

TRAUMA | ACES | RESILIENCE

A COMPILATION OF INFORMATION RESOURCES

BACKGROUND / CONTEXT

Welcome to this resource, which includes research, multi-media information and links to work carried out with regards to Adverse Childhood Experiences, Resilience and Trauma Informed Practice.

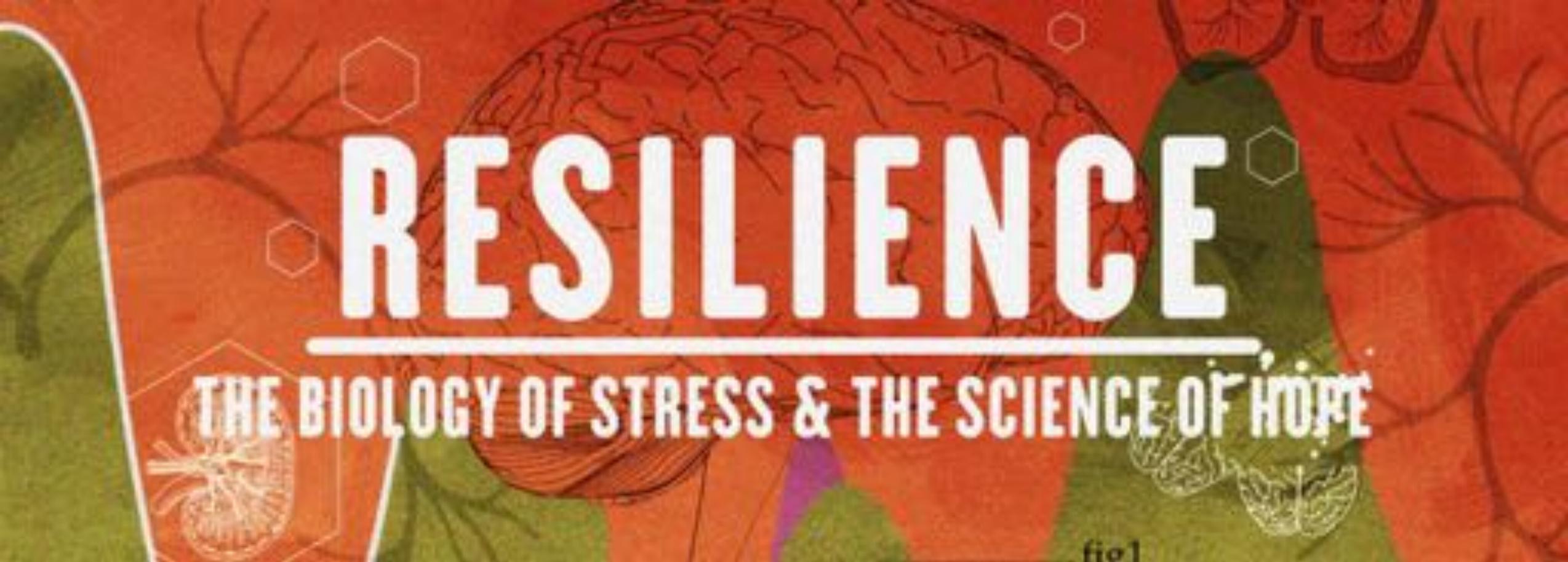
The aim of this compilation document is to help raise awareness of existing information and to keep us informed of important work in this area, so please share with colleagues if relevant.

This resource is a collaboration between Una Casey of CYPSP and the CYPSP Southern Trust Area Locality Development Team, namely Joanne Patterson and Darren Curtis. All information collated is in the public domain and is only a sample of the plethora of information and research available.

We simply aim to raise awareness of key material and further reading.

If you wish to discuss any of the information contained, please contact:

