

Ending the Cycle of Blaming Adoptive Parents: The Adverse Childhood Experiences (ACE) Study

Whose fault is it?"

The [Adverse Childhood Experiences \(ACE\) Study](#) describes the long-term relationship of adverse childhood experiences to important medical and public health problems. It assesses the long-term impact of abuse and household dysfunction—during childhood—on the following outcomes—in adults: disease risk factors and incidence, quality of life, health care utilization and mortality.

The study was conducted at Kaiser Permanente's San Diego Health Appraisal Clinic. More than 45,000 adults undergo standard health examinations at this clinic each year. This makes this clinic one of the nation's largest free standing medical evaluation centers. Upon completion of the medical exam, patients were mailed an ACE Survey. The ACE Surveys questions asked if the adult experienced any adverse childhood experiences in the categories:

- psychological, physical or sexual abuse,
- violence against mother,
- living with household members who are substance abusers, mentally ill, suicidal or ever imprisoned

These childhood factors were then compared with adult risk factors: smoking, severe obesity, physical inactivity, depressed mood, suicide attempts, alcoholism, any drug abuse, a high lifetime number of sexual partners and a history of having a sexually transmitted disease.

Completed surveys numbered 8,506. The average age of the respondent was 56.1 years (age range: 19-92.) Fifty-two percent were women, 79.4% were white and 43% had graduated from college.

The results concluded that there is a strong relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of dysfunction/death in adults. For example:

0 adverse childhood experiences = 6.8% adults who smoke
1 adverse childhood experience = 7.9% adults who smoke
2 adverse childhood experiences = 10.3% adults who smoke
3 adverse childhood experiences = 13.9% adults who smoke
4 adverse childhood experiences = 16.5% adults who smoke

0 adverse childhood experiences = 14.2% adults with depression
1 adverse childhood experience = 21.4% adults with depression
2 adverse childhood experiences = 31.5% adults with depression
3 adverse childhood experiences = 36.2% adults with depression
4 adverse childhood experiences = 50.7% adults with depression

"Why am I so sad?"

0 adverse childhood experiences = 2.9% adults consider self an alcoholic
1 adverse childhood experience = 5.7% adults consider self an alcoholic

2 adverse childhood experiences = 10.3% adults consider self an alcoholic
3 adverse childhood experiences = 11.3% adults consider self an alcoholic
4 adverse childhood experiences = 16.1% adults considers self an alcoholic

0 adverse childhood experiences = 6.4% adults used illicit drugs
1 adverse childhood experience = 11.4% adults used illicit drugs
2 adverse childhood experiences = 19.2% adults used illicit drugs
3 adverse childhood experiences = 21.5% adults used illicit drugs
4 adverse childhood experiences = 28.4% adults used illicit drugs

0 adverse childhood experiences = 5.6% adults have/had a STD
1 adverse childhood experiences = 8.6% adults have/had a STD
2 adverse childhood experiences = 10.4% adults have/had a STD
3 adverse childhood experiences = 13.1% adults have/had a STD
4 adverse childhood experiences = 16.7% adults have/had a STD

0 adverse childhood experiences = 5.4% adults with severe obesity
1 adverse childhood experience = 7.0% adults with severe obesity
2 adverse childhood experiences = 9.5 adults with severe obesity
3 adverse childhood experiences = 10.3% adults with severe obesity
4 adverse childhood experiences = 12.0% adults with severe obesity

0 adverse childhood experiences = 1.2% adults attempted suicide
1 adverse childhood experience = 2.4% adults attempted suicide
2 adverse childhood experiences = 4.3% adults attempted suicide
3 adverse childhood experiences = 9.5% adults attempted suicide
4 adverse childhood experiences = 18.3% adults attempted suicide

So, at this point in time, this study as well as a large and growing body of research on traumatized individuals concludes that negative childhood experiences influences adult functioning. The question is then, "Why are adoptive parents so frequently blamed for their adoptive child's problems?" "Why isn't it clear that the child's history of complex trauma brings families to mental health facilities and back to county agencies to help fund these absolutely obviously essential services?"

Overall, the child welfare system frequently,

- Tells parents prior to the adoption to expect problems. Yet, after the adoption, we question why the child is still stealing, lying, shouting, making poor grades, etc. years after being placed in their home. The conclusion often formed is that there must be something wrong with the parents.
- Holds adoptive families to a high standard, almost that of super family. They will heal all of the child's hurts. When this does not happen, we again conclude the parents are inadequate.
- Tells parents—pre-adoption— that services will be necessary. Yet, we often make them return to the public agency in order to obtain funding for services. We trusted the parents with the child. Yet, we don't always allow them to make decisions as to what their family needs. We, at times, deny services to families in desperate need. We do so because we believe the family is the problem.

- Claims to operate “in the best interests of the child” yet we become contentious when parents request funding or subsidy increases. We do so because we deny the pathology of the child. We view these requests as if we are giving money to the parent. Actually, when we offer monies, we are supporting the family in their efforts to support the adoptee. Isn't this what we set out to accomplish in the first place?

The child welfare system needs to examine policies regarding adoptive families. We approved them to adopt. If there is something “wrong” with so many adoptive families, perhaps we need to re-evaluate the manner in which we conduct home studies and parent preparation. Better yet, maybe we need to heed our own warnings: these children will frequently have problems due to their past trauma. There are children for whom their pre-adoptive experiences leave long-term or life-long scars. Many adoptive families will require support throughout the adoptee's childhood and adolescence. Many adoptees will continue to need services well into adulthood.