YOUNGMINDS

Health Education England

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, neurobiological, psychological or behavioural adaptation.

Adaptations are children and young people's attempts to:

Survive in 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?





Violence & coercion

i.e. domestic abuse, gang membership, being a victim of crime



Adiustment

i.e. migration, asylum or ending relationships



Preiudice

Forms of ACEs include:

i.e. LGBT+ prejudice, sexism, racism or disablism



Maltreatment

i.e. abuse or neglect

Household or family adversity

i.e. substances misuse, intergenerational trauma destitution, or deprivation



treatment

i.e. torture, forced



responsibilities

i.e. being a young carer or involvement in child labour



Bereavement & survivorship

i.e. traumatic deaths, surviving an illness or accident

imprisonment or institutionalisation

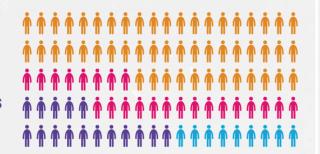
Around half of all adults

HOW COMMON ARE ACES?

living in England have experienced at least one form of adversity in their childhood or adolescence

Of all children and young people:

52% experienced 0 ACEs 23% experienced 1 ACE 16% experienced 2-3 ACEs 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:



more likely to binge drink and have a poor diet



be a current



more likely to have low levels of mental wellbeing & life satisfaction



6X teenage pregnancy



to have used illicit drugs



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:

Making childhood adversity and trauma a local commissioning priority

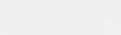
Creating a common identification and enquiry framework for identifying need

in adversity and trauma informed models of care



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

ensures addressing ACEs is a strategic priority, analyses the available data and anticipates need in local commissioning and service pathways.



understands childhood adversity and trauma, has a common framework for identification and routine enquiry, and responds appropriately to the cultural and personal characterises of the young person and their communities.



"Recognise all of my needs'

"Shape your support around me"

"Find a way that we can both understand each other"

me with the experiences I've had"

"Don't label

"When you notice, or I tell you that I need help, you

should already know what

the next step is'

"Understand my behaviour

"The way you

treat me matters'

Flexible

provides services that young people can easily access, does not rely on a 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 knowledgable, 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

ensures smooth transitions and communications between partners



"Include me in decisions about my life"

"I've survived this long"

"I want to talk to someone who has been through the same thing

"Know where

I'm coming from'

"Don't pass me from person to person"

"Keep me safe and don't betray my trust"

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)

