

SAFEGUARDING YOURSELF AND OTHERS 2021 BRIEFINGS

NUMBER 9 • 5 MAY



ADVERSE CHILDHOOD EXPERIENCES: A HUGE IMPACT ON DEVELOPMENT

The experiences we have early in our lives and particularly in our early childhoods have a huge impact on how we grow and develop, our physical and mental health and our thoughts, feelings and behaviour

Two important factors that influence this are the quality of our early relational attachments and the impact of Adverse Childhood Experiences (ACEs).

Growing up while experiencing ACEs such as abuse, neglect, community violence, homelessness or being in a household where adults are experiencing mental health issues or harmful alcohol or drug use, can have a long-lasting effect on people's lives.

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What are Adverse Childhood Experiences?

ACEs are specified traumatic events occurring before the age of 18. Examples include:

- physical abuse
- sexual abuse
- emotional abuse
- living with someone who abused drugs
- living with someone who abused alcohol
- exposure to domestic violence
- living with someone who has gone to prison
- living with someone with serious mental illness and
- losing a parent through divorce, death or abandonment.

If a child experiences any of these they are more likely they to develop chronic health conditions and engage in risky behaviours. These will often lead to negative outcomes later in life, such as reduced educational and occupational achievement, heart disease, obesity, depression, substance misuse and suicide.

ACEs are *'highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.'* (Young Minds, 2018).

When exposed to stressful situations, the 'fight, flight or freeze' response floods our brain with corticotrophin-releasing hormones (CRH), which usually form part of a normal and protective response that subsides once the stressful situation passes. However, when repeatedly

exposed to adverse childhood experiences, CRH is continually produced by the brain. This results in the child remaining in a heightened state of alert and unable to return to a more natural, relaxed and recovered state.

For example, imagine a scale of 1-10 where you operate at 5 or 6 as a rule; then you experience a traumatic event. Your scale score is most likely to go up to 10 – or even higher. We can all probably think of an event that seemed like our worst ever nightmare at the time. Once the immediate impact and consequences were resolved we generally come back down the scale to our normal routine level and this supports our emotional and physical recovery. However, if your experience of life has always been to be on your guard, you are more likely to be super attentive and unaware of relative stress levels because a state of 'high alert' is how it always is. Your antennae will always be alert for danger that gives no space for relaxing and just being. This often results in people appearing to overreact to seemingly minor events like somebody bumping into them in a school corridor or an adult showing slight disapproval.

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 making it much harder for them to learn or develop in the same way as children who experience secure, nurturing, safe relationships.

The impact of ACEs on childhood development

ACEs can have a negative impact on development in childhood and this can in turn give rise to harmful behaviours, social issues and health problems into adulthood. There is now a great deal of research demonstrating that ACEs can negatively affect lifelong mental and physical health by disrupting brain and organ development and by damaging the body's systems for defending against diseases. The more frequent and serious ACEs a child experiences the greater the chance of health and/or social problems in later life.

Some of the effects of ACEs affecting physical and mental health include the following:

- An increase in the risk of certain health problems in adulthood, such as cancer and heart disease, as well as increasing the risk of mental health difficulties, perpetrating violence and becoming a victim of violence
- An increase in the risk of mental health problems, such as anxiety, depression, and post-traumatic stress. Research suggests that one in three diagnosed mental health conditions in adulthood may directly relate to ACEs
- The longer an individual experiences an ACE and the more ACEs someone experiences, the bigger the impact it will have on their development and their health.



Some of the other impacts include:

- the ability to recognise and manage different emotions
- the capacity to make and keep healthy friendships and other relationships
- the ability to manage behaviour in school settings and
- difficulties coping with emotions safely without causing harm to self or others.

Outcomes and behaviours from ACEs have been linked to:

- Alcoholism and alcohol abuse
- chronic obstructive pulmonary disease
- depression
- fetal death
- health-related quality of life
- illicit drug use
- ischemic heart disease
- liver disease
- poor work performance
- financial stress
- risk of intimate partner violence
- multiple sexual partners without forming secure relationships
- sexually transmitted diseases
- smoking
- suicide attempts
- unintended pregnancies
- early initiation of smoking
- early initiation of sexual activity
- adolescent pregnancy
- risk of sexual violence and
- poor academic achievement.

Reducing the impact of ACEs

While childhood adversity may have a significant impact on children and throughout their adult lives, such experiences should not be compounded by our allowing them to limit someone's aspirations and achievements. Many people who suffer ACEs go on to lead fulfilling lives, achieving highly in their chosen careers be high achievers. Those who thrive have often been supported to recognise and acknowledge the impact of adverse experiences in terms of their journeys through education, careers as well as personal and social relationships.

There are no quick-fixes or 'cures' for people who have suffered multiple or long-term ACEs but the negative impacts can be reduced over time through effective

treatments and better 'trauma-informed' practice in health, education, family support and social care settings.

Attachment: the bond between parent and child

Attachment refers to the pattern of the relationships we have had with our parents or carers early in our lives. It is the emotional bond that forms between a parent and child from birth and has a huge impact on our development. The way a parent or carer responds to their child will impact on the child's dominant attachment style. Our experience of attachment informs how we build future relationships with others in our lives, and also impacts on our self esteem as well as the way we feel about others.

If we have experienced a relationship with a parent or carer which has been secure, we are much more likely to develop a positive 'template' for other relationships as well as good and well-balanced feelings about ourselves and others. But sometimes children's experience of care in their early years is not positive. Living with fear and insecurity from an early age makes it harder for people to form and maintain positive relationships in the future. It also makes it harder for children to manage their feelings and behaviours or to develop the self-confidence and esteem that leads to positive, authentic relationships with others.

This animation produced by Public Health Wales explores ACEs and their impact across the life course from the point of view of one family. If you are concerned about the health and wellbeing of a child always act in their best interest and make a referral – **see something, say something, do something.**

Help us build a repository of useful organisations

People struggling will need help for some time to come. Organisations mentioned in this briefing and others may be of assistance to them. We would like to build a repository of useful regional and national organisations. If you know of organisations to add to that list, please email safeguarding@sja.org.uk with the subject header 'Safeguarding yourself and others', and tell us the name of the organisation, what support they offer and contact details, including their website address. We will aim to publish these monthly as an annex to a briefing.

You can download a CFC form [here](#) or an Ambulance Operations CFC form [here](#)

You can download a safeguarding pocket card or an Ambulance Operations safeguarding pocket card [here](#)

You can download the SJA Safeguarding Policy and Procedures [here](#)