

Adverse Childhood Experiences

Dr Venkat Reddy - June 2018

What are Adverse Childhood Experiences?

- The term Adverse Childhood Experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up. (0 – 18 years).
- These impact profoundly on the child's readiness and ability to learn and participate in school life

Adverse Childhood Events and Brain Development

- Adverse childhood events can create dangerous levels of stress and derail healthy brain development.
- This can result in long-term effects on learning, behaviour and health.
- Neurobiological research indicates that 'toxic stress' can lead to physical changes in the way the brain develops.
- It impacts on how individuals experience future stress and the propensity to adopt health-harming behaviours and develop mental and physical illness.

What are Adverse Childhood Experiences?

- Abuse – physical, emotional and sexual
- Neglect – emotional and physical
- Dysfunctional home environments such as:
 - Mental illness
 - Domestic violence
 - Substance abuse
 - Relative in prison
 - Divorce and loss of parent through divorce

ACE scoring

A set of 10 questions are used – a yes score equals one point

<https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>

People with scores of 4+ are deemed have an increased risk of physical and mental illness into and through adulthood.

In the English National ACE study, nearly half (47%) of individuals experienced at least one ACE with 9% of the population having 4+ ACES (Bellis et al 2014)

There is a causal and proportionate (dose-response) relationship between ACE and poor physical health, mental health and social outcomes (Skehan et al 2008; Kessler et al, 2010; Varese et al 2013; Felitti & Anda, 2014)

People exposed to 4+ ACEs die 20 years earlier compared with those with 0 ACEs (Felitti et al 2014)

Risk of increased ACE scores

- Evidence shows children who experience stressful and poor quality childhoods are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society.

US Study (1995 – 1997)

Compared with those with no ACEs, those with 4+ ACEs were:

- 2 times more likely to be a high-risk drinker and have poor diet
- 6 times more likely to have had or caused unintended teenage pregnancy
- 3 times more likely to smoke tobacco
- 5 times more likely to have had sex under the age of 16 years
- 14 times more likely to have been a victim of violence over the last 12 months
- 7 times more likely to have been involved in violence
- 11 times more likely to have used crack cocaine or heroin

In 2014 the English national ACE study interviewed nearly 4,000 people aged 18 to 69 years from across England and produced comparable results to the US.

Health Harming Behaviours – Welsh Study 2018

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

4 times more likely to be a high-risk drinker

6 times more likely to have had or caused unintended teenage pregnancy

6 times more likely to smoke e-cigarettes or tobacco

6 times more likely to have had sex under the age of 16 years

11 times more likely to have smoked cannabis

14 times more likely to have been a victim of violence over the last 12 months

15 times more likely to have committed violence against a person in the last 12 months

