

# Childhood Adversity and Trauma Informed Care



## Addressing childhood adversity and trauma

### WHAT IS ADVERSITY?

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence



It can be a single event, or prolonged threats to, and breaches of, a young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation.

Adaptations are children and young people's attempts to:

- Survive in their immediate environment
- Find ways of mitigating or tolerating the adversity by using available resources
- Establish a sense of safety or control
- Make sense of the experiences they have had

### WHAT KINDS OF EXPERIENCES ARE ADVERSE?

Forms of ACEs include:

<p><b>Maltreatment</b> i.e. abuse or neglect</p>	<p><b>Violence &amp; coercion</b> i.e. domestic abuse, gang membership, being a victim of crime</p>	<p><b>Adjustment</b> i.e. migration, asylum or ending relationships</p>	<p><b>Prejudice</b> i.e. LGBT+ prejudice, sexism, racism or disablism</p>
<p><b>Household or family adversity</b> i.e. substances misuse, intergenerational trauma, destitution, or deprivation</p>	<p><b>Inhumane treatment</b> i.e. torture, forced imprisonment or institutionalisation</p>	<p><b>Adult responsibilities</b> i.e. being a young carer or involvement in child labour</p>	<p><b>Bereavement &amp; survivorship</b> i.e. traumatic deaths, surviving an illness or accident</p>

### HOW COMMON ARE ACEs?

#### Around half of all adults

living in England have experienced at least one form of adversity in their childhood or adolescence



Of all children and young people:



### HOW DOES IT IMPACT THE LIVES OF YOUNG PEOPLE?

ACEs impact a child's development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood.



Compared with people with no ACEs, those with 4+ ACEs are:

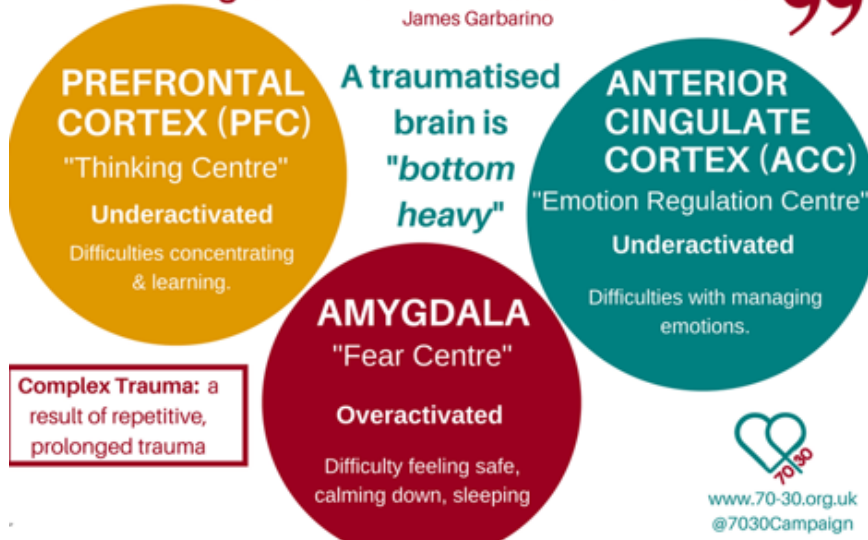
<p><b>2x</b> more likely to binge drink and have a poor diet</p>	<p><b>3x</b> more likely to be a current smoker</p>	<p><b>4x</b> more likely to have low levels of mental wellbeing &amp; life satisfaction</p>	<p><b>5x</b> more likely to have had underage sex</p>
<p><b>6x</b> more likely to have an unplanned teenage pregnancy</p>	<p><b>7x</b> more likely to have been involved in violence</p>	<p><b>11x</b> more likely to have used illicit drugs</p>	<p><b>11x</b> more likely to have been incarcerated</p>

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## LONG-TERM IMPACTS:



“The initial trauma of a young child may go underground but it will return to haunt us”  
James Garbarino



## Effects of Toxic Stress in Early Childhood

- "Limbic irritability" – reactive stress response
- A low threshold for daily stressors
- Impaired brain structures responsible for memory formation, attention, and self-control
- Risk for school failure, behavior problems
- Compromise of immune system, perhaps permanently

## Toxic Stress

- Prolonged stress in the absence of the buffering protection of adult support
- Examples include extreme poverty, abuse, chronic neglect, severe maternal depression, substance abuse, or family violence
- Disrupts brain architecture and leads to highly reactive stress response systems, increasing the risk of physical and mental illness.

*www.developingchild.harvard.edu; Pediatrics, 2012*

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## WHAT PROTECTS YOUNG PEOPLE FROM ACES?

Not all young people who face childhood adversity or trauma go on to develop a mental health problem.

There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel opposite.



## WHAT CAN WE DO ABOUT IT?

Commissioners can address childhood adversity and trauma by:



Adversity and trauma-informed models of commissioning and care are always:

### Prepared

ensures addressing ACEs is a strategic priority, analyses the available data and anticipates need in local commissioning and service pathways.



