

Adverse Childhood Experiences (ACEs)

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**achieving
for children**

Session aims

- ACEs - what are they?
- Initial research on ACEs
- Where are we now?
- How do ACEs affect us through the lifespan?
- What can you do as part of your role?
- Looking after yourself

What are ACEs?



**Verbal
abuse**



**Sexual
abuse**



**Physical
abuse**



**Emotional
neglect**



**Physical
neglect**



**Mental
illness**



**Domestic
violence**



**Problem drug
and alcohol use**



**Parental
incarceration**



**Parental
separation**

Additional markers



Bullying



Poverty



**Peer rejection and
having no friends**



**Experience of
racism**



**Death, multiple and
traumatic loss**



**Community
violence**



**Food
scarcity**



**Experience of
the care system**



**Poor academic
performance**



**Living in an unsafe
environment**

Early ACEs research

- Felitti et al. (1998)
 - 9000+ respondents
 - 67% - 1+ ACE
 - Of these, 87% had 2+ ACEs, 12.6% had 4+ ACEs
 - 4+ ACEs:
 - 240% more likely to have hepatitis
 - 390% more likely to have COPD
 - 240% more likely to have an STD
 - 12 times more likely to have a suicide attempt
 - 7 times more likely to have an alcohol abuse problem
 - From 0 - 6 ACEs, there is a 5000% increased likelihood of suicide attempts
 - Considerable impact on physical health

Here and now?

- **Welsh ACEs study (Public Health Wales, 2015)**
 - 2000+ adults
 - 47% reported 1+ ACE
 - 14% reported 4+ ACES
 - 4+ ACES = > 5x more likely to have low mental wellbeing than those with no ACES
 - Over the past two weeks, adults with 4+ ACES were:
 - 3 x more likely to have never or rarely felt relaxed
 - 3 x more likely to have never or rarely felt close to other people
 - 6 x more likely to have never or rarely felt optimistic about the future
- **English ACEs study (Bellis et al., 2013)**
 - 1500 people
 - similar results, particularly those with 4+ ACES - 35% had low mental wellbeing
- **Lancet systematic review (2017)**
 - Showed a wide range of adult disease, social care and lifestyle associations with ACES



TED talk: How childhood trauma affects health across a lifetime (Nadine Burke Harris)

<https://www.youtube.com/watch?v=95ovIJ3dsNk>

Impact of ACEs during childhood

- Most research looks at impacts on ACEs in adulthood - very few look at impact of ACEs during childhood other than neurobiological studies
- However, we know that children and young people who have experienced ACEs are more likely to:
 - Perform poorly at school
 - Be involved in crime
 - Have sex under the age of consent
 - Have unwanted pregnancies before 18
 - Have poor mental wellbeing before 18

First years

- The main message from ACEs studies is that **experiences become adverse not on their own, but due to the absence of a safe, caring adult who can support and reassure the child.**
- Attachment to safe adults provides children with:
 - Safety - to be protected from harm and intrusion
 - Emotional regulation - to be comforted, supported, guided, learn to accept and manage intense emotions
 - Belonging - for the child to feel secure in their position within the family/classroom/school

These will enable children to:

- Form the building blocks for their capacity to self-regulate
- Help them expand the neuronal connections in the brain enabling them to develop age appropriate emotional, social and cognitive development.

Video

- How resilience is built

<https://www.youtube.com/watch?v=xSf7pRpOgu8>



What is the impact of early trauma?

Research shows that early trauma can have a considerable impact on four main domains:

- self-regulation/emotional regulation
- Competence, including the ability to learn
- Interpersonal/social skills
- Physical health and wellbeing

Childhood trauma and the brain

Trauma in childhood changes the structure of the brain

- **The amygdala - over-stimulated**
 - responsible for threat detection and tagging memories with emotions
 - can get overstimulated after traumatic experiences
- **The hippocampus - underdeveloped and underactive**
 - crucial for storing and retrieving memories and distinguishing between past and present memories
 - this affects learning, memorising, recall and ability to discriminate between past and present
- **The pre-frontal cortex - shrinks and becomes less active when the limbic systems (including hippocampus and amygdala) are overactive**
 - Involved in a variety of complex behaviours, including planning and development of personality
 - this means that children often have fear, anxiety and extreme stress responses when the child is in a triggering situation