localityplanning@ci-ni.org.uk / Una.Casey@hscni.net



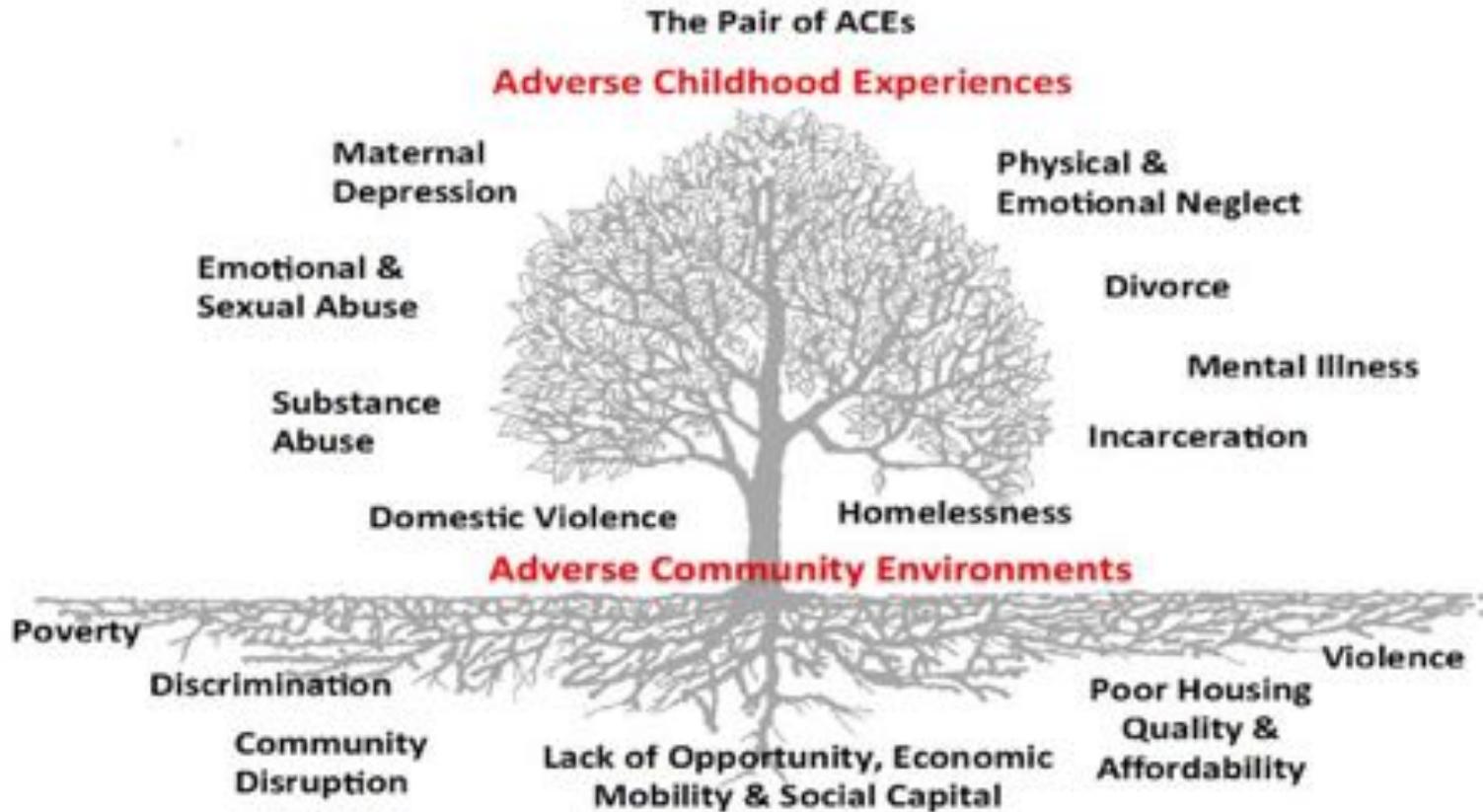
RESILIENCE

THE BIOLOGY OF STRESS & THE SCIENCE OF HOPE

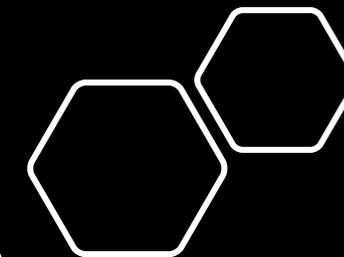
CYPSP are happy to facilitate screenings, to staff groups, of *Resilience: The Biology of Stress & the Science of Hope*, a one-hour documentary which delves into the science of Adverse Childhood Experiences (ACEs) and chronicles the promising beginnings of a national movement to prevent childhood trauma, treat toxic stress and greatly improve the health of future generations.

Contact localityplanning@ci-ni.org.uk to further discuss.

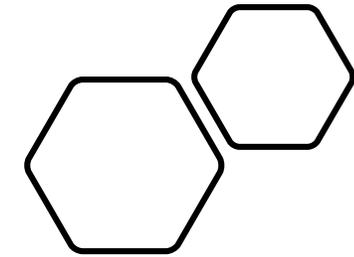
Watch the
trailer
[HERE](#)



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



The Building Community Resiliency Tree diagram highlights environmental / community factors and demonstrates the pairs of ACEs.



Coping With ACEs Mark Bellis

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The two primary themes which emerge from these 4 Building Blocks of Resilience are relationships and perception of control (self-efficacy).

ACEs Report - Developing a Trauma informed Practice in Northern Ireland

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View full evidence review [HERE](#)

(See additional sector specific trauma informed research documents from health, social care, child welfare, justice and education perspectives [HERE](#))