"When you notice, or I tell you that I need help, you should already know what the next step is"

### Aware

understands childhood adversity and trauma, has a common framework for identification and routine enquiry, and responds appropriately to the cultural and personal characteristics of the young person and their communities.



"Recognise all of my needs"

"Don't label me with the experiences I've had"

"Understand my behaviour"

### Flexible

provides services that young people can easily access, does not rely on a formal psychiatric diagnosis, and targets children who live in adverse and traumatic environments.



"Shape your support around me"

### Safe and responsible

intervenes early, avoids re-traumatising or stigmatising young people, and ensures staff are knowledgeable, qualified, trustworthy and well-trained.



"Find a way that we can both understand each other"

"The way you treat me matters"

"Know where I'm coming from"

"Keep me safe and don't betray my trust"

### Collaborative and enhancing

involves young people in decisions about their care and the design of services, adopts a strengths-based approach, and ensures services recognise and harness community assets.



"Include me in decisions about my life"

"I want to talk to someone who has been through the same thing"

"I've survived this long"

### Integrated

co-commissions services, and ensures smooth transitions and communications between partners.

"Don't pass me from person to person"

"Stop asking me to repeat myself"



## WHERE IS THE EMERGING GOOD PRACTICE?

- Enquiring about childhood adversity and trauma (Lancashire)
- Family-based interventions from an ACE perspective (Birmingham)
- Specialist and liaison services (Oxfordshire)
- Youth-led approaches to tackling adversity (London)
- Embedding a trauma-informed approach in the community and voluntary sector (Sussex and Surrey)
- Education and alternative approaches (Bath)
- Trauma-informed approaches in substance misuse (Cornwall)



### Sources:




Bellis MA, Hughes K, Leckenby N, Perkins C and Lowey H. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England' BMC Medicine 2:72.

Hughes, K., Lowey, H., Quigg, Z. and Bellis, M. A. (2016) 'Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey' BMC Public Health 16:222.




You can read the full text of these articles in the Annexes of this collection, republished with the permission of BioMed Central.

# Childhood Adversity and Trauma Informed Care

Table 1: The Six Principles of Adversity and Trauma-informed Care

Adversity and trauma-informed models of commissioning and care should be:	
<p><b>1. Prepared</b></p> 	<ul style="list-style-type: none"> <li>creates and maintains a priority in addressing the causes and mental health consequences of childhood adversity and trauma. This includes having this priority embedded in local commissioning, service and transformation plans.</li> <li>analyses available data on prevalence, and possible local need, at both a pre- / sub-clinical and clinical level.</li> <li>anticipates mental health needs arising from childhood adversity and trauma, by embedding knowledge, expertise and informed interventions in local commissioning and service pathways.</li> </ul>
<p><b>2. Aware</b></p> 	<ul style="list-style-type: none"> <li>ensures local agencies and partners have a good understanding of childhood adversity and trauma, and the associated symptoms and responses.</li> <li>has a common framework for identification and routine enquiry about adversity and trauma in childhood and adolescence.</li> <li>understands and responds to the cultural, identity and gendered contexts of the young people and the community in which they live – including situations where a child continues to live in adverse circumstances.</li> </ul>
<p><b>3. Flexible</b></p> 	<ul style="list-style-type: none"> <li>provides stepped support to children and young people who face adversity or trauma at both a pre- / sub-clinical and clinical level.</li> <li>provides models of care that enable alternative and more flexible forms of access and engagement (i.e. through street triage).</li> <li>provides targeted models of care to excluded groups of children and young people who live in adverse and traumatic environments.</li> </ul>
<p><b>4. Safe and responsible*</b></p>	<ul style="list-style-type: none"> <li>intervenes early to prevent an escalation of need and avoid preventable exposure to additional adversity and trauma in children and young people's lives.</li> <li>puts in place policies, practices and safeguarding arrangements that avoids re-traumatising the young people and stigmatising their behavioural or emotional response to trauma.</li> </ul>







Continued...

Adversity and trauma-informed models of commissioning and care should be:	
<p><b>4. Safe and responsible*</b> <i>(continued)</i></p> 	<ul style="list-style-type: none"> <li>ensures that safeguarding procedures are in place, are seen as part of interventions in childhood adversity, and work in a way that supports the child or young person to recover from the adversity or trauma they have faced.</li> <li>ensures that children and young people receive coordinated support from knowledgeable, qualified, trustworthy and well-trained professionals who have suitable supervision and workforce support that can address vicarious or secondary trauma that may occur.</li> </ul>
<p><b>5. Collaborative and enhancing</b></p> 	<ul style="list-style-type: none"> <li>meaningfully engages and involves children and young people who have faced adversity and trauma in decisions about their treatment, care and the design of interventions.</li> <li>adopts a strengths-based approach, recognising the resources and resilience that children and young people have drawn upon in the past, and creating positive and additional strategies for symptom mitigation and recovery – including self-soothing, emotional and regulation and the promotion of self-care.</li> <li>ensures models of care recognise and harness (where possible) families, care-giving, peer and community assets as part of treatment and recovery.</li> </ul>
<p><b>6. Integrated</b></p> 	<ul style="list-style-type: none"> <li>enables effective communication and data-sharing between agencies to ensure that the whole of the child's needs are identified and met.</li> <li>co-commissioned (possibly with a lead agency) to ensure that there is a continuity of care and consistency of pathways across, and within, the services and interventions that children and young people will receive.</li> <li>ensuring smooth transitions between stepped care models, providing timely referral and treatment to specialist services, and providing access to enhanced mental health, adversity and trauma knowledge and expertise when required (i.e. through outreach and liaison models of care).</li> </ul>

