[Music] Nadine Burke-Harris: I believe that this is the greatest unaddressed public health threat that our nation is seeing today.

Kiera: I don't want my kids to have to go through this.

Christina: If I can get out, you can get out.

Nadine: It's awesome for the mom to say, "I did that for my kids." It's intense. It's powerful. ACES stands for Adverse Childhood Experiences, and that comes from the real seminal study that was done by Dr. Vince Felitti and Dr. Robert Anda. They found there was a dose response relationship between early adversity and numerous health and behavioral outcomes.

Denise Dowd: The more ACES you had — numbered them, right, zero to nine or 10 — the more likely it was that you were going to have one of these diagnoses.

Nadine: What was really an eye-opener for the medical community was that if you had four or more adverse childhood experiences, your risk of chronic obstructive pulmonary disease was 260 percent as compared to someone with an ACE score of zero. For hepatitis, it was 250 percent. And so, we've really begun to understand that there are biological and physiologic underpinnings and a direct connection between early adversity and health problems in adulthood.

Denise: Pediatric care is at least a two-generation process, right? Because if you think about it, your patient, the little kid, are going to achieve many of their ACES — neglect, abuse — through their parent or somebody related to them. So you have to address the ACES in both of those generations.

Donna O'Malley: We have a lot of mothers, young mothers, who they themselves have experienced toxic stress from many exposures in their lives where their trauma has never been treated and now they're trying to parent.

Kiera: Growing up, I got to hear a lot of stories from my mom about how my grandma did a lot of things to her, abused her in so many ways, and she in turn did the same thing to me.

Nadine: The focus of my clinical practice is really thinking about how we can reduce the dose of adversity that kids are being exposed to. ACES include physical, emotional, or sexual abuse; physical or emotional neglect; a parent with mental illness, substance dependence, or who has been incarcerated; domestic violence; or parental separation or divorce.

Denise: Toxic stress is repetitive, chronic exposure to stress, meaning bodily stress, which is unremitting, right, and which is in the absence of what we would call protective factors, which usually means for kids a nurturing adult in their life taking care of them.

Nadine: Imagine you're walking in a forest and you see a bear, right? And immediately your body releases a surge of adrenaline and you have what's called a "fight or flight" response, and that is wonderful if you're in a forest and there's a bear; but the problem is what happens when the bear comes home drunk from the bar. This fight or flight system, which is supposed to be a once in a very long time life-saving response, is activated over and over and over again.

Kiera: I didn't have a good childhood. When I was 6, my mom's boyfriend killed my little sister in front of me.

Khatea: My biological mother had every addiction that you could think of known to mankind.

Christina: There was no parenting in the house at all. There was no house at all.

Kiera: She never spent any one-on-one time with me or — never.
Christina: I indulged in her addiction with her. I was no longer her child. I was just there.

Nadine: Social-emotional buffering, being in a caring relationship, having adults in your life who are able to self-regulate and who are able to model self-regulation helps children to be aware of when that is not happening. And sometimes all you need is that one — all you need is that one to establish a baseline from which you're able to recognize, "Wait, this is not right."

Jim Caccamo: When you see an issue and can make it better, you ought to because it will be with that child forever.

Kiera: When I was growing up, my mom was not in my life, so my teachers were like my mom.

Christina: My support system was just amazing, these people. Sometimes when I don't think I can make it, they know I'm going to make it.

Nadine: What we see is that kids who are exposed to chronic adversity tend to have tremendous amounts of behavior problems in terms of self-regulation, angry outbursts, the ability to recover post-provocation. The behavioral issues are the ones that we see when a child is 2 and 3 and 4 years old, and they portend long-term health problems, and we can see that in kids when they're little.

Amy Reames: We focus a lot on social-emotional wellness here. So we really put a lot of that into the curriculum. If we don't have that foundation, then we can't do anything else. You know, if you have a child that is not socially or emotionally well, then we can't expect them to sit down and do a lesson on math or literacy or something.

Denise: Because as one mom said to me, "You know something? I can't give away what I never received." And so, you're giving them that.

Kiera: I go to the counseling, you know, for me because a lot of things with my childhood still affect me now that I'm an adult.

Christina: I never thought in a million years that I would be anything but a junkie. There was no light at all. I thought that was my destiny, to get high and living that life and prostitute. And today, what I'm proudest of is because I know that I'm way more than that — way more than that.

Kiera and children: [Kissing noised and laughter]