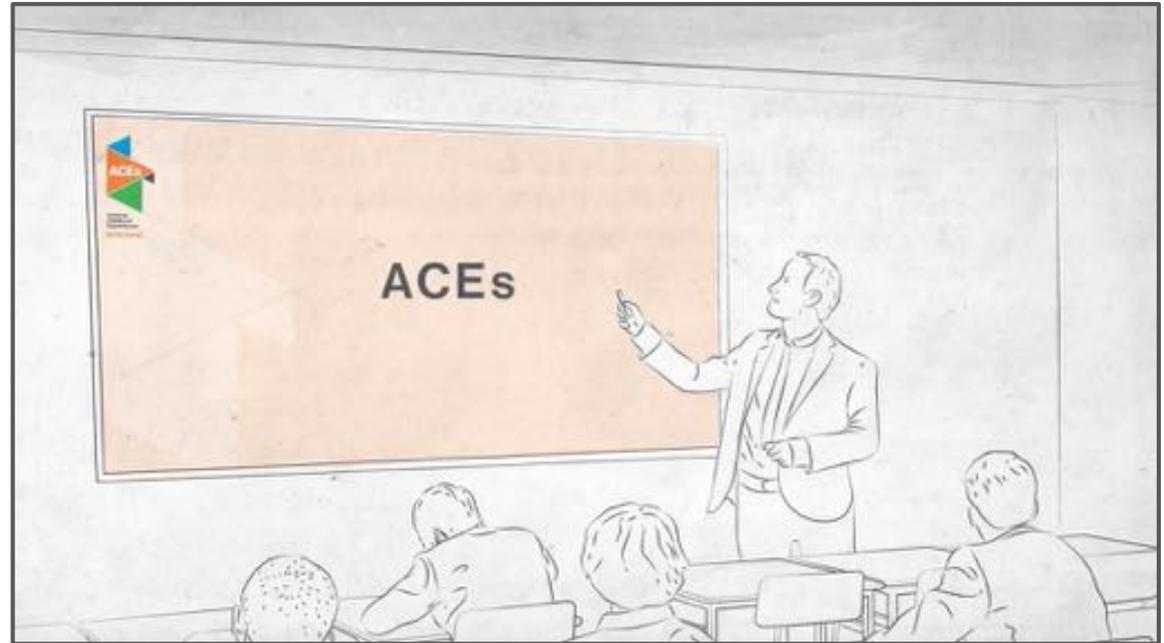
NI ACEs Animation

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Watch the video, as follows:

* Without Subtitles [HERE](#)

* Subtitled [HERE](#)



Northern Ireland
Adverse Childhood
Experiences (ACEs)
Conference 2017

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Watch the full conference
video [HERE](#)



**Adverse Childhood Experiences (ACEs)
Conference**

13 November 2017

Welsh Adverse Childhood
Experiences (ACE) Study

Adverse Childhood
Experiences

and their impact on
health-harming behaviours
in the Welsh adult population



ALCOHOL USE, DRUG USE, VIOLENCE,
SEXUAL BEHAVIOUR, INCARCERATION,
SMOKING AND POOR DIET

Welsh Adverse Childhood Experiences (ACE) Study

Adverse Childhood Experiences and their impact on Health-harming behaviours in the Welsh adult population

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View Report 1 [HERE](#)

Adverse Childhood Experiences (ACEs) in Wales

ACEs are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence).

How many adults in Wales have been exposed to each ACE?

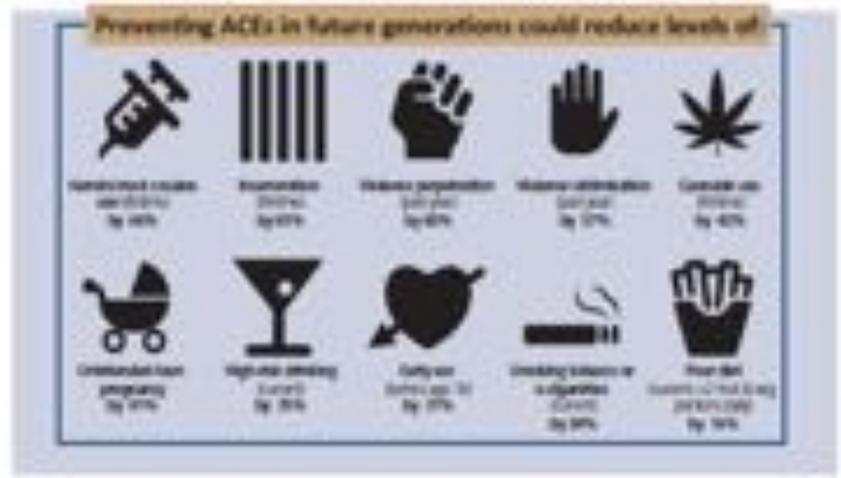


For every 100 adults in Wales 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.



ACEs increase individuals' risks of developing health-harming behaviours

- Compared with people with no ACEs, those with 5+ ACEs are:
- 4 times more likely to be a high risk driver
 - 4 times more likely to have had or caused unintended teenage pregnancy
 - 4 times more likely to smoke cigarettes or tobacco
 - 4 times more likely to have had sex under the age of 16 years
 - 11 times more likely to have smoked cannabis
 - 30 times more likely to have been a victim of violence over the last 12 months
 - 50 times more likely to have committed violence against another person in the last 12 months
 - 54 times more likely to have used crack cocaine or heroin
 - 88 times more likely to have been incarcerated at any point in their lifetime



The national survey of Adverse Childhood Experiences in Wales interviewed approximately 2000 people (aged 16-69 years) from across Wales at their homes in 2015. Of those eligible to participate, just under half agreed to take part and we are grateful to all those who freely gave their time.



