Frequently Asked Questions – Adverse Childhood Experiences (ACEs)

CymruWellWales

Introduction

This list of Frequently Asked Questions and suggested responses has been developed by Public Health Wales and the ACE Support Hub. The aim is to support colleagues who are presenting on or discussing ACEs in local and national forums to feel confident in providing a consistent response to questions. The list will be updated as any new evidence emerges.

Structure

Questions and suggested responses have been grouped into two sections; the first relates to the ACE research and the categories of ACEs included, and the second relates to the implications of the findings for individuals and services.

Section One - ACEs Research

Question 1

This is only one survey and nearly half of the participants didn’t respond – how reliable is it?

Suggested Response

The Welsh Survey is one of several that have been conducted in the UK, US and internationally. They have used the same methods based on those developed by the original ACE researchers in the US. These studies all find similar results; this increases our confidence in the reliability of the survey.

We also know that the characteristics of the sample that did respond in Wales are broadly in line with the Welsh population as a whole.

Question 2

This research shows association not cause – it could just be coincidence?

Suggested Response

Establishing cause and effect is complex. The first stage is usually finding associations between risk factors, e.g. ACEs, and health outcomes. We would then need to show that the cause precedes the outcome, that the more ‘exposure’ the greater the effect (a dose-response relationship), and that this is repeated in other

studies. In relation to the ACE evidence these criteria can be met. We would also look for a plausible biological explanation of how this effect might happen and again we can demonstrate this for ACEs. What we haven't been able to do because of ethical reasons is to conduct experiments to prove the link.

Question 3

Are some ACEs more "traumatic" and therefore more harmful than others, such as comparing parental separation & abuse? Are they treated equally in the research?

Suggested Response

The evidence around which ACEs are most harmful is being developed, and exposure to the same ACE can impact differently on each individual – depending on a number of variables such as length of exposure and personal resilience factors. However, the key message from the evidence is that, at a population level, it is multiple ACEs which cause most harm.

Question 4

What about neglect – why isn't that included as an ACE?

Suggested Response

In the original Welsh ACE Survey (2015), we used the US Centres for Disease Control and Prevention short ACE tool

to measure ACEs. It has been designed for population surveys and has been widely used as part of the US Behavioural Risk Factor Surveillance System.

The short tool did not include neglect and it was thought to be too complex to include in a short door to door survey. However, the most recent ACE survey, undertaken in 2017, has included new measures of neglect developed by the World Health Organisation; specifically, physical neglect and emotional neglect.

Question 5

What about bereavement or bullying?

Suggested Response

ACEs are experiences that have a chronic impact on the child, and in this context there is still ongoing debate about whether bereavement has a chronic impact, as opposed to representing a more acute form of trauma. There are also challenges relating to the comparability of findings both within and between studies.

There is a wider recognition that many other things may have an impact during childhood, such as war and immigration, for example. In this context, it might not be as important to consider including additional items in future ACE surveys, as compared to allowing the conversation about childhood adversity to open the door to a wider discussion that allows people to reflect on all their childhood experiences, both positive and negative.

Question 6

Parental separation is common. Is it separation that causes the harm, or something else?

Suggested Response

The Early Intervention Foundation recently published an in depth review of the evidence around this issue, and concluded that:

- On average, child outcomes tend to be worse in lone-parent and non-married families, although such comparisons may not take into account socio-

economic factors and other features of the family environment that may vary between families of different types. While family breakdown can be detrimental in itself, there is evidence that the quality of parental relationships (specifically how parents communicate and relate to each other), level of parental stress, and quality of family functioning also have a significant impact on children's well-being, in both intact and separated families.

- Parents/couples who engage in frequent, intense, and poorly resolved inter-parental conflicts put children's mental health and long-term life chances at risk. Children of all ages can be affected by destructive inter-parental conflict, with effects evidenced across infancy, childhood, adolescence, and adulthood.
- Family structure, family breakdown, and family relationship quality are all closely intertwined, making it difficult to distinguish the causal effect of each factor.

Section Two - Implications for Individuals and Services

Question 1

This seems to be passing the blame to individuals and individual behaviours rather than wider societal factors?

Suggested Response

We would say the opposite. In many ways this can help people to understand why they do some of the things that they do, where experiences in their childhood have altered their development and resilience. It can help people to make sense of the problems in their lives and shows that the way they react under stress isn’t their fault. It can also provide an opportunity to recognise the resilience factors which people have, for example promoting the ways in which they have coped and thrived in the face of adversity.

The ACE conversation also allows us to turn the focus from individuals to how the system i.e. services, structures and ways of working, can be improved.

Question 2

I have experienced ACEs and I don’t have any of these problems, so do they impact on everyone in the same way?

Suggested Response

This research measures the relationship between exposure to ACEs and the risk of developing certain behaviours/experiencing certain long term effects, but thankfully these are not inevitable. All of us have different combinations of protective factors which support resilience, including environmental, relationship, social and genetic factors.

Therefore, experiencing ACEs won’t affect each individual in the same way. What the research shows is that it is exposure to multiple ACEs that carries the greatest risk and therefore does the most harm.

Question 3

What role do genetics play in relation to health harming behaviour and ill health, as opposed to ACEs?

Suggested Response

Our health and wellbeing is a result of a complex mixture of different factors, including our genes, how we are raised, and our broader environment. Whilst our understanding of how our genes impact on our health and wellbeing is developing rapidly, what is important to focus on is what we know already about risk and

protective factors, and what is amenable to intervention. The ACEs research gives us a clear indication of the increased risk to health from exposure to multiple ACEs, regardless of genetic influences, and therefore an opportunity to consider what we can collectively do to prevent and mitigate against ACEs.

