How Abused Children Become Unhealthy Adults

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Turning Gold into Lead[1] is not the title of a book about reverse alchemy or black magic. It is the subtitle of a medical paper with the primary title *The Relationship of Adverse Childhood Experiences to Adult Health*.[1] Dr. Vincent J. Felitti, a noted physician and researcher from San Diego, CA, condenses the results of an on-going, comprehensive study, the Adverse Childhood Experience (ACE) Study, initiated in 1993. Collecting medical data from 17,000 adults, researchers have explored the relationship between certain childhood experiences and the central risk factors for the leading causes of death in the adult US population.[2,3]

The childhood experiences examined are: psychic, physical and sexual abuse to the child, or being raised in a household where one parent was absent, where the mother was battered or abused, where one parent was sentenced or imprisoned, or where one or both adult members abused alcohol or drugs or were mentally diseased or suicidal.

The data reveal a much higher incidence of risk factors for serious diseases in those adults who reported one or more of the above childhood experiences as compared to those who did not. The more adverse experiences present in childhood, the greater the risk for diseases later on, echoing a so-called dose-response manner.

Violation and abuse affect health later on

The metaphorical title *turning gold into lead* reflects the loss of potential that occurs when a childhood is informed by explicit or implicit violation, resulting in an adult life characterized by major risk for health and premature death. Felitti concludes: "We found that such adverse childhood experiences are quite common although typically concealed and unrecognized; that they still have a profound effect a half century later, although now transmutated from psychosocial experience into organic disease; and that they are the main determinant of the health and social well-being of the nation. Our findings are of direct importance to the everyday practice of medicine and psychiatry because they indicate that much of what is recognized as common in adult medicine is the result of what is not recognized in childhood. The ACE Study challenges as superficial the current conception of depression and addiction, showing them to have a very strong dose-response relationship to antecedent life experiences."[1]

The findings of the ACE Study are supported by another US study of 5877 adults based on statistical calculation of the relationship between childhood experiences of physical abuse, sexual abuse, and neglect and certain disease.[4] Results showed that exposure to physical abuse increases the risk for lung diseases, peptic ulcer, and arthritic disorders; sexual abuse considerably increases the risk for cardiac diseases; neglect is related to increased risk of diabetes and autoimmune disorders. Another US study of 1359 older

adults showed significant relationships between lifetime sexual abuse experience and arthritis and breast cancer among women, and diseases of the thyroid gland among men.[5] This study also confirmed a dose-response relationship between frequency of violation and health risk.

A relationship between violation experience and psychiatric diseases has been documented through studies. Among women with the most serious diagnoses, as many as 85% report such experiences, and many of them report several events and types.[6] A UK study showed not only a high occurrence of childhood violation among women patients, but increased risk for adult physical or sexual revictimization or retraumatization among this population.[7]

From describing behavior to understanding the how and why

Scientific documentation indicates that suppressed and untold violations during childhood have a high probability of later being "revealed" and "named" in psychiatric and somatic medicine. Such knowledge continues to beg the most central question: *how childhood experiences that do not kill the child nevertheless kill the adult who once was this child*.

Researchers link their explanation to "risk behaviors," including: use of substances that harm health such as nicotine, alcohol, street drugs and other arousing chemicals; obesity and physical inactivity; and unprotected sexuality leading to transmission of infectious diseases and too early (teenage) or otherwise unwanted pregnancies.

When researchers apply these labels, they are observing from the outside, judging and condemning the described individuals as unreasonable and irresponsible. French historian Michel Foucault[8] referred to this phenomenon as "the medical gaze," the detached, distant, observing, and objectifying method of modern biomedicine. Such observation explains *that* such behavior occurs; however, it provides little understanding of *how* those who have been violated and humiliated as children become adults who seem unable to protect themselves from continuing to play out their childhood wounds, putting themselves at risk and, thus, elevating their ACE scores.

How the transformation from gold to lead occurs during a lifetime can be explored only by means of close familiarity with the individual in question.[9,10] The destructive forces inherent in violation are associated with phenomena that do not lend themselves to counting and calculation; for example, shame, guilt, stigma, pain, anxiety, isolation, insecurity, and loneliness. How these aspects inform the violated person´s self-esteem, body image, and manner of being can neither be grasped nor understood with numerical methods.[11,12]

How Tanja Tambs was doomed and condemned

The statistics presented can be grasped in the following story of the violation and illness history of Tanja Tambs. Tanja was the highly adored surrogate child for her maternal

aunt and her husband, a childless couple. From an early age, Tanja spent weekends and holidays in their home. She was cared for and nearly drowned in gifts and caresses from every arrival to departure, especially by her beloved uncle. From the time Tanja was almost four years old, he put her to bed at night, developing a ritual that included both caresses and violations. Tanja could not figure out why she began to hate that time of the day. In her head, it was unthinkable that her beloved uncle could be the source of those repulsive things that happened in her bed at night. She ultimately soothed herself by giving meaning to what was incomprehensible: she placed the blame on the bed itself. Thus, the bed was stripped as a place for safety and sleep, becoming instead a place of horror and pain.[13] Once established in her mind, the bed's pain and horror followed Tanja to her family home.

