

## **What we have learned from the ACE study: What it means for seniors**

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Adverse childhood experiences (ACEs) have life-course implications for future health, mental health and more. Abuse prevention efforts, interventions for maltreated children and for parents (e.g., positive parenting strategies' training), support, trauma-informed care at any stage of life – make a difference for all of us, and can help to build a strong community and nation. Regardless of age, we all have the capacity to be resilient, to bounce back from adverse experiences.

A landmark article (Felitti, Anda, et al., 1998), reported findings from the ACE Study, conducted by researchers from Kaiser Permanente and the CDC. The study was based on medical records from more than 17,000 adults, aged 57, on average. Assessed ACEs included: physical abuse; sexual abuse; physical neglect; emotional abuse; emotional neglect; violent treatment of mother; substance abuse in the household; mental illness in the household; parental divorce or separation; incarceration of household member. ACEs affect the vast majority of adults, with many experiencing more than one type of ACE. Higher ACE scores are generally associated with worse outcomes (such as dying earlier)

In the “Three Legs of the Stool” document (Mental Health and Recovery Board of Ashland County; MHRB), Stone emphasized: “In spite of the high prevalence of ACEs, there is clear evidence that children who have experienced traumatic events and their families can heal and reclaim their lives in communities that have the knowledge, commitment, skills, and resources to support them.”

### Implications

Effects of ACEs reverberate and cascade throughout one's life, including older adulthood. Adverse life experiences and effects are connected across time for individuals, affecting future generations.

Older adults are affected in terms of future health status (e.g., increased risk for heart disease, strokes, cancer; decreases in functional status). Links exist between ACEs and cognitive decline, depression and suicide in later life, mental health disorders, alcoholism and drug abuse. ACEs influence one's quality of life and wellbeing (emotional, financial, spiritual). Individuals with ACEs may be more likely to have problems with modulating emotions when faced with new stressors, to not be able to connect socially or to have social functioning deficits. Also, they may have coping and problem solving difficulties. ACEs are intertwined with the web of violence (poly-victimization, elder abuse) across time.

While older adults differ in terms of ACE history, many seniors face age-related stressors including elder abuse, losses (deaths of spouses), transitions (retirement, failure to be able to continue to "age in place"). Those with ACEs may be even more likely to become stressed out when facing changes that can be traumatizing.

#### Economic ramifications

The CDC estimates that lifetime costs associated with child abuse or mistreatment at \$134 billion. Costs are associated with loss of productivity (estimated at \$83.5 billion), increased need for health care, special education, child welfare, and criminal justice.

#### Resiliency

Protective factors for seniors experiencing victimization, helping them to be resilient after victimization occurs include: social support; interpersonal strengths; regulatory strengths (emotional awareness, endurance, ability to control display of strong emotions); and meaning-making strengths (optimism, sense of purpose) (Hamby et al., 2016). Notably, the potential for post-traumatic growth exists.

#### Trauma-informed care

Trauma-informed care is critical across the life course. In working with seniors, mental health providers should focus on: promoting resilience and healing; helping seniors develop and maximize effective communication and coping skills; teaching them how to modulate intense emotions; discussing what can be done to build a strong support system, maintain social connectedness, find meaning and

purpose, and develop mastery over different aspects of their life. It's time for providers to routinely ask about ACEs early in the help-seeking process, to address major life stressors/transitions faced by seniors as early as possible, to help elders strengthen self-help approaches. Trauma associated with observing or knowing that a senior's caregiver is being victimized needs to be addressed.

Trauma-informed care reframes how patients/clients are approached: "what happened to you?" rather than "what is wrong with you?" Principles of trauma-informed care focus on "safety"; "trustworthiness and transparency;" "peer support;" "collaboration and mutuality;" "empowerment, voice, and choice" (SAMSHA).

### Resources

For more information about the ACE study, resiliency, and trauma-informed care, visit the MHRB website ([www.ashlandmhrb.org](http://www.ashlandmhrb.org)). Read the "Three Legs of the Stool" document, view the ACE video, and use the link to access "Dealing with the effects of trauma: A self-help guide." Contact David Ross, MHRB, for information about building a trauma-informed community and issues addressed here (419-281-3139).

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