Mental Health Impacts of ACEs

Adverse Childhood Experiences (ACEs) can significantly impact a child's mental health, influencing not only their emotional well-being but also their ability to function in daily life. Addressing these effects early through trauma-informed care, supportive relationships, and appropriate interventions is crucial for mitigating the long-term psychological consequences of ACEs.

Anxiety and Depression:

Children who experience ACEs are at a higher risk for developing anxiety and depression, often due to chronic stress and difficulty regulating emotions. These conditions may manifest as constant worry, sadness, irritability, and a lack of interest in activities.

Prolonged stress from ACEs can alter brain chemistry, particularly in areas that regulate mood, leading to a higher sensitivity to stress later in life.

Source: Chapman, D. P., Whitfield, C. L., Felitti, V. J., et al. (2004). "Adverse childhood experiences and the risk of depressive disorders in adulthood." Journal of Affective Disorders, 82(2), 217-225. DOI: 10.1016/j.jad.2003.12.023

Felitti, V. J., Anda, R. F., Nordenberg, D., et al. (1998). "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults." American Journal of Preventive Medicine, 14(4), 245-258. DOI: 10.1016/S0749-3797(98)00017-8

Post-Traumatic Stress Disorder (PTSD):

Children who experience trauma, especially abuse or neglect, may develop PTSD, which includes symptoms like flashbacks, nightmares, hyper-vigilance, and avoidance of reminders of the trauma. PTSD can significantly impair a child’s ability to function in school, interact socially, and engage in everyday activities due to the persistent distress they experience.

Source: Pynoos, R. S., & Nader, K. O. (2002). "Post-traumatic stress disorder in children and adolescents." Psychiatric Clinics of North America, 25(2), 327-341. DOI: 10.1016/S0193-953X(01)00010-3

Briere, J., & Elliott, D. M. (2003). "Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women." Child Abuse & Neglect, 27(10), 1205-1222. DOI: 10.1016/j.chiabu.2003.08.010

Behavioral and Conduct Disorders:

Aggression and Defiance: ACEs can result in children exhibiting aggressive behaviors, defiance, and difficulty with authority figures. This is often a coping mechanism for unresolved emotional pain or a response to an unpredictable home environment.

Conduct Disorder: Chronic exposure to ACEs, especially in cases of physical abuse, can increase the risk of developing conduct disorders, where children may display more severe antisocial behaviors.

Source: McLaughlin, K. A., & Sheridan, M. A. (2016). "Factors contributing to the development of resilience in children." Current Opinion in Pediatrics, 28(3), 262-269. DOI: 10.1097/MOP.0000000000000330

De Bellis, M. D., & Zisk, A. (2014). "The biological effects of childhood trauma." Child and Adolescent Psychiatric Clinics of North America, 23(2), 185-222. DOI: 10.1016/j.chc.2014.01.002

Difficulty with Emotional Regulation:

Impulsive Responses: ACEs can impair a child’s ability to regulate their emotions, leading to outbursts of anger, frustration, or sadness. These emotional challenges can create difficulties in academic settings and peer relationships.

Dysregulated Emotional States: Children who have experienced ACEs may struggle to manage feelings like fear, guilt, or shame, which can hinder their ability to process emotions in healthy ways.

Source: Luby, J. L., Belden, A., Harms, M. P., et al. (2009). "The effects of poverty on childhood brain development: The mediating effect of caregiving and stressful life events." JAMA, 301(20), 2281-2290. DOI: 10.1001/jama.2009.750

Cicchetti, D., & Rogosch, F. A. (2001). "The impact of child maltreatment and trauma on neurobiological development." Child and Adolescent Psychiatric Clinics of North America, 10(2), 213-232. DOI: 10.1016/S1056-4993(18)30227-2

Attachment & Relationship Issues:

Insecure Attachment: ACEs, particularly neglect or inconsistent caregiving, can lead to insecure attachment styles, making it difficult for children to form healthy relationships in the future. They may exhibit anxious, avoidant, or disorganized attachment behaviors.

Difficulty Trusting Others: These children may have a heightened sense of mistrust toward others, impacting their ability to form friendships, trust authority figures, or engage in supportive relationships.

Source: Sroufe, L. A. (2005). "Attachment and development: A prospective, longitudinal study from birth to adulthood." Attachment & Human Development, 7(4), 348-367. DOI: 10.1080/14616730500365928

Van der Kolk, B. A. (2005). "Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories." Psychiatric Annals, 35(5), 401-408. DOI: 10.3928/00485713-20050501-06

Self-Esteem & Self-Worth Issues:

Negative Self-Perception: Experiencing abuse or neglect during childhood can lead to feelings of worthlessness, guilt, or shame, significantly impacting a child's self-esteem. These issues often persist into adulthood if not addressed.

