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1. Introduction

This position paper will summarise research on Adverse Childhood Experiences (ACEs) and its application, some cautions about how ACEs can be interpreted, and helpful principles about how they should be viewed. All services and practitioners will be asked to ensure that any ACEs work being undertaken fits within this statement.

2. Background

ACEs and the impact on children and young people throughout their lives has achieved a particular focus within Scotland recently. This has been partly related to the Scottish Government’s expressed commitment to prevent and mitigate ACEs and reduce the negative impacts where they occur and are known to have a lasting impact on our children and the potential to shape their lives as adults (Scottish Government 2017).

The term ACEs was originally developed in the United States for the Adverse Childhood Experiences survey which found that as the number of ACEs increased in the population studied, so did the risk of experiencing a range of health conditions in adulthood.

The focus of this research was on health outcomes linked to the exposure of ACEs in adults in an obesity clinic. Their research findings, based on the responses to 10 core questions of ‘common’ issues, were that the number of ACEs experienced increased the risk of negative health outcomes in adulthood (Robert Wood Johnson Foundation 2013).

<table>
<thead>
<tr>
<th>The 10 widely recognised ACEs, as identified in Anders &amp; Felliti’s study, are:</th>
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<tbody>
<tr>
<td>Psychological Abuse</td>
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<tr>
<td>Physical Abuse</td>
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<tr>
<td>Sexual Abuse</td>
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<tr>
<td>Emotional Neglect</td>
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<tr>
<td>Physical Neglect</td>
</tr>
<tr>
<td>Separation</td>
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<tr>
<td>Mother Treated Violently</td>
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<tr>
<td>Substance Abuse</td>
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<tr>
<td>Mental Illness</td>
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<td>Criminal Behaviour in the Household</td>
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3. Trauma

Ecological View of Trauma

ACEs can be considered as traumatic events or experiences occurring during childhood. Trauma in childhood is recognised as impacting negatively on brain development, triggering toxic stress which impacts negatively on cognitive functioning and the ability to form relationships and regulate emotions (Robert Wood Johnson Foundation 2013). The extent to which an individual is affected by trauma can be helpfully understood through an ecological framework. An ecological view of trauma takes into account the complex
interaction of a variety of different variables within the person and the systems that they exist within (family, community etc). Taking this perspective helps us understand why there are varying different long-lasting effects of similar traumatic events on different people. The interdependent nature of these interactions underpin the strength of the resilience and social response to trauma. This view point helps us understand the importance of environmental intervention and support.

4. Benefits of an increased understanding and awareness of ACEs

Awareness of a broad range of ACEs, and how they may impact child and adolescent development, will enhance holistic assessment. This requires an ACEs and trauma informed workforce who understand the importance of nurturing approaches and resilience building approaches/interventions. This is consistent with the Scottish Government’s vision of a ‘Common Core’ of skills, knowledge, understanding and values for the Children’s Workforce of Scotland. This aims to recognise that the needs and strengths of children, young people, and their families are unique and will be influenced by their environment, backgrounds and circumstances (Scottish Government 2012).

There are a number of benefits to having an understanding of ACEs. These are:

- recognising and accepting the impact and importance of past adversity and trauma across a broad range of sectors and implications for how services are organised and delivered
- reducing stigmatisation and blame by focusing attention away from ‘what’s wrong’ with someone to ‘what has happened’ in their life
- strengthening the case for prevention activity which aims to improve population wellbeing by preventing, reducing and mitigating levels of adversity experienced by children, young people, and adults
- highlighting that a ‘whole society’ approach with action at various levels and by various parts of our system and society is required

(NHS Health Scotland 2019)
5. Importance of Understanding ACEs in Context

It is important that we have an understanding of ACEs and the context in which it should be viewed. Having this understanding can enable us to act in ways that can improve outcomes for young people.

- **More than simply scoring**
  It is not recommended that anyone uses ACE questionnaires with children or adults to gather ‘ACE scores (e.g. in schools). This could lead to unhelpful labelling and stigmatisation and potentially upset or unsettle children, families or adults (NHS Health Scotland 2019).

  The ACE score (i.e. the number of ACEs an individual has experienced) was designed for population-level research and not intended to inform practice at the individual level. These are indicators for much wider ranges of experiences. At a population level, higher numbers of ACEs are associated with a higher risk of adverse outcomes in adulthood. But these experiences do not determine those outcomes, and the risks measured at a population level cannot be applied to individuals as a predictive formula (Health Scotland 2019).

- **The importance of protective factors**
  Not all children who have adverse experiences will be traumatised (Furnivall and Grant 2014), so why do some do well while others don’t? The answer is the identification of protective factors or ‘buffers’ which mitigate against the potential effects (Scottish Government 2018).

- **Avoid taking a simplistic view of trauma**
  Childhood adversity may take many forms, and the pathways and mechanisms linking to adult outcomes are complex.

- **Labelling**
  We must be aware of the risk of overtly, or indirectly, ‘blaming the victim’ when thinking about ACEs (Health Scotland 2019).

- **Context**
  ACEs should be understood in the context of poverty, inequality and discrimination. Making sense of ACEs at both a personal and population level therefore needs to take into account power and relationships in a socio-economic context.
6. Position

The ACEs research is a valuable research base to help inform our practice and strategic direction but does not define our approach. We recognise the link between trauma, adversity and poorer outcomes in later life and also the significant role that resilience and protective factors can play in mitigating the impact of ACEs. Awareness of a broad range of ACEs and how they may impact child and adolescent development will enhance holistic assessment. Our workforce should be aware of the wider context of ACEs and not adopt a simplistic approach to thinking about a predefined list of adversities and predicting outcomes for young people. Our workforce will be trauma informed and recognise the wider structural, social and ecological influences on adversity while recognising the importance of nurturing approaches, relationships and resilience building approaches/interventions in preventing and mitigating ACEs.
References


NHS Health Scotland (2019) Adverse Childhood Experiences in Context

