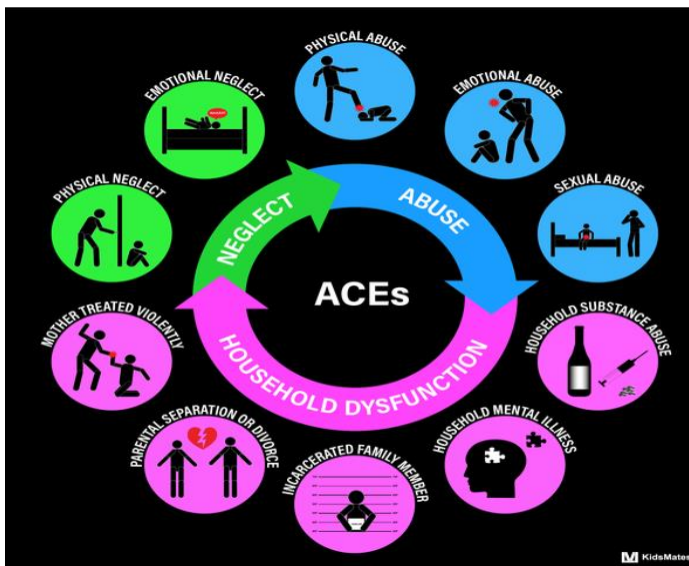












# ACEs

What are Adverse Childhood Experiences (ACEs)?



ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood.

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# Adverse Childhood Experiences (ACEs)

## Facts and Statistics

There is a large body of evidence which shows that the adversity we experience as children can affect us into adulthood. Within a general population anyone can be susceptible to ACEs regardless of ethnicity, sex and socioeconomic status, although the number of ACEs experience tends to increase with lower socioeconomic status.

ACEs are prevalent across the population and recent studies have shown:

- Nearly half of people in England experience at least one ACE, with around 9% experiencing four or more ACEs (Blackburn & Darwen Study)
- Six ACEs can reduce your life expectancy by 20 years
- For every 100 adults in England, 48 have suffered at least one ACE during their childhood and nine suffered four or more

[https://www.ghll.org.uk/mental-health/aces---adverse-childhood-experiences/#:~:text=Nearly%20half%20of%20people%20in,ACEs%20\(Blackburn%20%26%20Darwen%20Study\)](https://www.ghll.org.uk/mental-health/aces---adverse-childhood-experiences/#:~:text=Nearly%20half%20of%20people%20in,ACEs%20(Blackburn%20%26%20Darwen%20Study))

ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress.

ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood.

However, ACEs can be prevented.

Preventing ACEs can help children and adults thrive and potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviours like smoking and heavy drinking.
- Improve education and employment potential.
- Stop ACEs from being passed from one generation to the next.

The experiences we have early in our lives and particularly in our early childhoods have a huge impact on how we grow and develop, our physical and mental health, and our thoughts, feelings and behaviour.

Two important factors to think about when considering our mental wellbeing, are the quality of our attachment relationships and our experience of ACEs.

## What is Attachment?

Attachment refers to the pattern of the relationships we have had with our parents or carers early in our lives. It is the emotional bond that forms between a parent and child from birth and has a huge impact on our development. The way a parent or carer responds to their child will impact on the child's attachment style. This attachment style becomes a template for how we build future relationships with others in our lives, and also a template of how we feel about ourselves and other people. If we have experienced a

relationship with a parent or carer which has been positive, we will develop a positive template for other relationships as well as positive feelings about ourselves and others.

But sometimes how children are cared for is not so positive, for various reasons, and this can make it harder for people to make and maintain positive relationships in the future, manage their feelings and behaviour, or feel good about themselves or others. When our early attachments have been negative and these lead us to go on to have difficulties with relationships and our mental wellbeing, this can sometimes be described as attachment difficulties.

### **What are Adverse Childhood Experiences?**

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” (Young Minds, 2018).

#### **Examples of ACEs:**

- Physical abuse
- Sexual Abuse
- Emotional Abuse
- Living with someone who abused drugs
- Living with someone who abused alcohol
- Exposure to domestic violence
- Living with someone who has gone to prison
- Living with someone with serious mental illness
- Losing a parent through divorce, death or abandonment

#### **How Common are ACEs?**

In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having 4+ ACEs (Bellis et al, 2014).