16 times more likely to have used crack cocaine or heroin

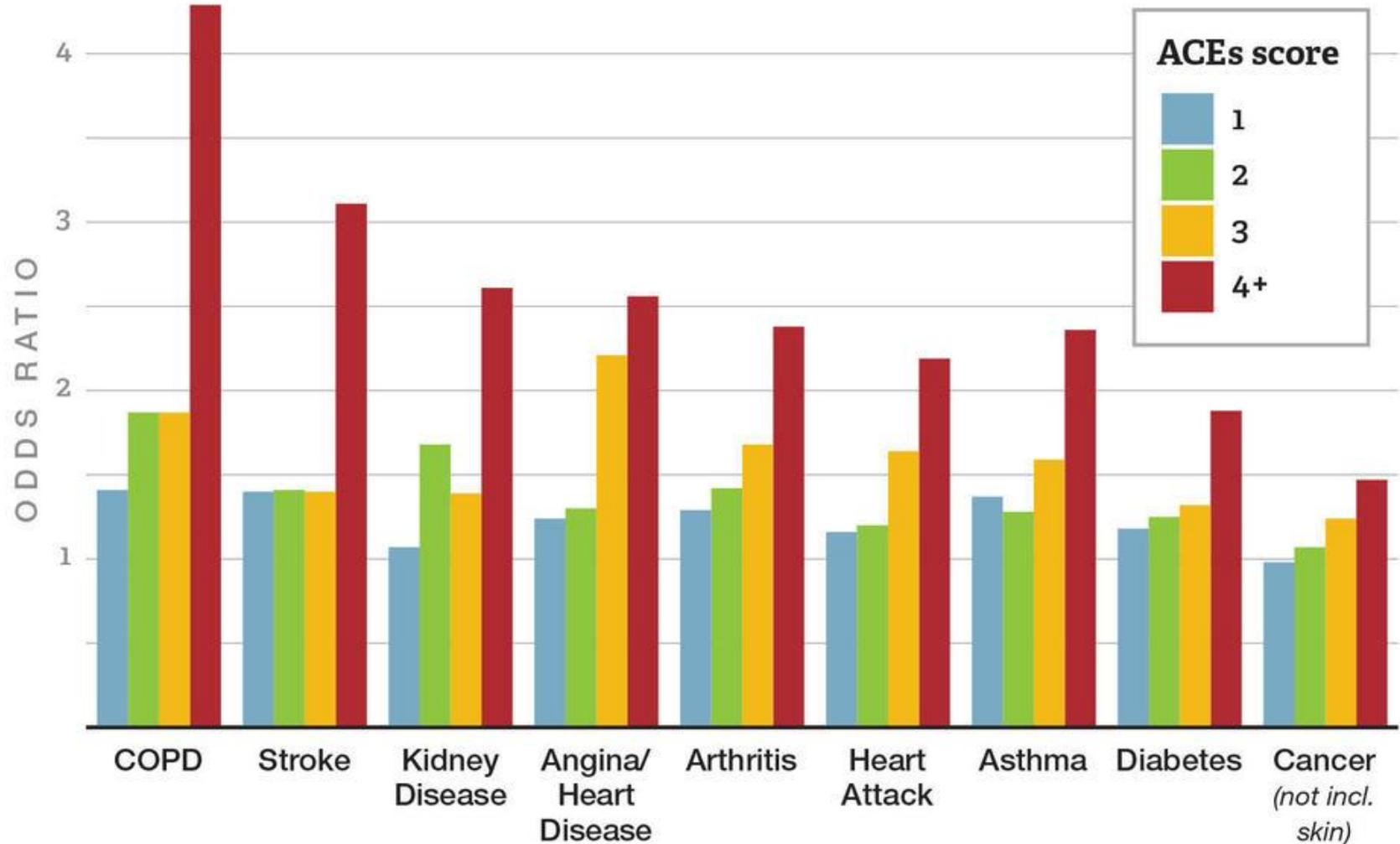
20 times more likely to have been in prison at any point in their lifetime

Physical Health

Up to the age of 69 years, compared with people with no ACEs, those with 4+ Aces are:

- 2 x more likely to be diagnosed with Chronic disease/s
- 4 x more likely to develop Diabetes (Type 2)
- 3 x more likely to develop Heart Disease
- 3 x more likely to develop Respiratory Disease