\* We would recommend readers consult NHS Education for Scotland's framework for core components of the required knowledge and skills-base. NHS Efs / Scottish Government (2017) Transforming Psychological Trauma: A skills and knowledge framework for the Scottish workforce: <http://www.nes.scot.nhs.uk/media/3983113/NationalTraumaTrainingFramework-execsummary-web.pdf>

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Table 1: The Six Principles of Adversity and Trauma-informed Care

Adversity and trauma-informed models of commissioning and care should be:	
<p><b>1. Prepared</b></p> 	<p>"When you notice, or I tell you that I need help, you should already know what the next step is" – sometimes I feel like people are making it up as they go along.</p>
<p><b>2. Aware</b></p> 	<p>"Don't label me with the experiences I've had" – I'm not a label, I am me. Everyone's experiences are different, and it doesn't define who I am.</p> <p>"Recognise all of my needs" – I don't think of my life as school, family, medication, all of the different parts of my life are connected, see me as a whole person.</p> <p>"Understand my behaviour" – when I'm shouting, crying, hiding, stealing, hitting out at myself or others I'm just trying to make sense of everything I've gone through. I'm not 'wrong', 'damaged', 'mad' or 'bad'.</p>
<p><b>3. Flexible</b></p> 	<p>"Find a way that we can both understand each other" – we might communicate in different ways, make sure you use a way that works for me.</p> <p>"Shape your support around me" – getting care is already hard work, so don't make it harder by giving me the wrong person, in a place I don't feel comfortable in, or at a time that doesn't work for me.</p>
<p><b>4. Safe and responsible</b></p> 	<p>"Keep me safe and don't betray my trust" – tell me what you will need to do next and who you will be talking to, and make sure you include me in the process and keep me updated.</p> <p>"Know where I'm coming from" – I may not be or feel safe back where I live. If people know about what is going on, they could use it against me.</p> <p>"The way you treat me matters" – to recover I need you to treat me with respect and understand why I'm behaving this way. Make sure I'm not in the care of someone who will make things worse. I want someone who is on my side.</p>
<p><b>5. Collaborative and enhancing</b></p> 	<ul style="list-style-type: none"> <li>"Include me in decisions about my life" – ask me what I want to happen, I have the right to be involved in decisions about my life.</li> <li>"I've survived this long" – build on my strength and help me find new ways to recover.</li> <li>"I want to talk to someone who has been through the same thing" – it helps me make sense of what I've experienced and shows me I am not alone.</li> </ul>
<p><b>6. Integrated</b></p> 	<ul style="list-style-type: none"> <li>"Stop asking me to repeat myself" – it's a hard thing for me to talk about, and if it's going to help me I'd rather you told the right professional so that I don't have to.</li> <li>"Don't pass me from person to person" – I have to start from scratch each time. I don't want to be thrown between services, and it's going to screw with my recovery.</li> </ul>

## RESOURCES:

- Free Home Office funded online training (50 mins) – Introduction to ACEs: [www.acesonlinelearning.com](http://www.acesonlinelearning.com)
- BSCP lunchtime briefing video (45 mins) - The effects of trauma on executive brain function: <https://bromleysafeguarding.org> – Training and Resources/Training Programme

## BUILDING RESILIENCE



Resilience is our ability to cope in the face of adversity, trauma or stress. This is something we begin to learn in childhood.

Here are some top tips for helping children build resilience.

- ✓ Remember, bad feelings don't last, have a purpose and prompt us to do things differently.
- ✓ Try to normalise setbacks. Help your child to see that it is not unusual to have difficulties in life.
- ✓ Help them to see that problems can be solved.
- ✓ Encourage young people to keep things in perspective – the problem is usually confined to only one part of their lives.
- ✓ Remember the value of humour – laughing can be a great release (but only if it is well-intentioned).
- ✓ Encourage children/ young people to accept responsibility for their actions.
- ✓ When reading stories, or discussing events, point out how people manage to overcome difficulties.
- ✓ Remember that learning is often frustrating. Encourage children/ young people to persist and believe they can get there.
- ✓ Provide support. Help them to see there are people who care about them and can give them help and advice when needed.
- ✓ Create a positive environment emphasising the importance of relationships and having a sense of purpose.