Adverse Childhood Experiences
and their association
with Mental Well-being
in the Welsh adult
population

Welsh Adverse Childhood Experiences (ACE) Study

Welsh Adverse Childhood Experiences (ACE) Study
Adverse Childhood Experiences and their association with Mental Well-being in the Welsh adult population

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View Report 2 [HERE](#)



Adverse Childhood Experiences and Adult Mental Well-Being in Wales

Adverse Childhood Experiences (ACEs) have harmful impacts on health and well-being across the life course. The Welsh ACE Study measured exposure to nine ACEs in the Welsh population and their effect on mental well-being in adulthood.

47% of adults in Wales suffered at least one ACE during their childhood and 14% suffered 4 or more.

How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT



Verbal abuse
23%



Physical abuse
17%



Sexual abuse
10%

CHILDHOOD HOUSEHOLD INCLUDED



Parental separation
20%



Domestic violence
16%



Mental illness
14%



Alcohol abuse
14%



Drug use
5%

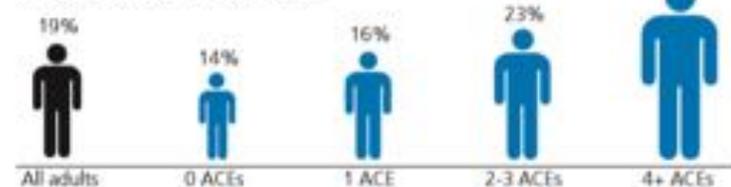


Incarceration
5%

The prevalence of low mental well-being in adults increased with the number of ACEs suffered in childhood

Mental well-being was measured using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) which includes seven questions to assess mental wellbeing over the last two weeks. Scores for these questions are combined to provide an overall mental well-being score ranging from 7 to 35. Individuals scoring below 20 were categorised as having low mental well-being.*

Prevalence of low mental well-being in adults by the number of ACEs suffered in childhood



*Low mental well-being was classified as >1 standard deviation below the mean overall mental well-being SWEMWBS score of all respondents (mean = 24.47, SD = 4.57, low <20).

Adults with 4+ ACEs were five times¹ more likely to have low mental well-being than those with no ACEs

Over the past two weeks, compared to people with no ACEs, those with 4+ ACEs were also:

- 3 times more likely to have never or rarely felt relaxed
- 3 times more likely to have never or rarely felt close to other people
- 4 times more likely to have never or rarely been thinking clearly
- 5 times more likely to have never or rarely to have dealt with problems well
- 5 times more likely to have never or rarely been able to make up their own mind about things
- 6 times more likely to have never or rarely felt optimistic about the future
- 6 times more likely to have never or rarely felt useful

Preventing ACEs in future generations could reduce levels of:



Low mental well-being by 27%



Not feeling optimistic about the future by 43%



Not feeling useful by 48%



Not feeling relaxed by 38%



Not dealing with problems well by 31%



Not thinking clearly by 34%



Not feeling close to other people by 25%



Not being able to make their mind up about things by 26%

The national survey of Adverse Childhood Experiences in Wales interviewed approximately 2000 people (aged 18-69 years) from across Wales at their homes in 2015. Of those eligible to participate, just under half agreed to take part and we are grateful to all those who freely gave their time. Information in this info-graphic is supplementary to the first report on Adverse Childhood Experiences and their association with health-harming behaviours in the Welsh adult population published in January 2016.

The Policy, Research and International Development Directorate, Public Health Wales NHS Trust, Hadyr Ellis Building, Maindy Road, Cathays, Cardiff, CF24 4HQ.
www.pubhcealth.wales.nhs.uk. Tel: +44(0)2921 841833

May 2016

¹After taking demographic factors (age, sex, ethnicity and residential deprivation) into account



Adverse Childhood Experiences
and their association
with chronic disease and
health service use in the
Welsh adult population

Welsh Adverse Childhood Experiences (ACE) Study

Welsh Adverse Childhood Experiences (ACE) Study

Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population

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View Report 3 [HERE](#)

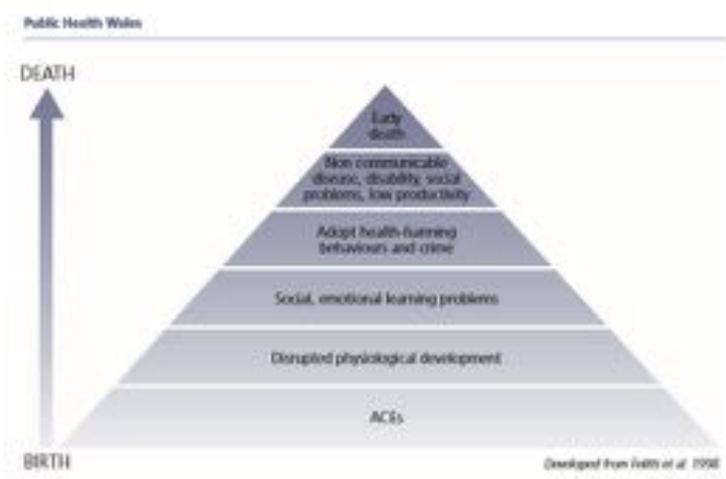
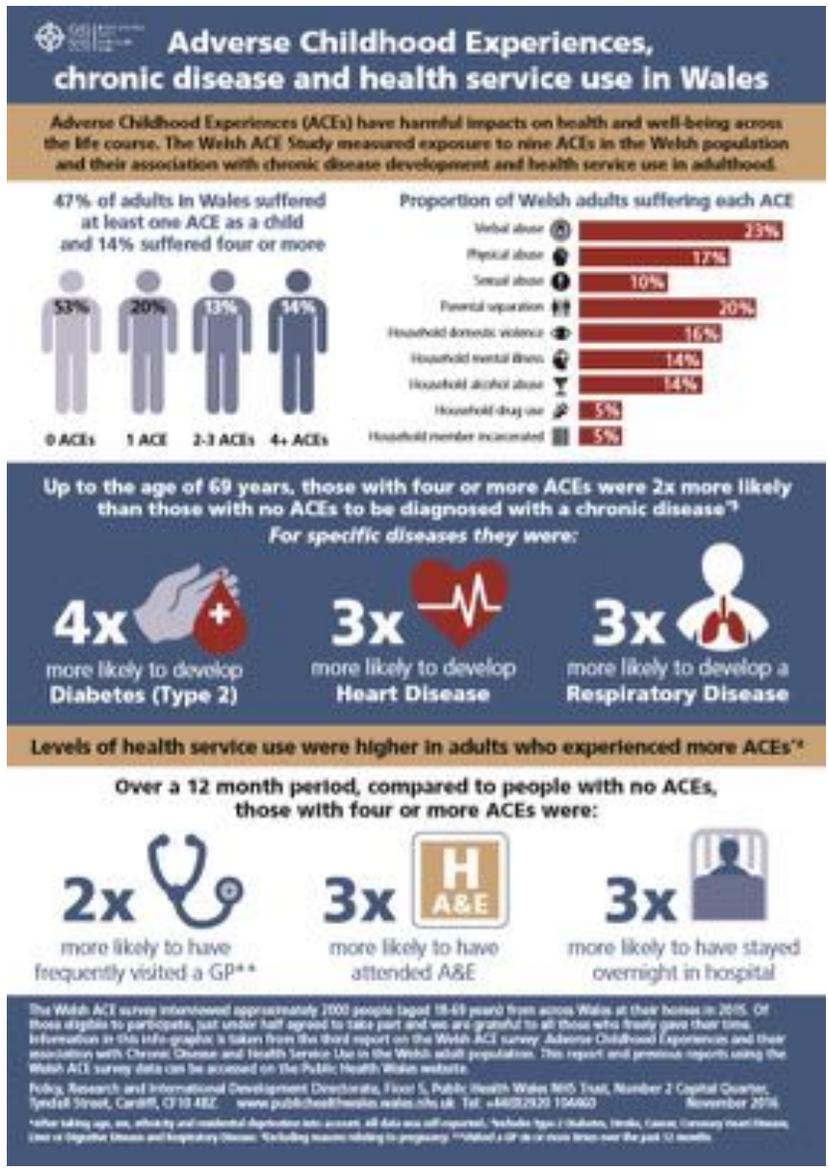


Figure 1: Model of ACE impacts across the life course [1]

The Welsh ACE survey

In 2015, Public Health Wales undertook the first survey of ACEs amongst the Welsh population and results demonstrated that ACEs were associated with an increased risk of adopting health-harming behaviours and having poor mental health (Box 1).

Face-to-face interviews were undertaken with a representative sample of just over 2,000 adults aged 18-69 years, resident across Wales. Respondents provided anonymous information on their exposure to ACEs before the age of 18 years and their health and lifestyles as adults. Full details of the general study methodology¹ can be found in the first published report [4] and details about the study population surveyed can be found at Appendix 1 Table 1.

Box 1: Selected findings from previous Welsh ACE Reports [4,22]

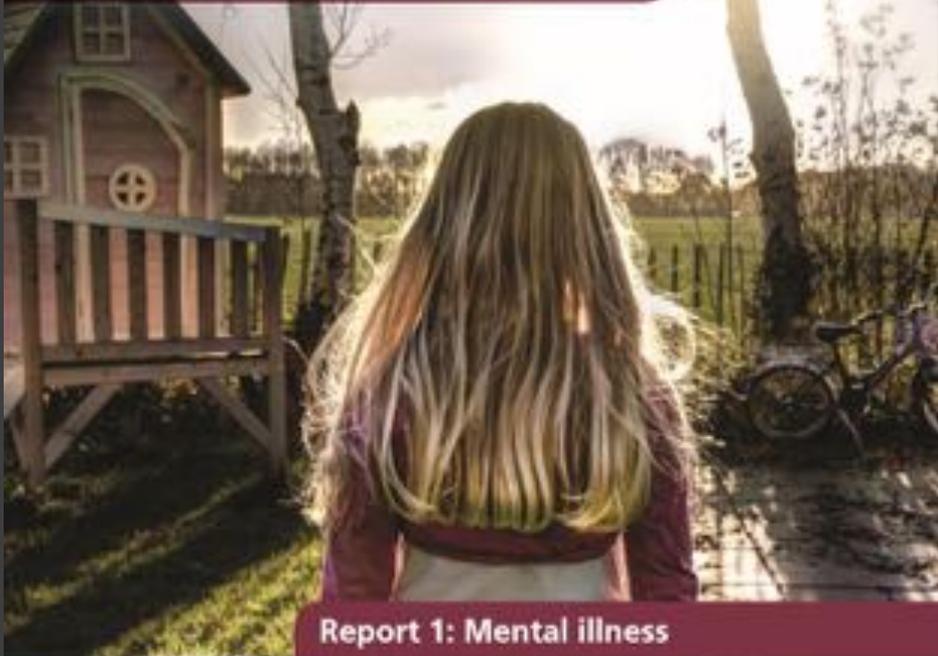
For every 100 adults in Wales, 47 suffered at least one ACE during their childhood and 14 suffered four or more.

