CORRESPONDENCE

The Prevalence and Consequences of Adverse Childhood Experiences in the German Population

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Psychosocial and Somatoform Disorders

On the contribution by Witt et al. (1), I would like to comment that the traumatizing circumstances mentioned, for instance in the parental home, can not only have a pathological psychosocial impact but also cause physical illnesses to a considerable extent, as somatoform reactions.

Taking an intensive anamnesis during 1 to 2 hours, as is common in homeopathy, provides us with a deeper insight into the biographies of our patients than is normally acquired. Here, it is noticeable that, behind numerous illnesses, there are usually more-or-less difficult and adverse experiences in the ancestry. This includes divorce, dealing with unstable, addicted parents, and unrealistic parental expectations, but also violence and abuse. Unresolved family legacies, including flight, displacement, or war guilt, also appear, and the so-called “shadow children”, who largely forgo parental care because of a sick or otherwise problematic sibling, are also affected.

The consequences are of course psychosocial disorders, as mentioned above, which also include feelings of guilt or inferiority complexes. Often, auto-aggressive behavior as well as autoimmune diseases at the physical level are present, as well as sleep disorders, anxiety disorders, and chronic headaches. In many cases, we also see painful diseases of the musculoskeletal system, such as fibromyalgia, tendon damage, or arthritis. The dramas mentioned can also be suspected to underlie some cancers, although the psychologists deny the existence of a cancer personality.

In any case, it is enormous what a variety of damage a childhood can bring about when its carefreeness has been lost, when it has been overloaded with inadequate responsibility (keyword parentification), or when a child has been denied a basic level of acceptance with the resulting loss of basic trust. Building it up is a difficult but essential task if one wants to restore health.

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Reference

1. Witt A, Sachser C, Plener PL, Brähler E, Fegert JM: The prevalence and consequences of adverse childhood experiences in the German population. *Dtsch Arztebl Int* 2019; 116: 635–42.

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Adverse Experiences Outside the Family

The significant finding of the study (1), that almost 80% of those questioned had no / little adverse childhood experiences in the family, confirms the highly protective effect of the family on the physical and mental health of their children, i.e. the next generation. Parents, siblings, and other relatives are the essential protection for children / young people from society and the environment.

Of the approximately 19 million under-19-year-olds in Germany, 2531 participated in the study. Unfortunately, these study participants were not asked about adverse experiences or even traumatic maltreatment outside the family, for example by educators, classmates, or other social environmental influences, even though such experiences are constantly reported in the media.

In order to present the entire prevalence of child maltreatment, further studies on the other influencing factors for maltreatment are essential.

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Reference

1. Witt A, Sachser C, Plener PL, Brähler E, Fegert JM: The prevalence and consequences of adverse childhood experiences in the German population. *Dtsch Arztebl Int* 2019; 116: 635–42.

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In Reply:

We thank the authors for their feedback on our article (1). They have once again highlighted important points in their comments.

Dr. Trebin points out that the effects of adverse childhood experiences (ACEs) go beyond psychological consequences and also increase the risk of somatic or somatoform reactions. The focus of our article (1) was primarily on the psychosocial effects, and in particular on aggressive behavior, which to date has been much less investigated. In other articles, we have examined similar populations for the relationship between abuse and somatic problems, as well as for pain (2). This work shows a clear correlation between the

number of experienced types of maltreatment in childhood and adolescence and a variety of somatic effects. For example, the risk of heart attack is 7.3 times higher if there had been four or more types of maltreatment. The results of the meta-analysis by Hughes and colleagues (3) also underline the point raised by Dr. Trebin, that the effects of ACEs are diverse and far-reaching and therefore require efforts for effective prevention and treatment. In this respect, we are particularly pleased that, after assessment by the German Council of Science and Humanities, we were given permission to build a research center for Multidimensional Trauma Sciences in Ulm. Starting in 2024, basic scientists and clinicians from all fields, ranging from trauma surgery to child and adolescent psychiatry, will be able to investigate the conditions of origin of trauma consequences in physical and psychological areas.

Dr. Lohbeck comments that, in addition to the categories listed in our article (1), other childhood experiences, such as bullying, can be important. In our study, we used the German version of the Adverse Childhood Experiences questionnaire (ACE-D) to obtain valid and comparable results. We agree with Dr. Lohbeck that a number of experiences should be considered, such as bullying or the death of a loved one. Further work from our groups also underscores the importance of maltreatment in institutions (4). In addition, Dr. Lohbeck points

out the protective effects of families. We fully agree with this point. Social support is one of the most important resilience factors. It is particularly effective when there is at least one stable adult caregiver (5).

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3. Hughes K, Bellis MA, Hardcastle KA, et al.: The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health* 2017; 2: e356–e66.
4. Witt A, Rassenhofer M, Allroggen M, Brähler E, Plener PL, Fegert JM: The prevalence of sexual abuse in institutions: results from a representative population-based sample in Germany. *Sex Abuse* 2019; 31: 643–61.
5. Domhardt M, Münzer A, Fegert JM, Goldbeck L: Resilience in survivors of child sexual abuse: a systematic review of the literature. *Trauma Violence Abuse* 2015; 16: 476–93.

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists.

Erratum

In the article entitled “Mortality and Complications Following Visceral Surgery—a Nationwide Analysis Based on the Diagnostic Categories Used in German Hospital Invoicing Data” by Philipp Baum and colleagues in issue 44 (1 November 2019), the OPS (the procedure classification) codes for thyroidectomy (5–063) and 4/5 stomach resection (5–436) are missing from *eTable 1*. Although these codes are not included in *eTable 1*, they were included in the analysis. For this reason, the results for these operations remain valid.

eTable 1 furthermore erroneously included the codes for open hernia repairs (Lichtenstein OP) (5–530.33 and 5–530.34). These codes did, however, not yield any results for the data interrogation for the study period (2009–2015), because they had not been anchored in the procedure classification. They were therefore not included in the final data evaluation. The hernia repairs mentioned in the text (page 740) therefore refer exclusively to minimally invasive procedures (TAPPs, TEPs).

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