LIKELIHOOD TO DEVELOP HEALTH CONDITIONS BASED ON ACES

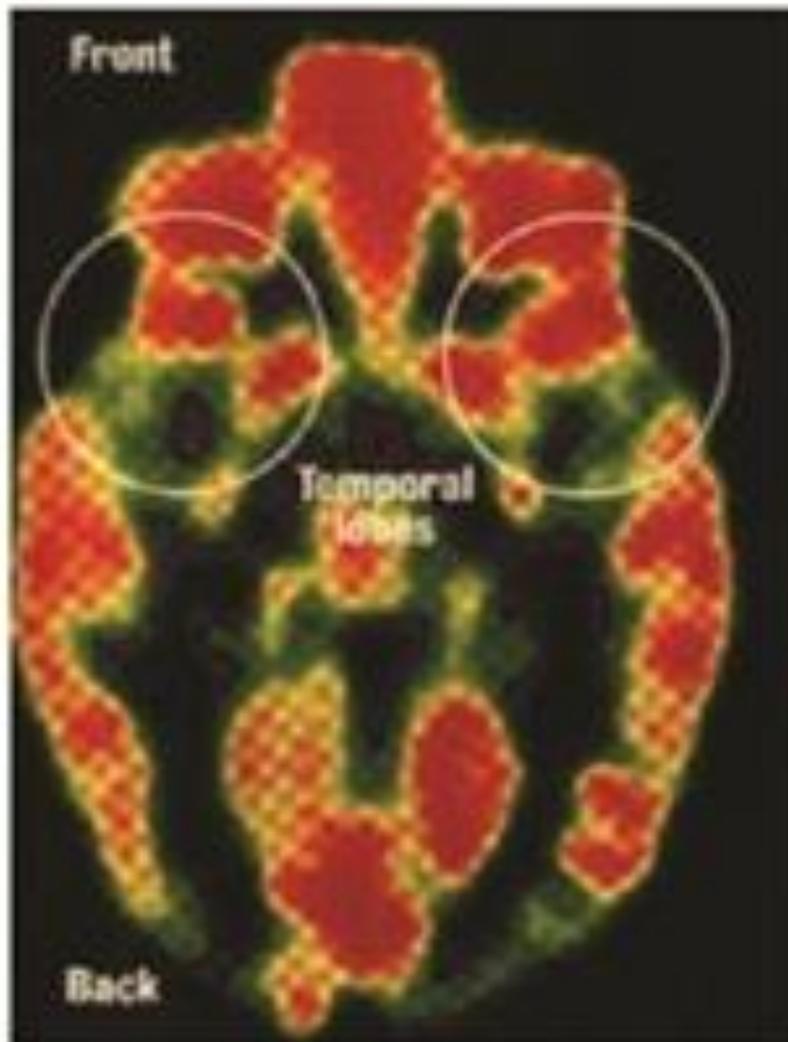


This chart represents odds ratios, or how many times more likely an adult with ACEs is to experience a given health outcome compared to those without ACEs. For example, those with four or more ACEs are 4.3 times more likely to have chronic obstructive pulmonary disease (COPD), 2.4 times more likely to develop asthma, and 2.2 times more likely to have a heart attack than those without ACEs.

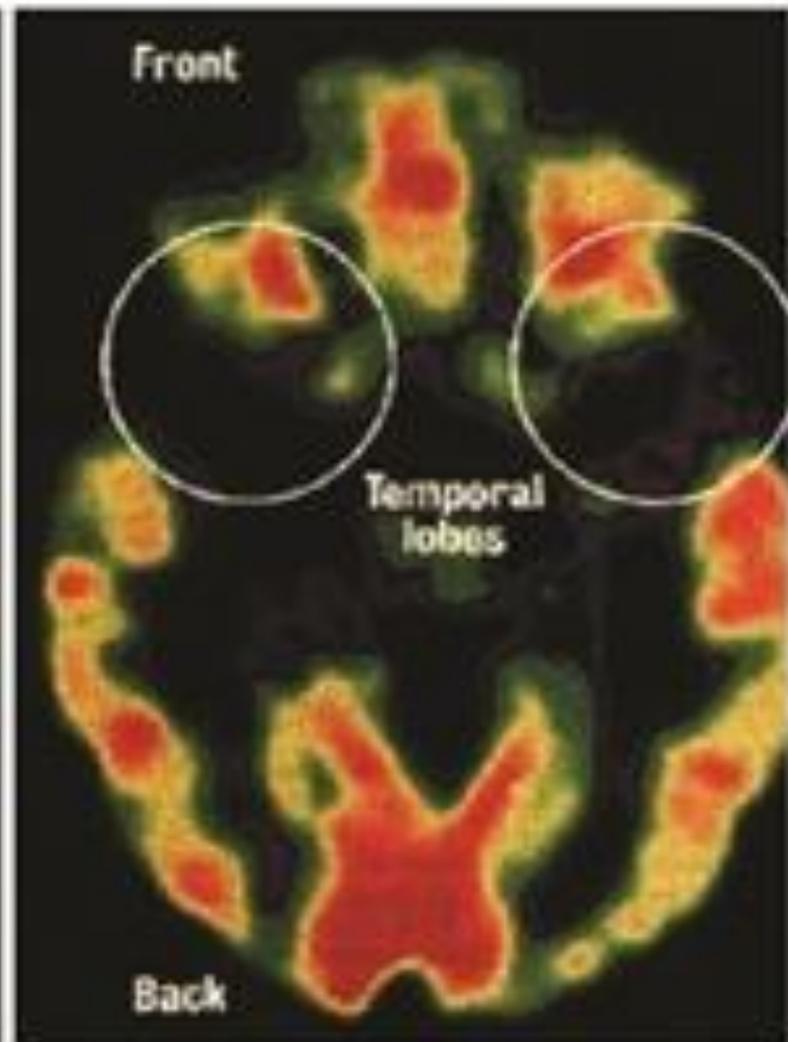
Mental Health

- Findings from a national study in Wales found that individuals with 4+ ACEs were 10 x more likely to have felt suicidal or self-harmed
- Forty-one percent (41%) of adults in Wales who suffered four or more adverse experiences in childhood are now living with low mental well-being. This compares to 14% of those individuals who experienced no ACEs during their childhood.
- The more ACEs, the greater the risk of developing mental illness throughout life
- Having ever had treatment for a mental illness increased from 23 per cent of those with no ACEs to 64 per cent of those with four or more.