#### **Impact of ACEs**

Just like attachment, experiencing ACEs can have an impact on our future physical and mental health, and often ACEs can be barriers to healthy attachment relationships forming for children.

Some of the effects of ACEs on our physical and mental health are:

- An increase in the risk of certain health problems in adulthood, such as cancer and heart disease, as well as increasing the risk of mental health difficulties, violence and becoming a victim of violence.
- An increase in the risk of mental health problems, such as anxiety, depression, and post-traumatic stress. 1 in 3 diagnosed mental health conditions in adulthood directly relate to ACEs.
- The longer an individual experiences an ACE and the more ACEs someone experiences, the bigger the impact it will have on their development and their health.

Some of the other things exposure to ACEs can impact, are:

- The ability to recognise and manage different emotions.
- The capacity to make and keep healthy friendships and other relationships.
- The ability to manage behaviour in school settings.
- Difficulties coping with emotions safely without causing harm to self or others.

#### **CAMHS support**

Not everyone who has experienced ACEs, or has experienced some difficulties in their attachments may need CAMHS support. But, CAMHS can offer advice and support in a number of ways to help children and

young people manage some of the impacts of ACEs, or after having difficulties within early attachment relationships.

Because ACEs affect everyone differently, CAMHS professionals will always complete an assessment to try and find out what has happened to you and how it is affecting you so that the right support can be arranged.

Sometimes CAMHS will work with parents or carers to think about how they can support their child to cope with what has happened and provide healthier care to help their child develop. CAMHS may also provide family therapy or other ways of working together with parents and children together. Finally, it can also sometimes be useful for children and young people to have their own support, and CAMHS may offer a range of different types of therapy or support, such as Cognitive Behavioural Therapy (CBT) which helps with anxiety, depression and trauma amongst other things, or Eye Movement Desensitisation and Reprocessing Therapy (EMDR) which also helps with trauma.

However, the young person may need other support first to help them learn ways to cope with or manage strong feelings or other difficulties, or to help them spend time building up trust with the CAMHS professional. We can also help link young people up with other local community services, if this is what they want.

### **What can I / my carers do to help me?**

Parents and carers have a responsibility to keep children and young people safe from harm and sometimes need support themselves to protect families from ACEs. Seeking to learn about and adopt healthy caring styles can make a big difference.

<https://mft.nhs.uk/rmch/services/camhs/young-people/adverse-childhood-experiences-aces-and-attachment/>

## **FAQs About ACEs**

### **1. What are ACEs?**

The acronym ACEs stands for Adverse Childhood Experiences. ACEs are specific traumatic events which occur before the age of 18 and can be grouped into three types: abuse, neglect and household adversity. The ten most commonly measured ACEs are: physical, sexual or emotional abuse, emotional or physical neglect, mental illness, substance misuse, an incarcerated relative, domestic abuse, and parental separation.

### **2. What does the research on ACEs tell us?**

The Adverse Childhood Experiences study was a landmark piece of research conducted by Kaiser Permanente and the Centres for Disease Control and Prevention (CDC) in the US in the 1980s. It was the first large scale study to look at the relationship between 10 categories of adversity in childhood and a myriad of health outcomes in adulthood, such as increased risk of depression, suicide, alcoholism, drug abuse, smoking, physical inactivity, severe obesity, sexually transmitted disease, unintentional injuries, heart disease, lung disease, liver disease, and multiple types of cancer.

Dr Vincent Felitti, head of Kaiser Permanente's Department of Preventative Medicine, and Dr Robert Anda, an epidemiologist from the CDC, surveyed over 17,000 patients for their experiences of childhood trauma. Participants were asked about different types of childhood trauma which they referred to as ACEs.

Key findings showed that:

- 60% of participants had experienced at least one ACE and 1 in 8 had experienced 4 or more ACEs.
- The higher the ACEs score, the higher the likelihood of developing long-term health problems like heart disease, stroke, cancer and Type 2 diabetes (a dose-dependence relationship).

Since the original ACE research many other studies have been conducted internationally, including here in the UK. Most of these studies uncover similar findings which increases the validity and robustness of the theory.

