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EVIDENCE BRIEFING

Adverse Childhood Experiences (ACEs)

Improving the mental health and psychological wellbeing of children and young people is one of the most pressing issues currently facing our society. The government has rightly recognised the need to drive improvement, to ensure children and young people's mental health remains a national priority.

Psychologists, researchers and practitioners are increasingly looking to a growing body of evidence on the impact of Adverse Childhood Experiences (ACEs),^{1,2,3,4} to develop and shape effective services for children and young people. ACEs are highly stressful events or situations that happen during childhood and/or adolescence. It can be a single event, or prolonged threats to, and/or breaches of a young person's safety, security, trust or bodily integrity. Evidence consistently demonstrates a strong association between ACEs and a wide range of health and social problems across the lifespan – impacting the children and young people who experience them in lifelong ways.

Prevention in this area is key

There are significant long-term costs of ACEs. However, there is growing evidence that if work to prevent ACEs intervenes early enough, some of the lifelong health and social negative impacts can be ameliorated. Preventing and addressing ACEs early can also save money.^{5,6}

Children and young people's services in England tend to focus on the symptoms and after effects of adverse childhood experiences and the diagnostic difficulties children face. Northern Ireland, Scotland and Wales have made greater steps in acknowledging the contribution of ACEs and have started to address them via education and training, prevention activity and early intervention. For example, Early Action Together (EAT) ACEs learning network is an initiative between the police, criminal justice and Public Health Wales⁷ to tackle offending. The work of the Scottish ACEs Hub⁸ is also showing promise.

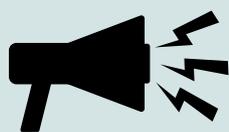
Restructuring services is no small feat but the improvement in the health of the nation could be significant.⁵ Every policy, service specification and commissioning plan should ask about adversity and trauma and how to identify and assess it. Commissioners should invest in prevention and early intervention and include ACEs as part the relevant policy impact assessment.

Adverse Childhood Experiences (ACEs) in Corby

ACEs are stressful events occurring during childhood that directly affect a child (e.g. child maltreatment) or affect the environment in which they live (e.g. growing up in a house where there is domestic violence)

How many adults in Corby have suffered each ACE?

CHILD MALTREATMENT



Verbal abuse
24%



Physical abuse
16%



Sexual abuse
6%

CHILDHOOD HOUSEHOLD INCLUDED



Parental separation
22%



Domestic violence
16%



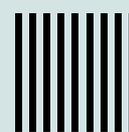
Mental illness
12%



Alcohol abuse
13%

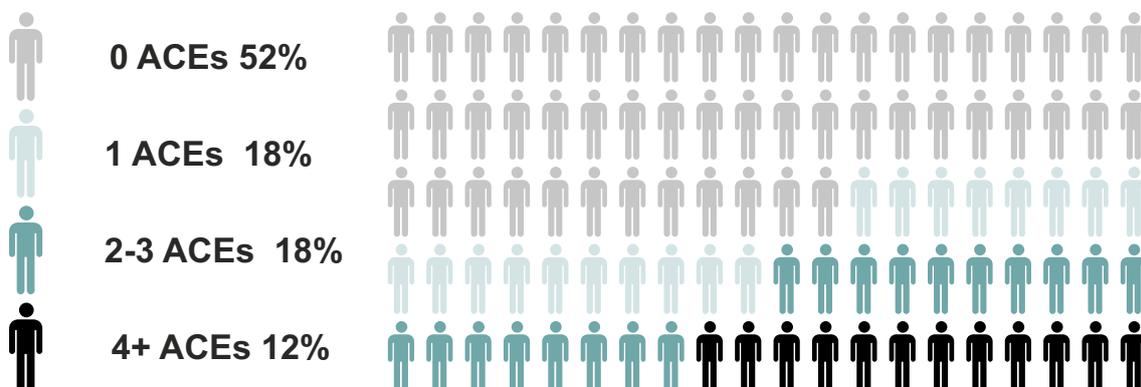


Drug use
5%



Incarceration
4%

For every 100 adults in Corby 48 have suffered at least one ACE during their childhood and 12 have suffered 4 or more



Figures based on population adjusted prevalence in adults aged 18-69 years in Corby