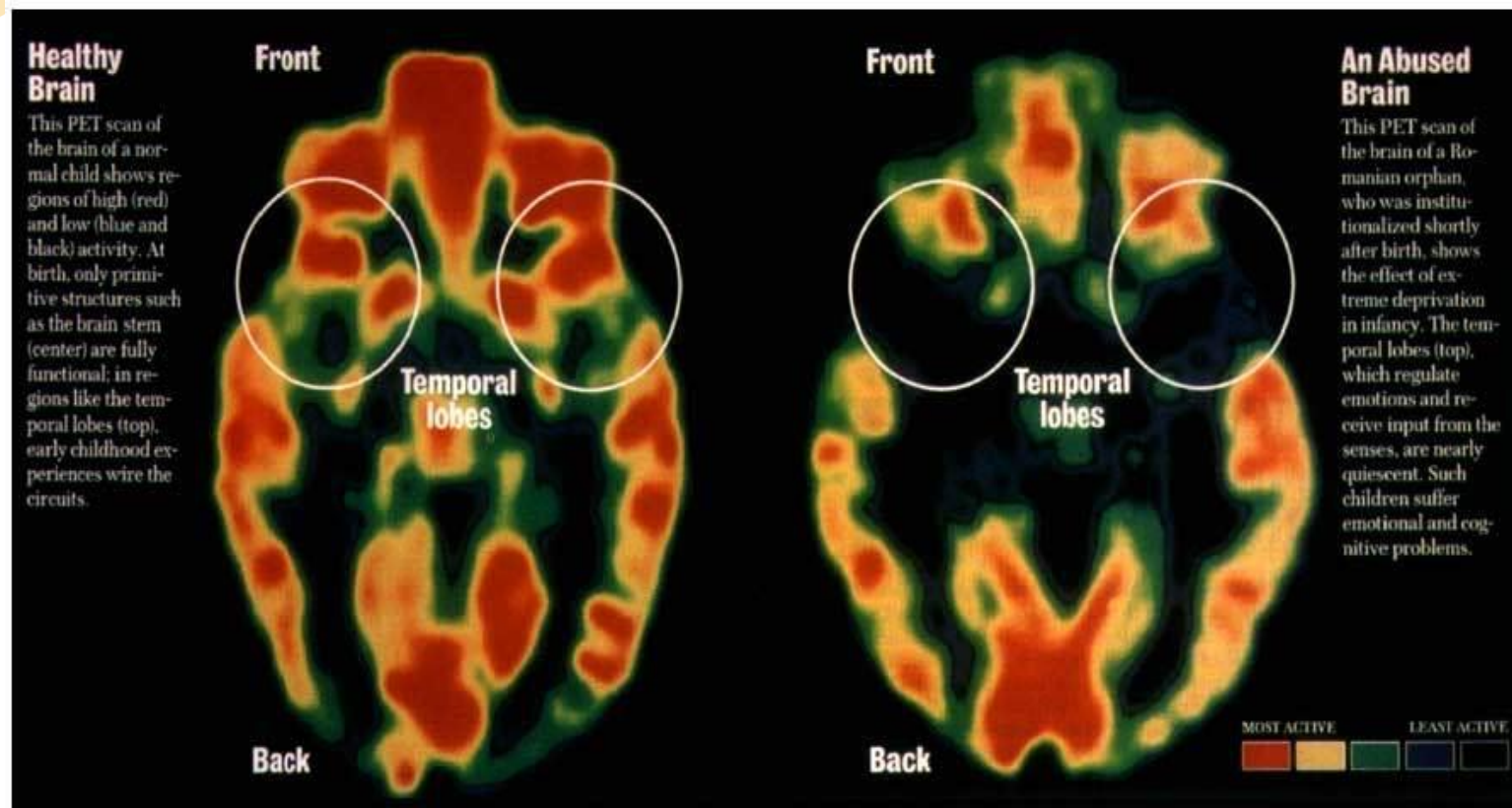
Impact of toxic stress on brain development

