centre for youth & criminal justice

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Adverse Childhood Experiences (ACEs) in children at high risk of harm to others

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The purpose of this information sheet is to provide a summary of CYCJ's latest research into the adverse childhood experiences among children who present a risk of harm to other people, as well as themselves. The full report is available on the CYCJ website.

What are Adverse Childhood Experiences?

Research into Adverse Childhood Experiences (ACEs) as we understand them today first originated in San Diego, more than 20 years ago. This now renowned study documented that Adverse Childhood Experiences were widespread in the general population, with half of all patients experiencing at least one of the measured ACEs. Furthermore, the research observed a clear association between increased exposure to adversity in childhood and an increased risk of health-harming behaviours and poor health outcomes. For example, respondents with exposure to four or more Adverse Childhood Experiences were five times more likely to have experienced depression than someone with no Adverse Childhood Experiences, the odds of alcohol addiction were sevenfold, and suicide attempts were 12 times more likely. In relation to non-communicable diseases, the odds of heart disease, cancer and stroke were roughly twice as likely in those participants exposed to four or more Adverse Childhood Experiences.

Today, research tends to focus on ten adverse childhood experiences that fall into three broad categories of abuse, neglect and household dysfunction. These experiences are:

- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Physical Neglect
- Emotional Neglect
- Domestic Violence
- Parental Separation
- Family Substance Misuse
- Family Imprisonment
- Family Mental Illness

It is important to also note that there is much more to a child's story than the sum of these ten experiences. Simply calculating an 'ACE score' will not tell us anything about the nature or impact of those experiences on a child. It does not take into account any mediating or mitigating factors, such as a strong bond to a positive and available adult. It does not necessarily tell us about how best to intervene and support that child effectively, although it can help us understand them better. There are also many experiences which might have a similar long-term impact but are not considered in the current 'ACEs framework': consider, for example, the death of a parent or sibling; or being the victim of bullying at school. Despite this, the Adverse Childhood Experiences research has been instrumental in helping to raise awareness of the

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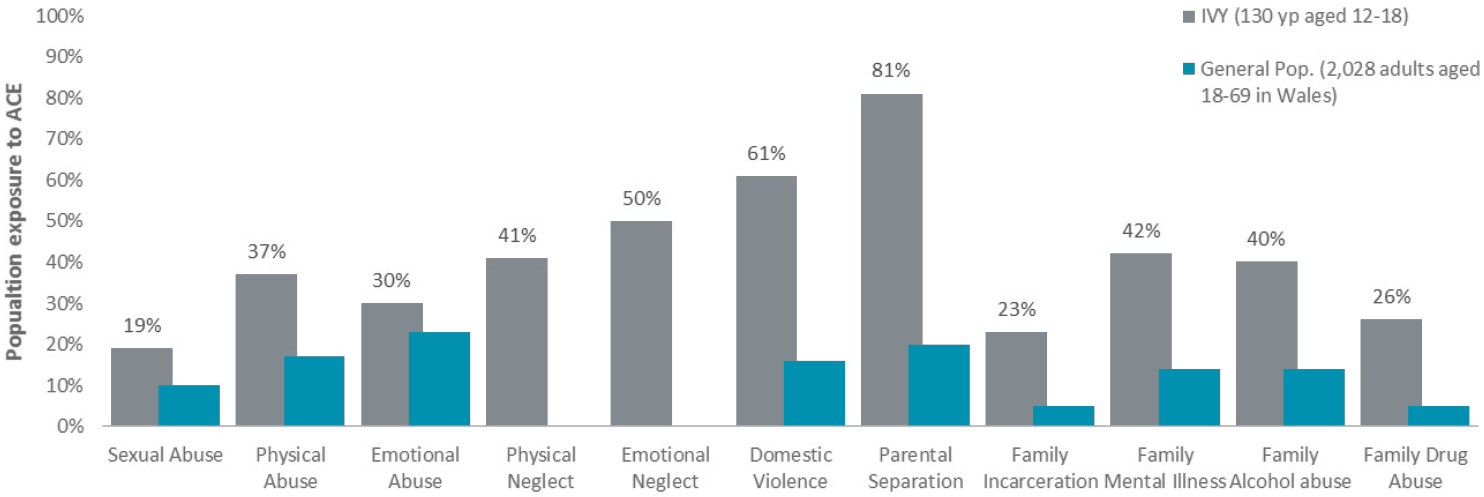
impact of childhood adversity across the workforce, as well as across wider society.

CYCJ's Research

CYCJ was interested in Adverse Childhood Experiences for many reasons, not least because previous research has demonstrated an increased risk of violence (both as a victim and a perpetrator) and imprisonment with exposure to ACEs. This has led Public Health Wales to conclude that violent acts could be reduced by up to 60% if ACEs were prevented. As a result, we decided to undertake our own exploration of the backgrounds of the first 130 children referred to our Interventions for Vulnerable Youth (IVY) clinic. These are children aged under 18 who pose a potential risk to others in relation to serious violent, sexual or extremist behaviours. The presence of the ten ACEs and bereavement was identified from IVY files. A range of key health and social outcomes for the young person were also documented, including: alcohol use; drug use; serious violent behaviour; harmful sexual behaviour; experience of secure care or custody and school exclusion.

The Findings

The prevalence of Adverse Childhood Experiences in the sample was greater than is typically found in general population studies. Overall, 93% of the sample had experienced at least one Adverse Childhood Experience, rising to 95% when bereavement was included and 59% (61% including bereavement) had experienced four or more Adverse Childhood Experiences. Exposure to each individual ACE ranged from 81% (parental separation) to 19% (sexual abuse).



The presence of poor outcomes was also a strong feature of the sample. All bar three young people had experienced at least one of the six measured outcomes (98%), and almost half of the sample (49%) had experienced three or more. Violence towards others was the most common outcome, displayed by 82% of the sample, followed by school exclusion (46%) and drug use (46%). Unlike in other studies, there was not a clear-cut dose-response relationship between the 'ACE score' and poor outcomes. This is likely to be a product of a small and skewed sample: high levels of needs, risks and vulnerabilities are typically a prerequisite for referral to IVY.

There was also some emerging evidence of gender effects, but this needs further exploration in a larger sample (girls comprised only 15% of the sample). Females had a significantly higher 'ACE score', with a mean of 5 compared to 4 in males. However, males appeared to be more likely to experience common childhood adversities such as parental separation or bereavement. Indeed, this difference in 'ACE score' was reduced to the point of no longer being significant when bereavement was included. This indicates to us that males might come into contact with the 'system' at a lower level of adversity than females. The research has left CYCJ with three important questions to be answered:

- Are there gender differences in ACE exposure?
- Are there difference in the way males and females respond to ACEs?
- Are there differences in the way 'we' (society/the system) respond to males and females affected by ACEs?

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