She began to complain of severe headache at the end of the day. She became unable to fall asleep in her bed. Her family doctor prescribed sleeping pills, and from the age of five, she was on regular medication for sleeplessness. Neither her doctor nor her worried parents wondered why Tanja would not fall asleep in her bed, yet they would find her asleep everywhere else where she hid before bedtime: behind a sofa, in the shower, beneath the stairs, in a cabinet and so on.

According to chemical logic, Tanja became a drugged teenager. According to gendered social logic, she was used as a sexual toy by a group of young men. This so-called irresponsible and promiscuous behavior was turned against her in court when, at the age of eighteen, she finally accused her uncle. Viewed as a respectable man who had loved his niece, his high standing in the court provided exaggerated contrast to Tanja´s reputation as a druggy and groupie. That her whole life bore proof of violated dignity was not taken into consideration. That she had been treated as an object from early childhood on, deprived of self-respect and self-esteem, was no topic for the judges. Consequently, Tanja was blamed and shamed for false accusation and self-destructivity. She was judged to be the origin of her own violent living, condemned and treated accordingly.

The documented connections between early and later violation experience, between violation and disease, and between early violation and premature death are of major relevance for health care professionals. Unfortunately, a range of studies document a considerable reluctance among health professionals to question the topic of traumatic experiences with their patients.[14] A different kind of research is needed with regard to adequate recognition of violation impact on body and life.[13,15,16,10] Similarly, a more explicit appraisal of the already existing body of knowledge is warranted. It needs to be integrated consistently into medical training of all kinds. Otherwise, health care workers will likely continue to neglect trauma experiences in their patients, depriving them of proper diagnosis and treatment that could lead to healing.

How Thora Tjessem was traumatized and revictimized

The violation and illness history of Thora Tjessem provides further insight. Thora was scheduled to travel abroad to attend the opening of an exhibition of her pictures and to receive a prestigious prize. The day before her departure she was warned that the person

in charge of these events would most likely misuse his position to make indecent advances to Thora. That same evening, she suddenly felt extreme pain in her pelvis. She was admitted to the gynecological ward of the university clinic where she described her intense pain as "deeply penetrative from my pelvis toward my right hip." This description was noted in her records. She then asked the doctor if the sudden pain could be related, in one way or another, to her "very indelicate childhood." The doctor did not respond, nor did he note this comment in Thora´s record. Since ultrasound examination indicated a finding of fluid behind her uterus, a clear indication for surgery according to the doctors, Thora did not repeat her question and agreed to an operation.

Thora still had the pelvic pain when, after ten weeks of medical treatment, she was finally discharged. By that time, she had undergone three major operations involving removal of her uterus, both tubes and ovaries, and several minor interventions including endoscopy of bladder, rectum, pelvic organs, and bowel. Upon her dismissal she was informed that the persistent pain was likely of myofascial origin, and she was advised to attend psychomotor therapy for relaxation exercise. Why the gynecologists, during three surgical interventions and in numerous examinations of this very same region of Thora´s body, had remained unaware of these muscular tensions that now, all of a sudden, had acquired causal status for permanent pain, was not explained.

Thora had offered a relevant clue to her "indelicate childhood." The gynecologist missed its importance and an opportunity to pursue the connection Thora was offering. Had he listened and explored further, he might have learned that, on the very same day of her admission, Thora had been caught by an old horror, one of being in another person's grip; that she quite recently had experienced a breakthrough in her therapy for depression, panic, and frequent nightmares; that her father was dying; and that she had experienced similar pelvic pain before when being violently penetrated.

Conclusion

Ample evidence indicates that early childhood experiences of abuse and neglect profoundly affect trust, interpersonal relations, body perception, self-esteem, and self-respect. The complex impacts of such experiences, mediated by hormonal and immunological processes on all levels of bodily being, inform personal health destructively.17 As long as health care professionals neither ask nor know, they will contribute to the destructive process. The deadly silence surrounding socially tabooed offenses will be maintained. Violations will keep occurring, inherited from generation to generation. The result will be great suffering, continued disease, and many premature deaths.

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