Addressing Childhood Adversity and Trauma
WHAT IS ADVERSITY?

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence.

It can be a single event, or prolonged threats to, and breaches of, a young person’s safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation.

Adaptations are children and young people’s attempts to:

- **Survive in their immediate environment**
- **Find ways of mitigating or tolerating the adversity by using available resources**
- **Establish a sense of safety or control**
- **Make sense of the experiences they have had**
Forms of ACEs include:

- **Maltreatment**
  i.e. abuse or neglect

- **Violence & coercion**
  i.e. domestic abuse, gang membership, being a victim of crime

- **Adjustment**
  i.e. migration, asylum or ending relationships

- **Prejudice**
  i.e. LGBT+ prejudice, sexism, racism or disablism

- **Household or family adversity**
  i.e. substances misuse, intergenerational trauma, destitution, or deprivation

- **Inhumane treatment**
  i.e. torture, forced imprisonment or institutionalisation

- **Adult responsibilities**
  i.e. being a young carer or involvement in child labour

- **Bereavement & survivorship**
  i.e. traumatic deaths, surviving an illness or accident
WHAT PROTECTS YOUNG PEOPLE FROM ACES?

Not all young people who face childhood adversity or trauma go on to develop a mental health problem.

There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel opposite.
YOUNGMiNDs

Addressing childhood adversity and trauma

WHAT IS ADVERSITY?

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Adaptations are children and young people’s attempts to:

- Establish a sense of safety or control
- Find ways of mitigating or tolerating the adversity by using available resources
- Make sense of the experiences they have had
- Survive in their immediate environment

WHAT KINDS OF EXPERIENCES ARE ADVERSE?

Forms of ACEs include:

- Maltreatment i.e. abuse or neglect
- Violence & coercion i.e. domestic abuse, gang membership, being a victim of crime
- Inhuman treatment i.e. torture, forced imprisonment or institutionalisation, or genital mutilation
- Prejudice i.e. LGBT+ prejudice, sexism, racism or disability
- Householder or family adversity i.e. substances misuse, intergenerational trauma, destitution, or deprivation
- Adjustment i.e. migration, asylum, or ending relationships
- Bereavement & survivorship i.e. traumatic deaths, surviving an illness or natural accident
- Adult responsibilities i.e. being a young carer or involvement in child labour

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.

- 52% experienced 0 ACEs
- 23% experienced 1 ACE
- 16% experienced 2-3 ACEs
- 9% experienced 4+ ACEs

HOW DOES IT IMPACT THE LIVES OF YOUNG PEOPLE?

ACEs impact a child’s development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood. Compared with people with no ACEs, those with 4+ ACEs are:

- 2x more likely to binge drink and have a poor diet
- 3x more likely to be a current smoker
- 6x more likely to have an unplanned teenage pregnancy
- 4x more likely to have low levels of mental wellbeing & life satisfaction
- 5x more likely to have had an episode of self-harm
- 7x more likely to have been involved in violence
- 11x more likely to have used illicit drugs
- 11x more likely to have been incarcerated

WHAT CAN WE DO ABOUT IT?

Role of schools

- Analyse the available data regarding children and young people in the school, identifying needs and possible resources to meet them.
- Be safe and responsible: Intervene as early as possible, avoid re-traumatising and stigmatising children. Ensure that staff have the right skills and training to be empathetic, knowledgeable and trustworthy.
- Be integrated: Ensure that services are as joined up as possible, allowing for children and families to feel held by the system and not passed around from one agency to another.
- Be collaborative and enhancing: Involve children, discussions about interventions and support they receive and focus on assets of the children and their communities.
- Be prepared: Ensure that senior leaders and governors are aware of ACEs and that addressing these is a strategic priority. Analysing the available data regarding children and young people in the school, identifying needs and possible resources to meet them.
- Be flexible: Use the data to target children who live in adverse and traumatic environments and provide interventions and groups that these children can easily access.

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WHERE IS THE EMERGING GOOD PRACTICE?

- Enquiring about childhood adversity and trauma (Lancashire)
- Family-based interventions from an ACE perspective (Birmingham)
- Specialist and liaison services (Oxfordshire)
- Youth-led approaches to tackling adversity (London)
- Education and alternative approaches (Both)
- Trauma informed approaches in substance misuse (Cornwall)

Sources: