



# focus on



## Adverse Childhood Experiences (ACEs)



*“The first few years of a child’s life are critical to laying the foundation for lifelong well-being. They determine how well children perform in school, how well they relate to others, and ultimately shape the adult they become. A series of adverse childhood experiences (ACEs) can have a devastating effect on development. This is why it is so important to lay successful foundations from the earliest age”<sup>1</sup>*

### What do we mean by Adverse Childhood Experiences?

Adverse Childhood Experiences are significant events which occur to an individual before the age of 18 and which have a negative impact on them in later life. Recent studies have focused on the following ACEs, broken down into 2 categories:



#### Child Maltreatment:

- + Verbal abuse
- + Physical abuse
- + Sexual abuse
- + Emotional neglect
- + Physical neglect



#### Household ACEs:

- + Parental separation
- + Mental illness
- + Domestic abuse / violence
- + Alcohol misuse
- + Drug misuse
- + Familial incarceration

UK studies (e.g. Ford, Butler, Hughes, Quigg, & Bellis, 2016) have found that individuals who are exposed to four or more ACEs are at an increased risk of developing Health Harming Behaviours (HHB) in later life, e.g. smoking, substance misuse and binge drinking. They are also more likely to be both a perpetrator and victim of violence; spend one or more nights in prison and/or police custody at some point in their lifetime and become pregnant / cause pregnancy before the age of 18.

- 9% of adults experienced psychological abuse during childhood
- 7% suffered physical abuse in childhood
- 7% suffered sexual assault in childhood
- 8% witnessed domestic violence or abuse in the home during childhood

Source: ONS Crime Survey for England and Wales, March 2016

### Why ACEs matter?

Individuals who are exposed to consistently high levels of stress and trauma in childhood can experience an over-production of hormonal mediators such as adrenaline, cortisol and norepinephrine – the hormones produced in the brain during situations of stress or danger - the so-called ‘fight-or-flight’ response.

This over-production essentially ‘resets’ the body’s natural physiological functioning at sub-optimal levels, thus increasing the ‘allostatic load’ – the damage caused to the mind and body through stress – which further increases vulnerability to disease<sup>2</sup>. Whilst it’s important to emphasise that not everyone exposed to ACEs goes on to suffer or cause harm - individuals can develop resilience (e.g. through educational attainment) which minimises their impact -

the evidence overwhelmingly supports the theory that children exposed to 4 or more ACEs are more likely to engage in HHBs in later life, as well as suffer from physical and mental health impairments. A 2010 WHO study estimated that across the globe '30% of adult mental illness could be attributed to ACEs'<sup>3</sup>.

## What are the challenges?

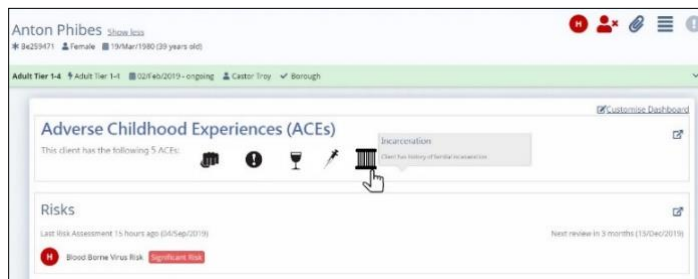
Services are under huge pressures to support clients and their families and reduce the harm created by risk-taking behaviours, in particular harmful drinking and drug-taking behaviours. The demands on front-line practitioners are exacerbated by them having to manage complex and increasingly large caseloads.

To help alleviate these pressures it's important that effective tools and processes are in place and clear, concise information is easily accessible.

- ✦ *Agreed processes and methods for information capture e.g. participant self-completing or practitioner enquiry*
- ✦ *Ensuring workers have the knowledge and confidence to conduct this sensitive research*
- ✦ *Understanding how this information would be utilised to inform your service's offering*

## How can ILLY help?

The ILLY teams have been working with their partners across the NHS, community and prison services to make a real difference to the vulnerable clients within our community. Key within this has been the development of therapeutic tools that practitioners and their clients use as part of their recovery plan.



With integrated Care Plans, Safeguarding functionality, comprehensive Risk Assessment and person-centred Outcome Tools, we believe that we have the functionality and understanding to help those clients impacted by the harmful effects of ACEs.

One of the key steps will be to identify client cohorts where ACEs are prevalent and then consider refining the treatment pathways to accommodate specific interventions that may help the clients build their resilience and recovery.

By working with fellow practitioners, ILLY have developed tools which capture and present data in an easy and intuitive manner. As the science develops, we will continue to evolve these tools, ensuring that the client remains at the heart of our initiatives.

### References:

1. Prosperity for all: The national strategy - *Welsh Government (2017)* Retrieved from <http://gov.wales/about/programme-for-government/?lang=en>
2. Adverse childhood experiences, allostasis, allostatic load, and age-related disease - Danese, A. and McEwen, B.S. (2012)
3. Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys - Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM. - *Br J Psychiatry*, vol. 197 (pg. 378-385) (2010)



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