### **3. How do adverse childhood experiences affect people in adulthood?**

Repeated activation of the body's stress-response systems (toxic stress) can cause hormonal imbalances, impair cognitive ability, and even change the way DNA is transcribed, causing ACEs to be passed down from one generation to the next. The length and frequency of exposure to toxic stress during childhood can in turn lead to health problems such as asthma, poor growth, frequent infections, learning difficulties and behavioural issues. Experiencing 4 or more ACEs is associated with significantly increased risk for 70% of the leading causes of death in adults including heart disease, stroke, cancer, respiratory disorder, Type 2 diabetes, Alzheimer's, and suicide.

ACEs are not only associated with poorer health outcomes but a range of social and economic ones too. People with ACEs are more likely to under-perform in school, develop high-risk behaviours, and be on lower incomes. Deprivation, health, and social factors are closely related and perpetuate an inter-generational cycle of adversity.

### **4. Are some ACEs worse than others?**

There is research currently being conducted on the impact of different ACEs. Each individual is affected differently, depending on the length and severity of exposure, as well as personal resilience factors. ACEs only increase the risk of negative outcomes; a person may have a high ACE score without any of the associated effects. However, the key message from the evidence is that, at a population level, it is the cumulative effect of multiple ACEs which causes the most harm. Exposure to any of the ACEs, without positive attachments and trusted relationships, can lead to toxic stress and serious health and social problems in later life.

### **5. What about other types of adversity?**

In recent years, research has examined the relationship between other types of traumatic events and health. Debate is still ongoing around whether factors such as financial problems, food insecurity, homelessness, parent/sibling death, bullying, community violence, discrimination, foster care, war, or migration may also result in a toxic stress response. The concept of ACEs shouldn't limit the conversation to the 10 experiences but open the door to discussions about all kinds of childhood adversity and their impact.

### **6. What can be done to tackle ACEs?**

Early intervention to prevent ACEs and the worst effects of ACEs is key but it is important to recognise that is never too late to address the impact of trauma and that different individuals will require different kinds of support. The first 1000 days (pregnancy up to a child's second birthday), pre-school, primary school age and teenage years are critical windows for intervention. However, mitigation can continue into adulthood, for example help with coping strategies and mental wellbeing support.

People can be protected from the effects of their ACEs by building resilience.

**The most important mitigating factor is the buffering effect of a supportive relationship with at least one trusted adult.**

Evidence shows that '**5 ways to wellbeing**' is also a useful tool for building resilience. It encourages individuals to connect with others, give back to their communities, be active, take notice of what's around them, and keep learning.

The public sector, as well as voluntary and community organisations, can work together in partnership to better support individuals and families who are struggling to cope with the causes and impacts of ACEs. This means thinking about the person's needs more holistically, looking beyond the symptoms, and making the best use of assets and services available.

## **7. How do we effectively engage parents around ACEs?**

Parents want the best for their children and it is essential that the whole system is able to support this. Many parents have experienced ACEs themselves as there is evidence of intergenerational transmission. Services can support parents by seeking to identify these risks as early as possible and to respond in a better informed way.

## **8. Should I ask clients/service users about ACEs?**

Rather than asking as a matter of routine screening, it's more important to be open to discussions with clients about their experiences, raising awareness of the impacts of ACEs and ways people can overcome them. Disclosing your experience of adversity takes courage and it is important that communities are compassionate in helping people in their recovery.

If you are frontline practitioner who has a relationship with a client, completing an ACEs questionnaire may be a good way to start the conversation. There is quite a lot of evidence showing that talking about trauma can contribute to recovery. It is important to ensure that those asking the questions are prepared for the response are in a position to help, and are supported themselves.

Further information can be found at the [www.actionaces.org](http://www.actionaces.org) website.

## **9. Aren't we already doing this?**

We have understood that specific traumatic experiences in childhood can lead to poor outcomes for some time; we knew for example that children of parents who had mental health problems are more likely to develop problems themselves. What is new is the understanding of the cumulative effect of ACEs and the knowledge that ACEs often co-occur. Identifying one ACE should prompt a process to identify others and to uncover the root causes of adverse experiences. The ACEs approach also gives us a way to overcome the effects by building the resilience of individuals and communities.

