baby complications.

[00:18:24] Number seven: mother- baby separation.

[00:18:29] Number eight: birth weight.

[00:18:33] Number nine: difficulty breastfeeding

[00:18:41] and Number 10: early symptoms in babies and parents.

[00:18:48] So the mother's prior history of miscarriage, how much the mother received support during [00:19:00] pregnancy, illness that the mother may have during pregnancy, or emotional stress that she has. Being born through a C-section, being born prematurely, being separated early, like going in the NICU, being born small, or big, difficulty breastfeeding. And then the early warning signs of adverse babyhood experiences are some of the examples are, um, maternal mental health concerns, PTSD from birth in the mother or baby, , Baby having colic, coughing, wheezing, being sickly, difficult to calm or [00:20:00] comfort, cried often, was demanding, could not be alone, did not like to be held, irritable, easily upset, frightened, easily, lots of mucus seemed in pain a lot, difficult to console, feeding difficulties, not affectionate, trouble sleeping, or hospitalization in the first two years of life. So those are just some experiences that could indicate trouble for the baby and linked to long-term physical health issues.

[00:20:38] She explains that in much more depth. And these sometimes when people hear about adverse childhood experiences or adverse baby hood experiences, the reaction is that's so depressing. That's so discouraging or scary, and yes, those feelings can come up. [00:21:00] And I believe that this information is hopeful because if you know that these issues are there, then one, you can understand why you feel the way you do or two, you can identify something that you might not have realized was a preventable, you know, could contribute to preventing a long-term health concern. So, I hope that that this information feels that way for you too. One thing that Natin Burke Harris says in her Ted Talk about the epidemic of childhood trauma is that we don't like to think about the truth of childhood trauma, because when we look at the prevalence of childhood trauma, we get overwhelmed because so many of us have [00:22:00] childhood trauma too, and we don't want to think about it. We don't like to know that again, what I've been saying in previous episodes that were detached from that traumatized part of ourselves, but it's there and it, you know, it's there driving our behavior and our emotions under the surface.

[00:22:17] So knowledge is power. And again, that is one of the reasons why I created this show. So, I hope you will have learned something new, found some valuable information to help you understand maybe what needs to heal in order for you to feel better. And hopefully you have a sense that there's an abundance of possibilities for your life. If you are affected by trauma at any stage in your life, that you know, that healing is possible. And help is available for you.

[00:22:57] Thanks again for listening. And as always, I [00:23:00] would appreciate you leaving a rating and review if you like the show on iTunes so that iTunes will tell more people about it. And I appreciate you listening. Take care!