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, neurological, 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

**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
- Adjustment i.e. migration, asylum, or ending relationships
- Prejudice i.e. LGBT+ prejudice, sexism, racism or discrimination
- 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
- Household or family adversity i.e. substances misuse, intergenerational trauma, destitution, or deprivation
- Institutionalisation i.e. traumatic deaths, surviving an 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

- 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
- 4x more likely to have low levels of mental wellbeing & life satisfaction
- 5x more likely to have had unsafe sex
- 6x more likely to have an unplanned teenage pregnancy
- 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 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.

**WHAT CAN WE DO ABOUT IT?**

Commissioners can address childhood adversity and trauma by:

1. Adapting and commissioning services in line with a trusted local commissioning or service pathway
2. Recognising ACEs as a common framework for identification and routine enquiry, and responding appropriately to the emotional and personal characteristics of the young person and their communities
3. Investing in adversity and trauma-informed models of care

Adversity and trauma-informed models of commissioning and care are:

- Prepared ensures addressing ACEs is a strategic priority, analyses the available data and anticipates need in local commissioning and service pathways
- Aware understands childhood adversity and trauma, has a common framework for identification and routine enquiry, and responds appropriately to the emotional and personal characteristics of the young person and their communities
- Flexible provides services that young people can easily access, does not rely on formal psychiatric diagnosis, and targets children who live in adverse and traumatic environments
- Safe and responsible intervenes early, avoids re-traumatising or stigmatising young people, and ensures staff are knowledgeable, qualified, trustworthy and well-trained
- Collaborative and enhancing involves young people in decisions about their care and the design of services, adopts a strengths-based approach, and ensures services recognise and harness community assets
- Integrated co-commissions services, and ensures smooth transitions and communications between partners

**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)
- Embedding a trauma-informed approach in the community and voluntary sector (Sussex and Surrey)
- Education and alternative approaches (Bath)
- Trauma-informed approaches in substance misuse (Cornwall)