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# Growing Up With Toxic Stress or Addiction and Its Long-Term Impact

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If we grow up with toxic stress in childhood, does it change us? Does growing up with parental addiction, abuse or neglect affect our physical, mental and emotional health? Are we making it up? Researchers tell an interesting story.

According to the website for the [Center on the Developing Child](#) at Harvard University:

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity -- such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship -- without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

Consider these statistics:

- Children of alcoholics or dysfunctional families (ACOAs) are more likely to marry into a family with a background of alcoholism
- 70% of ACOAs develop patterns of compulsive behavior as adults with alcohol, drugs, food, sex, work, gambling or spending.\*
- ACOAs are 4 times more likely to become alcoholics than the general population.
- Alcohol is a key factor in 68% of manslaughters, 62% of assaults and 54% of murders and attempted murders.
- Incest is twice as likely among daughters and sons of alcoholics.

## **Chronic Stress Can Pound Away at Our Immune System**

When human beings are highly stressed, our muscles experience increased blood flow and we have spurts of adrenaline to enable us to flee for safety or stand and fight. When we can do neither, which is so often the case with children in highly stressful homes, those stress chemicals are left to boil up inside of us and they can cause anything from thinning hair to heart disease.

Experiences like growing up with parental addiction and the chaos and stress that surround it pop up over and over again as primary causes of toxic stress. But addiction isn't the only thing we're looking at here. If a child grows up with addiction, that is probably not the only risk factor in the home. ACEs or adverse childhood experiences tend to cluster; once a home environment is disordered, the risk of witnessing or experiencing emotional, physical, or sexual abuse actually rises dramatically. (Anda, Felitti, et al. 2006).

The Adverse Childhood Experiences (ACE) study, led by Robert F. Anda, MD, MS, and David W. Brown, DSc, MScPH, MSc, is one of the largest studies ever conducted on the relationship between maltreatment in childhood and long-term effects on health and well-being.

The ACE study found that the risk factors that constitute "toxic stress" and contribute to long-term physical, emotional and psychological health were surprisingly common, that is most of us experience at least four ACEs in the course of our lives. Anda and his team learned that ACEs tend to occur simultaneously. Kids who grow up with parental addiction, for example, are statistically likely to also have several other co-occurring issues from the list below. For example, addiction is statistically likely to be accompanied by neglect, or emotional, physical or sexual abuse. The adverse childhood experiences studied were:

- Domestic violence
- Alcohol or other substance abuse in the home
- Mentally ill or suicidal household members
- Parental marital discord (as evidenced by separation
- or divorce)
- Having a household member imprisoned (Anda, Felitti, et al. 2006).

The 2006 study included more than 17,000 health maintenance organization (HMO) members who underwent a comprehensive physical examination that provided detailed information about their childhood experiences of abuse, neglect and family dysfunction. The researchers were not looking toward family addiction as a unique risk factor in their study design. Rather, parental addiction and the dysfunctional behaviors that clustered around it kept emerging through the collection of data as one of the statistically most significant causes of mental, emotional and physical health problems in adulthood.

People with high ACE scores who experienced the cumulative effect of growing up with a cluster of adverse childhood experiences tended to be those who fell into the healthcare and penal systems in adulthood because, the study suggests, their childhood stress was more than their brain/body could process. And the people who might have helped them to ameliorate their stress, namely their parents, were often the ones causing it, or they were too overwhelmed with their own stress to be helpful to their children. (Anda, Felitti, et al. 2006).

### **Why Does Childhood Stress Have Such a Long-Term Effect?**

Dr. Anda describes why ongoing, traumatic experiences such as growing up with addiction, abuse or neglect in the home can have such tenacious effects. "For an epidemic of influenza, a hurricane, earthquake, or tornado, the worst is quickly over; treatment and recovery efforts can begin. In contrast, the chronic disaster that results from ACEs is insidious and constantly rolling out from generation to generation." If the effects of toxic stress are not understood so that children can receive some sort of understanding and support from home, school and community, these children simply "vanish from view... and randomly reappear -- as if they are new entities -- in all of your service systems later in childhood, adolescence and adulthood as clients with behavioral, learning, social, criminal, and chronic health problems" (Anda, Felitti, et al. 2006).

### **Invisible Pain: ACEs Are Surprisingly Common**

Contrary to the myth that adverse childhood experiences do not happen as frequently in middle- or upper-middle-class homes, toxic ACEs occur regularly and throughout all social classes and races, according to Dr. Anda. He feels that society has bought into some myths concerning adverse childhood experiences such as: "ACEs are rare, that they happen somewhere else, that they are perpetrated by monsters, that some, or maybe most, children can escape unscathed, or if not that they can be rescued and healed by emergency response systems." In the ACE study however, 94 percent of those studied had gone to college and lived in San Diego, a very nice and not inexpensive area to live in, and had access to excellent health care. But even in this population, adverse childhood experiences were common.

Dr. Anda refers to "dose and effect" syndrome, or how childhood adversity directly correlates to problems later in life; the more numerous the toxic stress clusters, the more serious and long-term the effects. For example, children who grow up with ACEs are more likely to drink and do drugs or have physical or emotional health problems. This should not be surprising if we remember what an analgesic effect alcohol and drugs have when it comes to numbing emotional and psychological pain. According to Dr. Anda, growing up with ACE's causes such pain and also carries a higher risk for other issues, including having risky sexual behavior; STDs; contracting HIV from injected drug use; suffering from pulmonary disease; smoking-related lung disease; autoimmune disease; poor adolescent health; teen pregnancy; and mental health issues. Or, on the relationship front for re-victimization, instability of relationships, and poor performance in the workforce.

### **Dealing with Toxic Stress**

But it's not all bad news. The Center on the Developing Child at Harvard University websites says: "Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response."

Stress in the home can be buffered when kids have access to support or some sort of exit strategy whether school, a hobby like sports, art or theater that can involve them outside the home, a faith community or simply a nice neighbor.

To deal with what constitutes a national health crisis, Anda feels we need to reduce the toxic stress load on our developing children. It is very expensive to help people who fall into the healthcare system and the judicial system and improve their outlook once the effects of toxic stress have set in. Much simpler and less expensive is to change our parenting and educational practices and reduce the effects of toxic stress on the developing child. Rather than wait for diseases to develop and then address them one at a time in adulthood, Anda suggests that we need to look at the child-rearing practices that create the kind of toxic stress that undermines long term health and resilience (Anda, Felletti, et al. 2006). The kind of toxic stress that pounds away at our autoimmune system in childhood and all too often results in fully developed disorders as adults.

No situation need be inherently traumatic. How we experience the circumstances of our lives often determines whether or not we find them traumatizing. The presence of caring adults who help children to decode the ever-unfolding situations of their worlds is a great protective buffer for the child. Without this reassuring presence, the child has no way of knowing whether or not to be scared, or how scared to be and they have trouble "right-sizing" stressful situations and putting them into a context. They are left instead to come up with their own explanations of events with limited developmental equipment and support.

More on this in my next parenting blog. This material was partly excerpted from my recent book, *The ACoA Trauma Syndrome: How Childhood Pain Impacts Adult Relationships*.

Anda, R. F., V. J. Felitti, J. Walker, C. L. Whitfield, J. D. Bremner, B. D. Perry, S. R. Dube, and W. H. Giles. 2006. "The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: A Convergence of Evidence from Neurobiology and Epidemiology." *European Archives of Psychiatry and Clinical Neurosciences* 256(3):174-86.

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\*Hagedorn, W. B. 2009. "The Call for a New Diagnostic and Statistical Manual of Mental Disorders Diagnosis: Addictive Disorders." *Journal of Addictions & Offender Counseling* 29:110-127.

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