Question 4

How realistic is an ACE-free society?

Suggested Response

Ensuring that children are not exposed to harm and abuse is something that we should be aiming for as a society – indeed it is our moral and legal obligation. Although it is difficult to avoid or prevent exposure to all risk factors, such as family breakdown for instance, we can work to reduce the harm associated from the risk factors highlighted by the ACEs research by working differently. ACEs research may inform practice (for example by encouraging sufficient positive parental contact if a parent is incarcerated), and advocates for supporting parents in need in the interest of their children. Developing an ACE aware society is the first step towards an ACE free society.

Question 5

This isn't new – aren't we already doing this work?

Suggested Response

We have understood the relationship between individual ACEs and poor outcomes for some time; we knew for example

that children of parents who had mental health problems sometimes experienced poorer outcomes, and children who had been victims of abuse often suffered long term consequences. What is new is our understanding of the cumulative effect and the impact we can make if we look for other ACEs when we identify one. The ACEs research also gives all services a common language and understanding around childhood trauma.

There is a lot of good work going on to reduce the impact of harm on children or to prevent problems in the first place. This research helps to reinforce the importance of early intervention and mitigating the effects of ACEs alongside the traditional approaches, through developing trauma informed practices in all sectors.

Question 6

Don't we risk causing more harm by asking questions about past traumatic experiences?

Suggested Response

This is something that people often worry about. There is quite a lot of evidence showing that when people are asked questions by researchers they are happy to answer them. There is also good evidence from a number of areas about the benefits of asking about violence or abuse. It is important, however, to make sure that those asking the questions are equipped to do so, are prepared for the response, are in a position to help, and are supported themselves.

There is already lots of support available to people who may wish to talk about their experiences, or who have been affected by learning about ACEs e.g. Mind, Live Fear Free, Samaritans, NSPCC. One of the areas of work which the ACE Hub will look at includes skills and training which may be needed by those members of an organisation who may be asking about people's experience of ACEs.

Question 7

Don't we risk duplicating all of the work that is already going on by setting up new ACE services?

Suggested Response

This work is about developing ACE informed services and communities. It is about embedding an ACE aware, trauma informed way of working in all of our existing services and not to create new ones. It is likely we will have to think about new ways of working and strengthening work between services which help people to respond to vulnerability and the effects of ACEs.

Question 8

How do we effectively engage parents around ACEs?

Suggested Response

The vast majority of parents want to do the best they can for their children, and it is vitally important that the whole system is able to support them to achieve this. Some parents may have experienced ACEs in their own childhood, and there is evidence of a transmission of ACEs across generations. Services can support parents by seeking to identify these risks, including possible exposure of ACEs to their children, as early as possible, and to respond in a timely way. The evidence shows that

ACEs often co-occur; therefore, if we identify one ACE, it may lead to finding others.

Question 9

Is there potential for asking questions about ACEs in the MECC framework?

Suggested Response

Making Every Contact Count (MECC) has been developed to support frontline services to have the skills and confidence to discuss healthy behaviour change with service users. The ACE conversation requires a different context, approach and training, and therefore combining both wouldn’t be appropriate based on our understanding to date. However, projects are underway which are testing out ACE Routine Enquiry which involves having a different conversation within an existing service contact/setting. Evaluation findings will be shared once available.

Question 10

Can the effects of ACEs be recovered from?

Suggested Response

Yes, but different individuals may require different levels of support in order to understand, process, and respond to their childhood experiences – as well as possible health harming behaviours / ill-health which may be affecting them now. Whilst it is important to prioritise prevention and early intervention around vulnerability and ACEs, as public services we need to work together in a timely and joined up way to better support individuals and families who are struggling to deal with the causes and effects of ACEs. This means thinking about the person's needs more holistically rather than just as symptoms, and making the best use of the assets and services available.

Question 11

Timeliness – when is the best time to address ACEs in the life-course?

Suggested Response

As with any risk factors for health and wellbeing, it is best to intervene as early as possible by focussing on primary prevention and early intervention – such as working with parents in the first 1000 days (pregnancy up to the child's second birthday). This is when the rate of the baby's brain development is at its highest and therefore more open to harmful or positive influences. It is this type of approach which will most likely contribute to breaking the intergenerational cycle of

ACEs. However, it is important to recognise that it is never too late to address ACEs, and there is a role for all services and settings supporting people across the whole life-course. Key ages for additional interventions on mitigation include pre-school, primary age and in teenage years. Mitigating factors may also be successful into adulthood e.g. anger management and help with substance misuse.

Question 12

Will asking about ACEs create an additional demand on services?

Suggested Response

The evidence for this is being established; however, early anecdotal evidence from UK studies suggests that there isn’t a notable increase in demand, and that for some people just having the conversation is thought to have a therapeutic benefit which requires no further referral or specialist service input.

Question 13

Are there practical examples of where an ACE informed approach is making/has made a difference?

Suggested Response

South Wales Police are currently working with Public Health Wales and other partners to trial and evaluate an ACE informed approach in responding differently to vulnerability. Early indications show that being ACE

aware and applying a 'trauma informed' approach can make a difference in helping to intervene earlier and more effectively to vulnerability. Formal evaluation findings will be made available as the project progresses; further details about the project are available from Public Health Wales if required.