The prevalence of individuals participating in health-harming behaviours and reporting low mental well-being as adults increased with the number of ACEs experienced. Compared to individuals who had experienced no ACEs, those who had experienced four or more ACEs were more likely to have participated in health-harming behaviours, or report low mental well-being as adults. For example, individuals who had experienced four or more ACEs were 4.4 times more likely to be high-risk drinkers as adults and 4.7 times more likely to have low mental well-being compared to individuals reporting no ACEs.

Results also suggest that preventing ACEs in future generations could reduce the prevalence of health-harming behaviours in the Welsh population, for example high-risk drinking by 35% and low mental well-being in Welsh adults by 27%.

¹ A total of 14,801 households were visited during the study period. Contact was made with 1,293 households, of which 1,021 individuals contributed to the inclusion criteria. Thus, of the known eligible households, 7,788 (54.6%) opted out of the survey, leaving a completion rate of 46.14% (n=1020).

Sources of resilience and
their moderating relationships
with harms from adverse
childhood experiences



Report 1: Mental illness

Welsh Adverse Childhood Experience (ACE)
and Resilience Study

Karen Hughes, Kat Ford, Aloha R. Davies, Lucia Homolova, Mark A. Bellis

www.publichealthwales.org

Welsh Adverse Childhood Experience (ACE) and Resilience Study

Sources of resilience and
their moderating relationships
with harms from adverse
childhood experiences

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View full report [HERE](#)

Adverse childhood experiences (ACEs) and resilience: risk and protective factors for mental illness throughout life

Resilience is the ability to overcome serious hardship. Factors that support resilience include personal skills, positive relationships, community support and cultural connections. The Welsh ACE and Resilience Survey asked adults about a range of such resilience resources as children and adults, their exposure to 11 ACEs and their physical and mental health.

How many adults reported each ACE in 2017?

Child maltreatment



Verbal abuse
20%



Physical abuse
16%



Sexual abuse
7%

Household ACEs



Parental separation
25%



Mental illness
18%



Domestic violence
17%

Neglect was measured for the first time in 2017. Most people who reported neglect had multiple ACEs.



Emotional neglect
7%



Physical neglect
4%



Alcohol abuse
13%

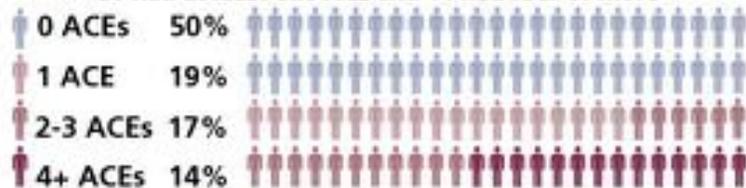


Drug abuse
6%



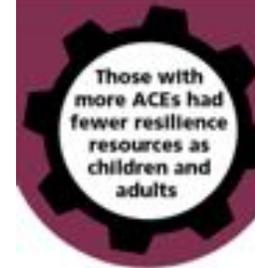
Incarceration
4%

For every 100 adults in Wales, 50 had at least one ACE and 14 had four or more



ACEs substantially increased risks of mental illness

1 in 3 adults reported having ever been treated for a mental illness

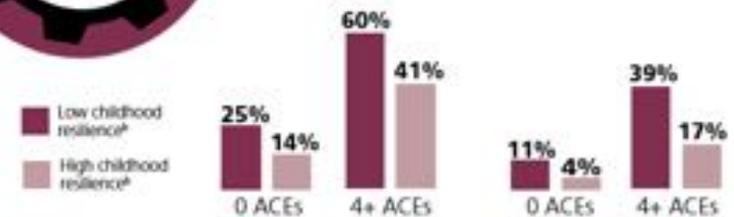


Those with more ACEs had fewer resilience resources as children and adults

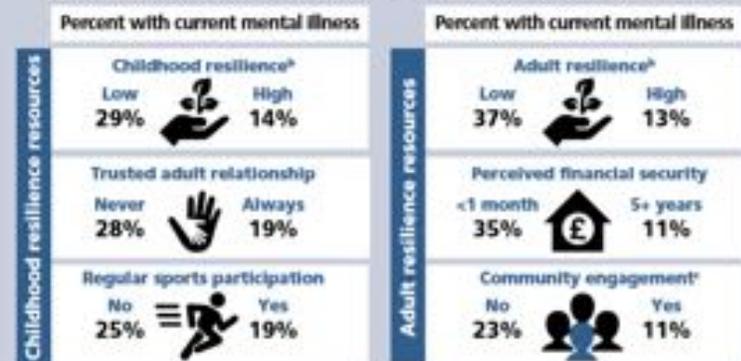
Childhood resilience was associated with less mental illness across the life course in those both with and without ACEs

Percent* ever treated for a mental illness

Percent* having ever felt suicidal or self-harmed



Having some resilience resources more than halved risks of current mental illness in those with 4+ ACEs



The Welsh Adverse Childhood Experience (ACE) and Resilience Study interviewed approximately 2,500 adults (aged 18-69 years) across Wales in 2017. We are grateful to all those who voluntarily gave their time to participate. The information in this infographic is taken from *Sources of resilience and their moderating relationships with harms from adverse childhood experiences: Report 1 - Mental illness*.