There is a lot of good work going on to reduce the impact of harm on children, prevent, and intervene early. Mitigating the effects of ACEs needs to work alongside the traditional approaches and strengthen what is already available. Being ACE aware will complement existing services, by giving all services a common language to talk about adversity and to adopt a more holistic, trauma-informed way of working. It is not about doing new things but connecting them in different ways, seeing the big picture, and treating people with compassion (staff and clients). Empowering people involves a shift in the power dynamic.

## **10. Where can I find out more about ACEs?**

<https://www.actionaces.org/> website includes information about the background research and resources for tackling ACEs. Contact your local authority to find out what information and support it can provide. The original ACEs study by Dr Vincent Felitti and Dr Robert Anda, as well as videos and publications by Dr Nadine Burke Harris give a good introduction to the ACEs journey in the US. In the UK, Public Health Wales have conducted a significant amount of research and are beginning to design models of good practice. Blackburn and Darwen were one of first counties in England to adopt an ACE informed approach in England.

[https://www.ghll.org.uk/mental-health/aces---adverse-childhood-experiences/#:~:text=Nearly%20half%20of%20people%20in,ACEs%20\(Blackburn%20%26%20Darwen%20Study\)](https://www.ghll.org.uk/mental-health/aces---adverse-childhood-experiences/#:~:text=Nearly%20half%20of%20people%20in,ACEs%20(Blackburn%20%26%20Darwen%20Study))

## 5 Steps to Well-being

### Step 1 – Connect

Connecting with others can help us feel close to people, and valued for who we are. Being social means different things for different people – you might prefer being in quieter situations with one other person, or you might like being in big groups. You might like to connect with people online, or you might enjoy phone calls or sending letters.

Here are some ways you could make a connection today:

- If you feel comfortable, you could try speaking to someone new
- Ask how someone's weekend was, and really listen when they tell you
- Put 5 minutes aside to find out how a colleague is doing
- Give a colleague a lift to work or share the journey home with them

### Step 2 – Get active

Many people find that physical activity helps them maintain positive mental health.

This doesn't have to mean running marathons or training every day at the gym. There are lots of different things you can do to be a bit more active.

Studies have shown that getting active can help you sleep better, have happier moods, and reduce feelings of stress, anxiety and racing thoughts.

Here are a few ideas for how you can get active today:

- Take the stairs rather than the lift
- Go for a walk at lunchtime
- Walk into work – maybe you could go with a colleague
- Get off the bus a stop earlier than usual and walk the final part of your journey to work
- Organise a work sporting activity
- Have a kick-about in a local park
- Do some stretches before you leave for work in the morning
- If you're in the office, walk over to someone's desk instead of calling or emailing

### Step 3 – Take notice

Reminding yourself to take notice can help you to be aware of how you're feeling. It can help you understand what triggers your feelings of stress or anxiety.

Some studies have shown that savouring 'the moment' can also help you to feel more positive about life. Take some time to enjoy the moment and the environment around you.

Here are a few ideas:

- Get a plant for your workspace
- Have a 'clear the clutter' day
- Take a different route on your journey to or from work
- Visit a new place for lunch

### Step 4 – Learn

We're always learning new things – often without realising it. Feeling like you're learning and developing can boost your self-esteem.

And sometimes, setting goals can help you to feel more productive and more in control of your life.

What can you learn today?

Here are a few ideas:

- Find out something about your colleagues
- Sign up for a class
- Read the news or a book
- Set up a book club
- Do a crossword or Sudoku
- Research something you've always wondered about
- Learn a new word

### **Step 5 – Give**

There's been lots of research about the effects of taking part in social and community life. Some studies have shown that people who help others are more likely to rate themselves as happy.

Is there anything you can do today, to be kind or helpful to someone else?

You could try:

- Making a cup of tea for a colleague
- Offering to help a colleague with something they're stuck on
- Introducing yourself to a new-starter, to help them feel more at ease
- Seeing if there are any volunteering initiatives open at work

<https://www.mind.org.uk/workplace/mental-health-at-work/five-ways-to-wellbeing/>