Healthy Brain



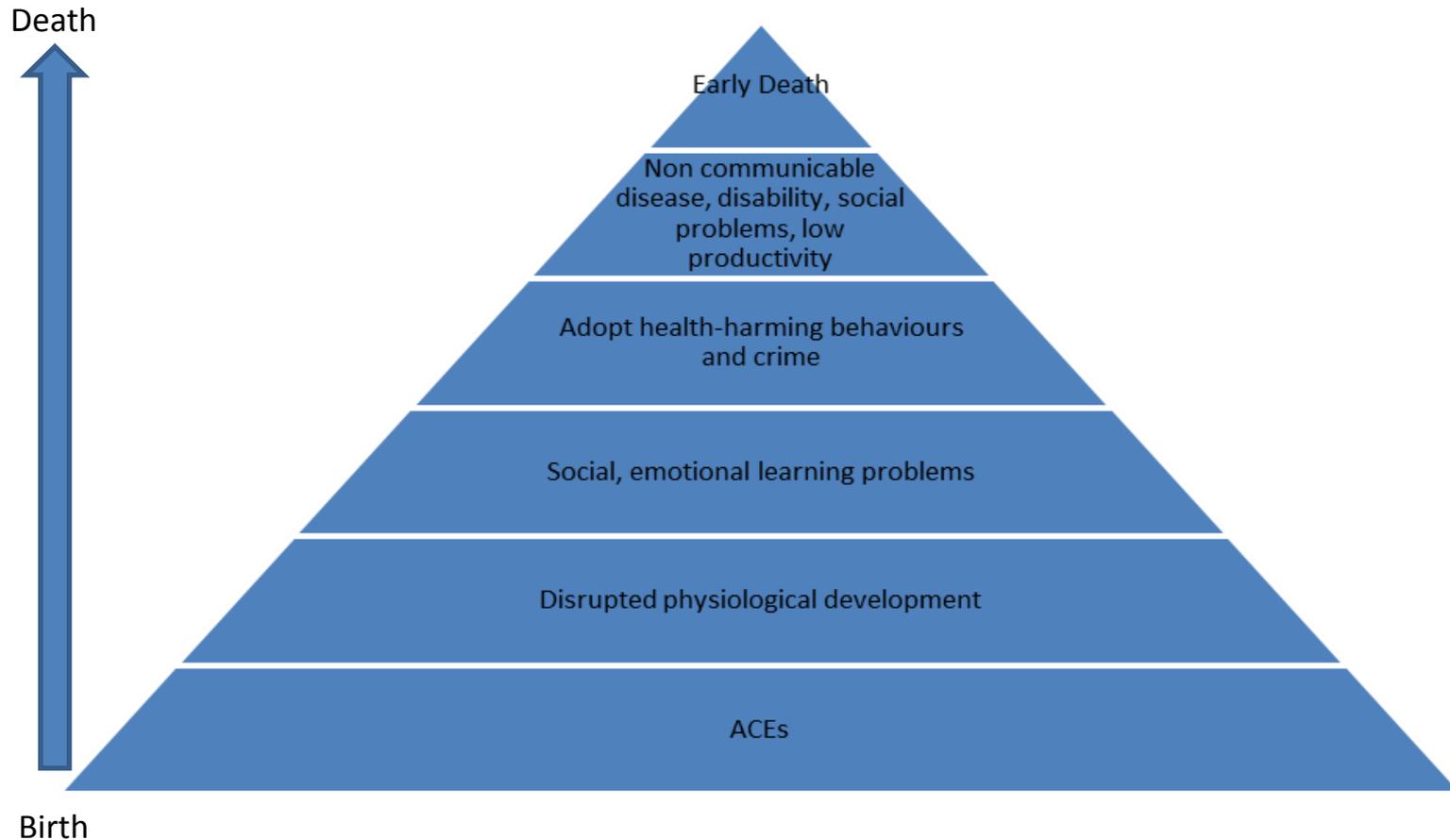
Results of Chronic Stress



Seeking Medical Help

- In the Welsh Adverse Childhood Experiences Study (2016) over 2000 adults aged 18 – 69 years participated
- Levels of health service use were higher in adults who experienced more ACEs
- Over a 12 month period, compared to no ACEs, those with 4+ were:
 - 2 x more likely to have frequently visited GP (6+)
 - 3 x more likely to have visited A&E
 - 3x more likely to have had overnight stays in hospital

Model of ACE impacts across the life course



Developed from Felitti et al. 1998

Video clip

<http://www.aces.me.uk/in-wales/>

What might presenting problems in children look like?

- Poor emotional regulation
- Poor engagement in learning
- Difficulties processing information, organising self and work
- Struggling with transitions and working with others
- Poor concentration, unfocussed, disruptive behaviour
- Difficulties developing healthy relationships
- Social, emotional and learning difficulties
- Poor self-image and belief and refusal to accept help
- ADHD, ASD or LD – could be just effect of ACEs or ACEs and neurodevelopmental disorder

Resilience

- Individuals who suffered ACEs had fewer resilience resources, with markers of both childhood and adulthood resilience reducing as ACE counts increased
- Thus, those with four or more ACEs had the lowest exposure to individual, relationship and community factors that may build resilience.

Resilience

- Childhood resilience moderates the increased risks to mental health from ACEs.
- High childhood resilience is related to substantial reductions in lifetime mental illness and potentially offers protections even in those with no ACEs.
- While resilience factors may provide some protection, they do not entirely counter the risks associated with exposure to multiple ACEs.

Vulnerability Resilience Fulcrum



What are resilience resources?

- Having a trusted relationship with at least one adult during childhood – this can be a teacher, sports coach, police officer, religious leader
- Access to pre-school
- Regular participation in sports or other clubs during childhood
- Community resilience resources such as social and emotional skills, childhood role models, peer support and friendships
- Understanding how to access community support, and a sense that your community is fair to you are strongly linked to reduced risks of mental illness across the life course
- Feeling connected and supported in school

How can change be achieved?