Policy, Research and International Development Directorate, Public Health Wales, Chydyfan House, Wrexham Technology Park, Wrexham, LL13 7YP. www.publichealthwales.wales.nhs.uk

*Adjusted to sample demographics. *Overall resilience was measured using child and adult scales including personal, relationship, community and cultural resilience factors. *Regular participation in community groups or social clubs



RESEARCH ARTICLE

Open Access

Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with child health and educational attendance

Mark A. Bellis^{1,2*}, Karen Hughes^{1,2}, Kai Ford², Katie A. Hardcastle², Catherine A. Sharp¹, Sara Wood², Lucia Homolova³ and Alhaa Davies³



Abstract

Background: Adverse childhood experiences (ACEs) including maltreatment and exposure to household stressors can impact the health of children. Community factors that provide support, friendship and opportunities for development may build children's resilience and protect them against some harmful impacts of ACEs. We examine if a history of ACEs is associated with poor childhood health and school attendance and the extent to which such outcomes are counteracted by community resilience assets.

Methods: A national (Wales) cross-sectional retrospective survey (n = 2452) using a stratified random probability sampling methodology and including a boost sample (n = 471) of Welsh speakers. Data collection used face-to-face interviews at participants' places of residence. Outcome measures were self-reported poor childhood health, specific conditions (asthma, allergies, headaches, digestive disorders) and school absenteeism.

Results: Prevalence of each common childhood condition, poor childhood health and school absenteeism increased with number of ACEs reported. Childhood community resilience assets (being treated fairly, supportive childhood friends, being given opportunities to use your abilities, access to a trusted adult and having someone to look up to) were independently linked to better outcomes. In those with ≥4 ACEs the presence of all significant resilience assets (vs none) reduced adjusted prevalence of poor childhood health from 59.8 to 21.3%.

Conclusions: Better prevention of ACEs through the combined actions of public services may reduce levels of common childhood conditions, improve school attendance and help alleviate pressures on public services. Whilst the eradication of ACEs remains unlikely, actions to strengthen community resilience assets may partially offset their immediate harms.

Keywords: Adverse childhood experiences, Resilience, School attendance, Digestive diseases, Asthma

Background

An increasing body of literature describes adverse childhood experiences (ACEs) and their impact on ill health later in adult life [1–3]. ACEs include suffering childhood abuse or neglect as well as environmental stressors such as living in a household affected by substance use

or domestic violence. Chronic toxic stress resulting from ACEs can impact on the neurological, immunological and hormonal development of children [4, 5]. Repercussions of such impacts include substantive increases in risk of adopting anti-social and health-harming behaviours, accelerated development of chronic disease and premature death [1, 2]. Consequently, individuals with ≥4 ACEs in childhood (compared to those with none) are, as adults, more than twice as likely to smoke, nearly six times as likely to be problem alcohol users and over twice as likely to develop conditions such as cancer and

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²Policy, Research and International Development Directorate, Public Health Wales, Celynfa House, Wrexham LL13 7PZ, UK
Full list of author information is available at the end of the article



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Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with child health and educational attendance



View full report [HERE](#)

Adverse Childhood Experiences (ACEs) and Resilience

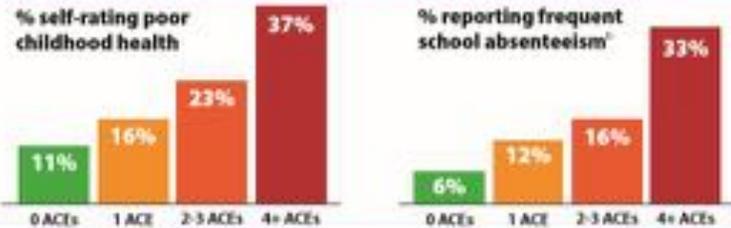
Relationships with childhood health and school absenteeism

The Welsh ACE and Resilience Study asked adults about exposure to 11 ACEs in childhood and a range of questions on childhood health, secondary school absenteeism and childhood community resilience assets.

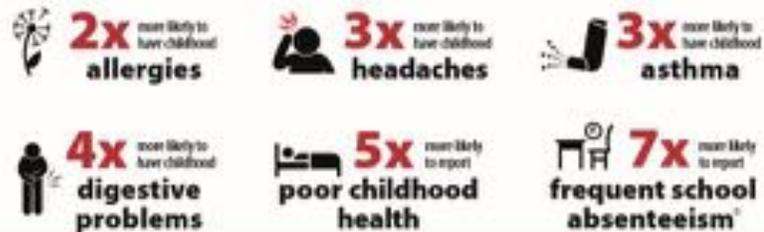
How many adults had suffered ACEs?