Internalized Blame: Children with ACEs may internalize the trauma, believing that the abuse or neglect was their fault, which can lead to a constant feeling of inadequacy or self-blame.

Source: Cicchetti, D., & Toth, S. L. (2005). "Child maltreatment and attachment theory: Implications for research, clinical intervention, and policy." Development and Psychopathology, 17(3), 511-518. DOI: 10.1017/S0954579405050243

Hyman, S. M., & Garcia, M. (2008). "Self-esteem and the effects of childhood trauma." Child Abuse & Neglect, 32(3), 245-255. DOI: 10.1016/j.chiabu.2007.10.006

Increased Risk of Suicidal Thoughts & Self-Harm:

Self-Harm: In an attempt to cope with emotional pain, children with a high ACE score may engage in self-harming behaviors such as cutting or burning themselves.

Suicidal Ideation: The emotional burden caused by ACEs can increase the risk of suicidal thoughts or attempts, especially during adolescence when the emotional effects of ACEs become more pronounced.

Source: Dube, S. R., Felitti, V. J., Dong, M., et al. (2003). "Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span." JAMA, 286(24), 3089-3096. DOI: 10.1001/jama.286.24.3089

Substance Use & Addiction:

Early Initiation of Substance Use: Adolescents who have experienced ACEs are more likely to turn to substances like alcohol, drugs, or tobacco as a means of coping with emotional pain, trauma, and stress. This early exposure to substance use increases the likelihood of developing substance use disorders in adulthood.

Source: Anda, R. F., Felitti, V. J., Bremner, J. D., et al. (2006). "The enduring effects of abuse and related adverse experiences in childhood." European Archives of Psychiatry and Clinical Neuroscience, 256(3), 174-186. DOI: 10.1007/s00406-005-0624-4

Felitti, V. J., & Anda, R. F. (2010). "The relationship of adverse childhood experiences to adult medical risk factors and disease." Family & Community Health, 33(2), 1-14. DOI: 10.1097/FCH.0b013e3181c35b18

Impaired Cognitive Development:

Learning and Attention Problems: ACEs can lead to difficulties in focus, memory, and cognitive processing. Children exposed to trauma may have trouble concentrating, completing tasks, or participating in class, which can affect their academic performance.

Learning Disabilities: The stress and trauma experienced by children with ACEs can interfere with normal brain development, leading to learning disabilities or delayed cognitive functioning.

Source: Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). "Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention." JAMA, 301(21), 2252-2259. DOI: 10.1001/jama.2009.754

Luby, J. L., Belden, A., Harms, M. P., et al. (2009). "The effects of poverty on childhood brain development: The mediating effect of caregiving and stressful life events." JAMA, 301(20), 2281-2290. DOI: 10.1001/jama.2009.750

Dissociation & Identity Issues:

Dissociation: Some children who have experienced extreme trauma may develop dissociative symptoms, where they "disconnect" from their thoughts, feelings, or surroundings. This is often a survival mechanism to cope with overwhelming emotions or memories.

Identity Confusion: Children with ACEs may also struggle with identity issues, as the lack of a stable or nurturing environment can make it difficult to develop a consistent sense of self.

Source: Van der Kolk, B. A. (2005). "Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories." Psychiatric Annals, 35(5), 401-408. DOI: 10.3928/00485713-20050501-06

Goodman, G. S., & Quas, J. A. (2005). "The trauma of child abuse and its long-term consequences." Development and Psychopathology, 17(4), 151-171. DOI: 10.1017/S0954579405050163

Risk of Re-Victimization:

Vulnerabilities to Future Trauma: Children with ACEs are more vulnerable to experiencing further abuse or victimization, as the patterns of trauma may repeat in their lives. These children may seek out relationships or environments that mirror their past trauma, further reinforcing the cycle.

Source: Widom, C. S. (1999). "Posttraumatic stress disorder in abused and neglected children grown up." American Journal of Psychiatry, 156(8), 1223-1229. DOI: 10.1176/ajp.156.8.1223

Chronic Stress Response & Hyperarousal:

Heightened Stress Sensitivity: The chronic stress caused by ACEs can lead to a heightened state of arousal, where the child is always "on edge" or easily startled. This can manifest as anxiety, irritability, or hyperactivity.

Physical Symptoms: Persistent stress can also result in physical symptoms such as headaches, stomachaches, or difficulty sleeping, which are often linked to mental health issues.

Source: McEwen, B. S. (2007). "Physiology and neurobiology of stress and adaptation: Central role of the brain." Physiological Reviews, 87(3), 873-904. DOI: 10.1152/physrev.00041.2006

Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). "Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention." JAMA, 301(21), 2252-2259. [DOI: 10.1001/jama.2009.754](https://doi.org/10.1001/jama.200

BraveBe child advocacy center

If you have questions, would like to learn more, or want to know how you can help, contact Maja Cartwright:
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