- Perinatal interventions
- Access to drug and alcohol services
- Parenting courses
- Support networks
- Parental access to MH services
- Improving parent child interactions
- Training to health, education and social care professionals on the impact of ACEs

REACH

REACH - the practice of routinely enquiring about adverse childhood experiences.

The evaluation evidence (Blackburn and Darwen) would support the view that whilst REACH is not a risk assessment tool or an intervention in it's own right it can:

- Enhance and add valuable information to any assessment which has not previously been disclosed despite numerous assessments and periods of intervention enabling a much more informed decision/intervention
- Speed up the intervention process as disclosure appears to enable the individual to relate their history to their current situation and making sense of it enables them to move forward – the change of focus from 'what's wrong with me' to 'what happened to me'
- Enable parents to realise that their children may already have ACE's and understand the potential impact on them facilitating the discussion about prevention and current circumstances or lifestyle in a positive way
- REACH is a key principle of Lancashire wide Children and Young People Transformation Plan

From Blackburn and Darwen (Lancashire Health) Study

Locally

- Perinatal Mental Health
- Family Safeguarding Model
- Family Nurse Partnership
- Clare Lodge

Roadmap to Resilience

The California Endowment
 health here
 ACEs Connection Network is a grantee of The California Endowment and the Robert Wood Johnson Foundation.
 Robert Wood Johnson Foundation

#1 Someone Starts

What's important is that the individual or group understand the science of ACEs and be committed to integrating them into all parts of the community.

#2 Local Efforts

The most enthusiastic members of this group form a steering committee that drives the initial effort and may become the initiative's backbone organization.

#3 Engage Local Leaders

ACEs!

ACEs Connection

#4 Steering Committee

#5 ACEs Connection Group

#6 Make History

#7 Collective Impact

Strong Communities Raise Strong Kids

Focus on hope, resilience and change without losing sight of the deep and long-term impact of childhood adversity. ACEs are not destiny; if the brain can be hurt, it can also be healed.

#10 Slogan

Be open to "uncommon partners" in the work.

#9 Mission, Goals, Action.

#8 Local Resources

#11 Local Data, Local Urgency

#12 Communication Tools

#13 Public Meetings

#15 Walk The Talk

#14 Local Funding

Remember that becoming trauma-informed is a long-term process, and that not everyone will "come on board" right away.

#16 Presenters. Presenters.

Recognize that deep-rooted attitudes - for example, a belief in individual responsibility and self-sufficiency - may present barriers to understanding ACEs and resilience, and that such attitudes take time to change.

#19 Feedback

#20 Summits, Learning Circles

"Work small and think big" - that is, to put trauma-informed practices in place in your own coalition and day-to-day work while building alliances and momentum for larger-scale change.

#17 Educate. Present. Educate. Repeat.

ACEs Too High!

#18 Local ACE Survey

Recognize how past trauma - whether economic, environmental or political - affects our community now. Be willing to address these issues in a sensitive and inclusive way.

#23 Large-Scale Funding

#22 Official Recognition

#21 Media. Media.

Celebrate progress and successes.

Publications and Resources

- Public Health Wales website
- NHS Health Scotland – Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences (2017)
- Welsh ACE Study – Their impact on health harming behaviours in the Welsh adult population (2016)
- Welsh Adverse Childhood Experience and Resilience Study (2018)
- CDC Kaiser ACE study (1995 – 1997) US
<https://www.cdc.gov/violenceprevention/acestudy/index.html>
- Blackburn with Darwen – ACE Screening Pilot
<http://www.eif.org.uk/case-study/blackburn-with-darwen-ace-adverse-childhood-experiences-screening-pilot/>
- Sources of resilience and their moderating relationships with harms from adverse childhood experiences – www.publichealthwales.org
- English National ACE study, (Bellis et al 2014)
- YouTube

Thank You

Please contact Dr Reddy
(venkat.reddy@cpft.nhs.uk)

if you want to be part of local
network to raise awareness about
ACES and develop multiagency
strategy to deal with ACES