ACEs increase individuals' risks of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are*:

- 2 times more likely to currently binge drink or have a poor diet
- 3 times more likely to be a current smoker
- 4 times more likely to have had sex while under 16 years old or to have smoked cannabis
- 4 times more likely to have had or caused unintended teenage pregnancy
- 8 times more likely to have been a victim of violence in the last year or ever been incarcerated
- 10 times more likely to have been a perpetrator of violence in the last year

In Corby preventing ACEs in future generations could reduce levels of:



Early sex
(before age 16)
by 38%



Unintended teen pregnancy
by 46%



Smoking
(current)
by 25%



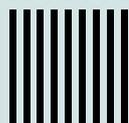
Binge drinking
(current)
by 23%



Cannabis use
(lifetime)
by 43%



Heroin/crack use
(lifetime)
by 56%



Incarceration
(lifetime)
by 52%



Violence perpetration
(past year)
by 63%



Violence victimisation
(past year)
by 59%



Poor diet
(current; <2 fruit & veg portions daily)
by 15%

*These figures relate to the full study sample.

The Northamptonshire, Hertfordshire and Luton ACE study interviewed nearly 5,500 residents (aged 18-69) in 2015. Around six in ten people asked to participate agreed to do so and we are grateful to all those who freely gave up their time. A report presenting the full methodology and results is available at www.cph.org.uk: Ford K, Butler N, Hughes K, Quigg Z, Bellis M. (2016) Adverse Childhood Experiences (ACEs) in Northamptonshire, Hertfordshire and Luton. Liverpool: Centre for Public Health.

We would like to acknowledge the following contributors to this research: Public Health England, Luton Borough Council, Hertfordshire County Council and Northamptonshire County Council. April 2016.

Centre for Public Health, Faculty of Education, Health and Community, Liverpool John Moores University, Henry Cotton Campus, 15-21 Webster Street, Liverpool, L3 2ET | 0151 231 4542 | www.cph.org.uk

Working with ACEs

Policymakers and service commissioners can help reduce ACEs and/or the long-term negative impact when they do occur by:

Preventing household adversity.

Supporting parents and families via:

Parenting programmes to promote attachment and bonding thus giving as many children as possible the huge protective factor of having a positive relationship with their parent(s)/carers.

Parenting programmes to equip parents/carers with the tools to ensure the development of social, psychological and emotional wellbeing.

Early identification and intervention where children may be victims of abuse or neglect to allow targeted support to these families early.

Ensuring schools are safe, create a sense of belonging, competency and achievement.

Intervening early to address substance use, domestic violence, and mental health issues in family settings by services that can offer holistic support that stops families falling through gaps. This includes using encounters with adults in services such as homelessness services, addiction, prison or maternity services, to consider the impacts on their children or future children.

Supporting communities to be resilient by investing in voluntary sector activity, community leadership, focusing in places and people and strengthening public and voluntary sector partnerships.

Developing adversity and trauma informed communities, workforce and services. A public health approach (inclusive of children and families) that enables early intervention.

SUPPORTING EVIDENCE

¹Bellis, M., Hughes, K., Ford, K. et al. (2018). Adverse childhood experiences and sources of childhood resilience: A retrospective study of their combined relationships with child health and educational attendance. *BMC Public Health*, 18(792). DOI: 10.1186/s12889-018-5699-8.

²Couper, S. & Mackie, P. (2016). *'Polishing the diamonds': Addressing adverse childhood experiences in Scotland*. Scottish Public Health Network.

³Early Intervention Foundation (2018). Realising the potential of early intervention.

⁴Hughes, K., Bellis, M., Hardcastle, K. et al. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *Lancet Public Health* 2017; 2:e356-66.

⁵YoungMinds & HEE (2018). Addressing adversity prioritising adversity and trauma-informed care for children and young people in England.

⁶Bellis, M., Hughes, K., Rodriguez, G et al. (2018). Estimating the financial costs of adverse childhood experiences (ACEs) in Europe and North America, Public Health Wales, Bangor University, WHO Europe.

⁷Public Health Wales (2015). Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population.

⁸NHS Health Scotland (2019). Adverse childhood experiences (ACEs). Available from www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces