Adverse Childhood Events

Addressing childhood diversity and trauma

What is adversity?

Adverse childhood experiences (ACEs) are highly stressful events during childhood or adolescence, potentially traumatic.

They can be single events or prolonged threats to a young person's safety, trust, or well-being. These experiences directly impact the young person and require significant adaptation.

Adaptations are children and young people's efforts to:

- Survive in their environment
- Find ways to cope with adversity
- Establish safety or control
- Make sense of their experiences

What kinds of experiences are adverse?

- **Maltreatment** Abuse or neglect
- **Violence & coercion** Domestic abuse, gang involvement, victim of crime
- **Adjustment** Changes to environment, separation, loss
- **Prejudice** LGBT+ prejudice, sexism, racism, disablism
- **Household adversity** Substance misuse, intergenerational trauma, poverty
- **Inhumane treatment** Torture, forced imprisonment, institutionalization
- **Adult responsibilities** Young carer, childhood labour
- **Bereavement & survivorship** Traumatic deaths, surviving illness or accident

How common are aces?

Around half of all adults living in England have experienced at least one form of adversity in their childhood or adolescence.

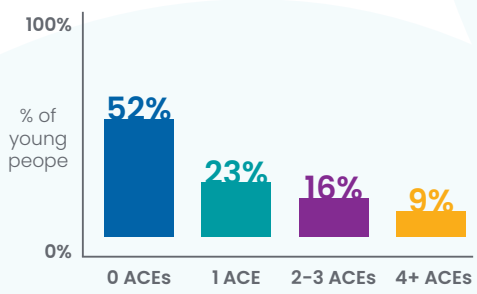
Of all children and young people:

52% experienced 0 ACEs

23% experienced 1 ACE

16% experienced 2-3 ACEs

9% experienced 4+ ACEs



How does it affect young people?

ACEs impact child development, relationships, and increase the risk of health-harming behaviours and poorer mental/physical health in adulthood. Those with more than 4 ACEs are:

- **Twice** more likely to binge drink, have a poor diet
- **Three times** more likely to smoke
- **Four times** more likely to have low life satisfaction and reduced mental well-being
- **Five times** more likely to have sex before 16
- **Seven times** more likely to be involved in violence
- **Eleven times** more likely to use drugs
- **Six times** more likely to have an unplanned pregnancy in teens
- **Eleven times** more likely to spend time in prison

What protects young people from ACEs?

Not all young people who face childhood adversity or trauma develop mental health issues.

Various personal, structural, and environmental factors can protect against adverse outcomes, as indicated in the protection wheel.



How can we address childhood adversity and trauma?

1. Being proactive, using available data to anticipate needs
2. Prioritizing safety, intervening early and ensuring we are well-trained
3. Be culturally aware and understanding of individual experiences
4. Involve young people in our decision-making
5. Offer support and signpost to help without relying solely on diagnoses
6. Coordinate that help across our wider networks

1. Prepared

Ensures addressing ACEs is a strategic priority, analyses the available data and anticipates need in local commissioning and service pathways.

"When you notice, or I tell you that I need help, you should already know what the next step is"

2. Safe and responsible

Intervenes early, avoids re-traumatising or stigmatising young people, and ensures staff are knowledgeable, qualified, trustworthy and well-trained.

"The way you treat me matters"

"Keep me safe and don't betray my trust"

"Know where I'm coming from"

3. Aware

Understands childhood adversity and trauma, has a common framework for identification and routine enquiry, and responds appropriately to the cultural and personal characters of the young person and their communities.

"Understand my behaviour"

"Don't label me with experiences I've had"

"Recognise all of my needs"

4. Collaborative and enhancing

Involves young people in the decisions about their care and the design of services, adopts a strength-based approach, and ensures services recognise and harness community assets.

"Include me in decisions about my life"

"I've survived this long"

"I want to talk to someone that has gone through the same thing"

5. Flexible

Provides services that young people can easily access, does not rely on a formal psychiatric diagnosis, and targets children who live in adverse and traumatic environments.

"Shape your support around me"

"Find a way that we can both understand each other"

6. Integrated

Co-commissions services, and ensures smooth transitions and communication between partners.

"Stop asking me to repeat myself"

"Don't pass me from person to person"

Sources: Bellis MA, Hughes K, Leckenby N, Perkins C and Lowey H. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England' BMC Medicine 2:72.

Hughes, K., Lowey, H., Quigg, Z. and Bellis, M. A. (2016) 'Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey' BMC Public Health 16:222.

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