



## TEA-BREAK GUIDE



**What are Adverse Childhood Experiences (ACEs)?** ACEs refer to stressful or traumatic events that children and young people can be exposed to as they are growing up. ACEs range from experiences that directly harm a child, such as physical, verbal or sexual abuse, and physical or emotional neglect, to those that affect the environments in which children grow up, such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or imprisonment. There is a distinction between ‘normal’ stressful life events, such as parental divorce or illness of a loved one, and adverse childhood experiences, very traumatic life events, such as being or seeing someone else physically or sexually abused. These are experiences that will often be associated with post-traumatic stress disorder.

**Why does it matter?** The first UK study in Blackburn with Darwin (BwD; Bellis et al, 2014a) found that increasing ACEs were strongly associated with adverse behavioural, health and social outcomes across the life course. Further studies found that almost half of the general population reported at least one ACE and over 8% re-reported four or more. When exposed to stressful situations, the “fight, flight or freeze” response floods our brain with corticotrophin-releasing hormones (CRH), which usually forms part of a normal and protective response that subsides once the stressful situation passes. However, when repeatedly exposed to ACEs, CRH is continually produced by the brain, which results in the child remaining permanently in this heightened state of alert and unable to return to their natural relaxed and recovered state.

**What is the impact?** Children and young people who are exposed to ACEs have increased – and sustained – levels of stress. In this heightened neurological state a young person is unable to think rationally and it is physiologically impossible for them to learn or develop in the same way a child not having these experiences will. ACEs research shows that there is a strong dose-response relationship between ACEs and poor physical and mental health, chronic disease (such as type II diabetes, chronic obstructive pulmonary disease; heart disease; cancer), increased levels of violence, and lower academic success both in childhood and adulthood.

### What should we do?

- Think about how those experiences will have an impact on the child’s healthy development and on their behaviours.
- Recognise the signs, and see beyond a child just ‘acting out’.
- Try to help them become more grounded, give them choices and allow them to feel more in control.
- Understand that it is likely this will have an impact on any attachment for that child and there will be mistrust. We need to try and build a relationship with the child that is different to ones they have experienced previously.
- Finally, it is important to remember that ACEs tend to be passed from generation to generation.