POSITIVE STRESS: When a young child is protected by supportive relationships with adults, they learn to cope with every day challenges and their stress response system returns to normal

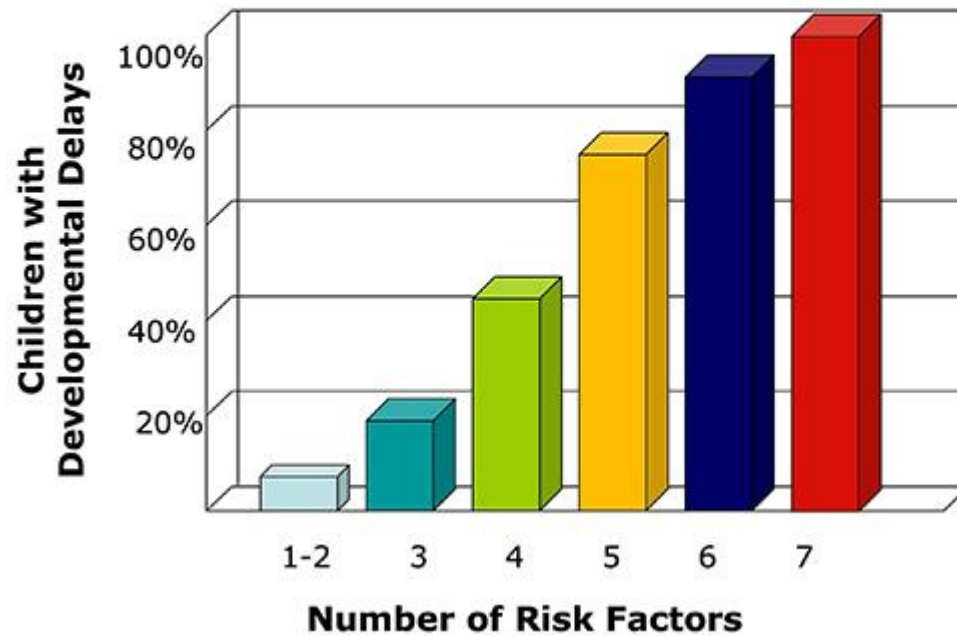
TOLERABLE STRESS: when more serious difficulties, such as loss of a loved one or a frightening injury are buffered by caring adults who help the child adapt, which helps to mitigate the potentially damaging effects of abnormal levels of stress hormones

TOXIC STRESS: when strong, frequent or prolonged adverse experiences such as extreme poverty or repeated abuse are experienced without adult support - excessive cortisol disrupts the developing brain circuits

Impact of toxic stress on brain development



Significant Adversity Impairs Development in the First Three Years



As the number of adverse early childhood experiences mounts, so does the risk of developmental delays.
Source: Barth et al (2008). Credit: Center on the Developing Child.

Neuroplasticity

= the brain's ability to be moulded by experience

- The brain is constantly changing and re-organising with each new experience
- Neuroplasticity refers to the ability of neurons to change and to retain the new structure (3yrs, 7yrs)
- Some systems have a sensitive period early in life when they have greater plasticity
- Neuroplasticity is naturally easier during periods of brain restructuring (eg. childhood and adolescence)

Neuroplasticity is what enables us to change outcomes for children affected by ACES

What happens for preschool aged children?

- You may start to see violent or unpredictable behaviour, or alternatively children who are withdrawn and disengaged
- Children may feel angry and hurt and often have not had the support to recognise and learn to manage there strong emotions
- Understandably, many children cannot see the point of education as they have so many other things to deal with
- Often children do not trust adults and find it difficult to build relationships, both with children and adults
- You may find children cannot sit still and relax and are hypervigilant

Intergenerational impacts

- People who experience ACES as children often end up trying to raise their own children in households where ACES are more common.
- Such cycles can lock successive generations of families into poor health and anti-social behaviour for generations.

