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More than Half of North Carolinians Have Experienced Childhood Trauma

Morrisville, NC (March 26, 2018) – When Oprah Winfrey dedicated a segment on 60 Minutes to the issue of childhood trauma earlier this month, health care providers, social workers, teachers, criminal justice advocates and families around the country sat nodding their heads. Ever since the Adverse Childhood Experiences (ACEs) Study gave this problem a name in 1998, communities have been working to quantify and address it. In the [current issue](#) of the *North Carolina Medical Journal*, University of North Carolina at Chapel Hill PhD student Anna Austin shines a light on the scope of the problem in our state, and what can be done.

Nearly two-thirds of respondents to the original ACEs study reported experiencing at least one adverse experience, such as physical, sexual or emotional abuse, adult incarceration, mental illness, substance abuse or violence in the household. In North Carolina, that number is 57.6 percent, according to data from the North Carolina Behavioral Risk Factor Surveillance System.

Taking deep dive into the data, Austin found that different types of traumatic experiences tend to co-occur for North Carolinians. More than 27 percent reported experiencing parental separation or divorce, 26.8 percent said they had experienced substance abuse in the household, and nearly 24 percent had experienced emotional abuse. Among those who reported experiencing substance abuse in the household, 44 percent also had separated or

divorced parents, 40 percent had seen violence between adults at home and nearly 36 percent had a household member with a mental illness.

The research also shows that as the number of ACEs increases, so do health-risk behaviors such as smoking and drinking, and the risk for health problems later in life.

“We know experiencing these adversities during childhood are associated with poorer health outcomes during adulthood,” said Austin. “This data provides a very powerful tool for advocating for investments in early childhood.”

Those investments should come in two forms, says Austin: primary – to prevent ACEs from happening in the first place – and secondary, to address existing trauma. One of the most powerful tools for preventing and addressing ACEs is promoting safe, stable and nurturing relationships and environments.

Adam Zolotor, MD, DrPH, publisher of the NCMJ, says, “Policies to support families and evidence-based parenting programs are two of the most important ways we can prevent ACEs and the tremendous downstream consequences for health. This is the focus of our ongoing partnership with the Division of Public Health known as Essentials for Childhood.”

To read the [full article](#), “Association of Adverse Childhood Experiences with Life Course Health and Development,” by Anna Austin, as well as other NCMJ articles, visit ncmedicaljournal.com.

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