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Childhood Trauma – Adverse Childhood Experiences (ACEs)
“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”

– Desmond Tutu
‘Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults’

The Adverse Childhood Experiences (ACE) Study

Vincent J Felitti MD, FACPA, Robert F Anda MD, MSB

American Journal of Preventative Medicine

May 1998 Volume 14, Issue 4, Pages 245–258
Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

**Abuse**
- Emotional abuse
- Physical abuse
- Sexual abuse

**Neglect**
- Emotional neglect
- Physical neglect

**Household Challenges**
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

People with 6+ ACEs can die 20 yrs earlier than those who have none

1/8 of the population have more than 4 ACEs

4 or more ACEs

- 3x the levels of lung disease and adult smoking
- 14x the number of suicide attempts
- 4.5x more likely to develop depression
- 11x the level of intravenous drug abuse
- 4x as likely to have begun intercourse by age 15
- 2x the level of liver disease

"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today"
- Dr. Robert Block, the former President of the American Academy of Pediatrics

67% of the population have at least 1 ACE

Lifespan
The Impact of ACEs on Brain Development

Chronic Stress from ACEs over-develop ‘life-preserving’ part of the brain.
Preventing ACEs in future generations could reduce levels of:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Reduction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Sex (before age 16)</td>
<td>33%</td>
<td>Unintended teenage pregnancy</td>
</tr>
<tr>
<td>Smoking (current)</td>
<td>16%</td>
<td>Smoking</td>
</tr>
<tr>
<td>Binge drinking (current)</td>
<td>15%</td>
<td>Binge drinking</td>
</tr>
<tr>
<td>Heroin/Crack use (lifetime)</td>
<td>59%</td>
<td>Heroin/Crack use</td>
</tr>
<tr>
<td>Violence perpetration (past year)</td>
<td>52%</td>
<td>Violence perpetration</td>
</tr>
<tr>
<td>Violence victimisation (past year)</td>
<td>51%</td>
<td>Violence victimisation</td>
</tr>
<tr>
<td>Incarceration (lifetime)</td>
<td>53%</td>
<td>Incarceration</td>
</tr>
<tr>
<td>Poor diet (current; &lt;2 fruit &amp; veg portions daily)</td>
<td>14%</td>
<td>Poor diet</td>
</tr>
</tbody>
</table>

The English national ACE study interviewed nearly 4,000 people (aged 18-69 years) from across England in 2013. Around six in ten people, who were asked to participate, agreed and we are grateful to all those who freely gave their time. The study is published in BMC MEDICINE:

Resilience

• We can’t prescribe our way out of this.
• We do not ask people about their childhood experiences.
• We require a human solution. ‘It’s the relationship that heals’
• Resilience mitigates the effects of ACEs
• We require innovative ways to build resilience in children and young people. Addressing their trauma and enabling them to Thrive!

Thank you & Questions