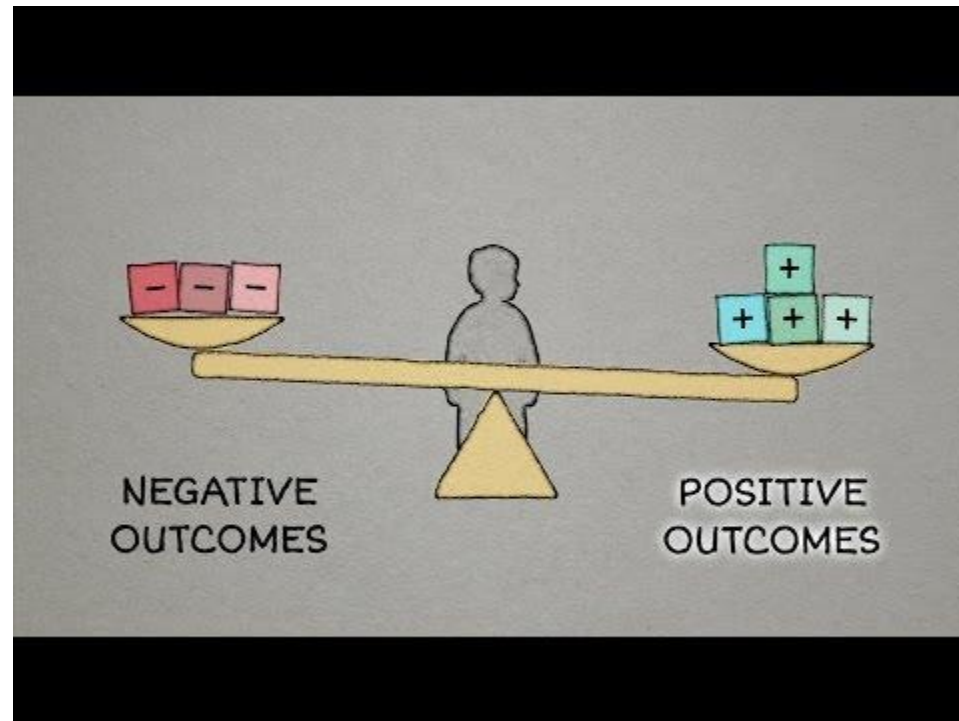
BUT

this also means that preventing ACEs in a single generation or reducing their impacts can benefit not only those children but also future generations.

Video

- Science of resilience

<https://www.youtube.com/watch?v=1r8hj72bfGo>



Resilience and hope

Not all children who experience ACEs will have negative outcomes

Research shows that childhood resilience resources were strongly associated with lower levels of mental illness, self-harm and suicidal ideation

- By helping to increase resilience you are helping to create the ability to achieve positive outcomes despite difficult circumstances
- **Key protective factors = building blocks to resilience:**
 - Caring and supportive relationship with an adult
 - Believing you can overcome hardship
 - Feeling grounded within your culture and traditions
 - Having the skills to regulate your emotions and behaviours

Resilient children

- “Can resist adversity, cope with uncertainty and recover more successfully from traumatic events of episodes.” Newman, T (2002)



What else can you do?

Relationships matter - every interaction is an opportunity for an intervention

- Adopt trauma-informed care principles
- Have a professional curiosity about adversity and trauma: Consider a shift from thinking “*what is wrong with you*” to considering “*What has happened to you?*”
- Trauma-informed care principles (Health Education England):
 - Safety
 - Transparency and trustworthiness
 - Choice
 - Collaboration
 - Empowerment



Safety and reliability

- Recognise the strengths of individuals and systems
- Ensure these strengths are built upon and validated at every contact

Collaboration and Support

- Recognise that healing happens through relationships and partnerships with shared decision-making.
- Who can you turn to for support and advice
- Staff interactions should be seen to promote a sense of safety within and between teams

Transparency and trustworthiness

- Main respectful and professional boundaries
- Provide full information about what is happening and what will happen next

Your practice

- What are you doing already? What are you going to do or do differently?
- What support network do you have around you?
- How do you ensure your child feels safe?
- How do you support the parents?
- How do you empower yourself?
- How do you empower the child you work with?

How can you look after yourself?

- Maintain a healthy work/life balance
- Make time for yourself to do the things you enjoy
- Connect with your team, co-workers and manager
- Reflect individually and as a team
- Exercise and eat well!