The proportion of adults reporting poor childhood health and frequent school absenteeism increased with the number of ACEs suffered



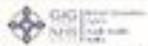
Compared with individuals with no ACEs, those with four or more ACEs were:



The Welsh ACE and Resilience Study interviewed approximately 1,500 adults (aged 18-60 years) across Wales in 2017. We are grateful to everyone who voluntarily gave their time to participate.

*Adjusted to population demographics based on full sample, see <http://www.wales.nhs.uk/insights/888/page/968/>

**Missing <20 days per year during secondary school



Policy, Research and International Development Directorate,
Public Health Wales, Clwydian House,
Wrexham Technology Park, Wrexham, LL11 7JF

The importance of resilience in children's lives

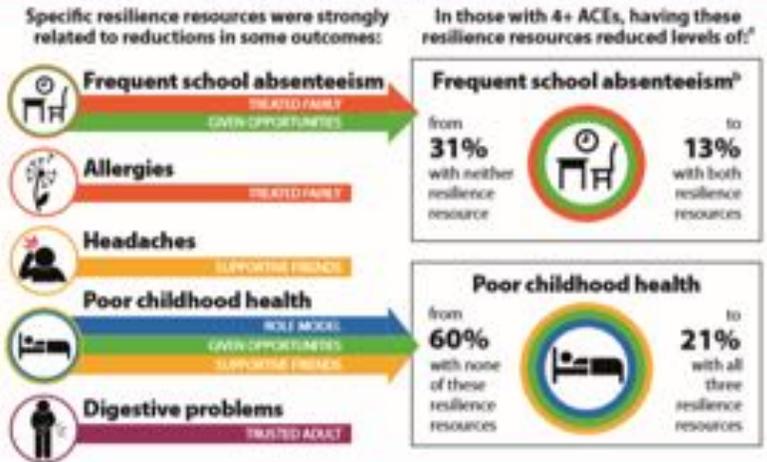
Resilience is the ability to overcome severe hardships such as those presented by ACEs and consequently avoid some of their harmful impacts. Factors that help build resilience include positive relationships, community support, cultural connections and personal skills.

In this study we focused on seven childhood community resilience resources.

Individuals with ACEs reported lower childhood resilience resources*



Having each childhood resilience resource was associated with lower levels of school absenteeism* and childhood health problems* even in those with ACEs



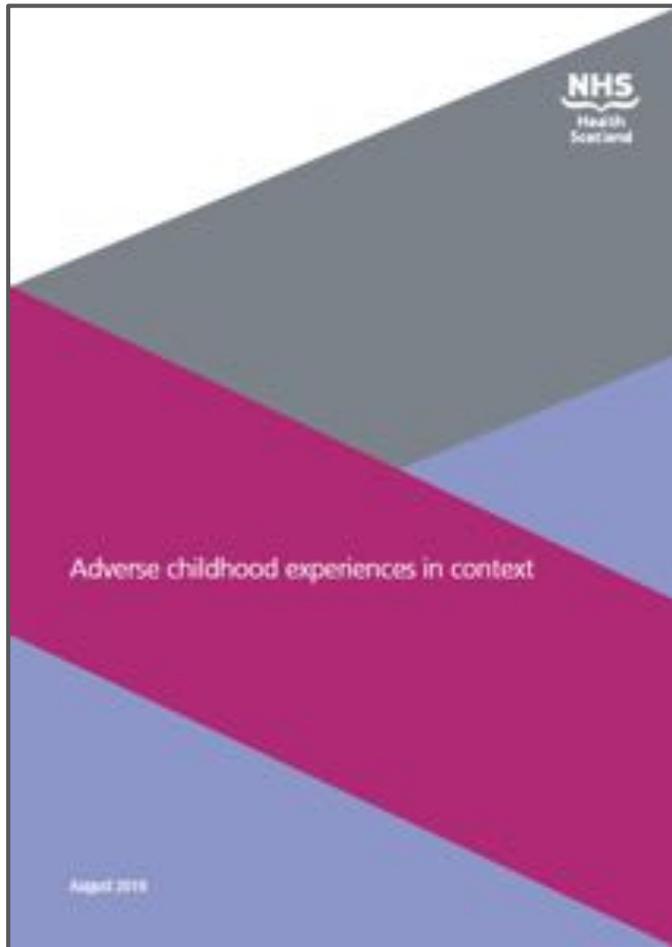
*Based on full sample, see <http://www.wales.nhs.uk/insights/888/page/968/>; **Missing <20 days per year during secondary school; *Community help, trusted adult and treated fairly were not related to reducing community help was not related to digestive problems; **Adjusted to sample demographics. Full findings from this study are available in the open access journal article Bellis MA, Hughes K, Ford K et al. Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with childhood health and educational attainment. BMC Public Health 2018, 18: 792. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6112889/>

Welsh ACEs Animation

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Watch the video [HERE](#)

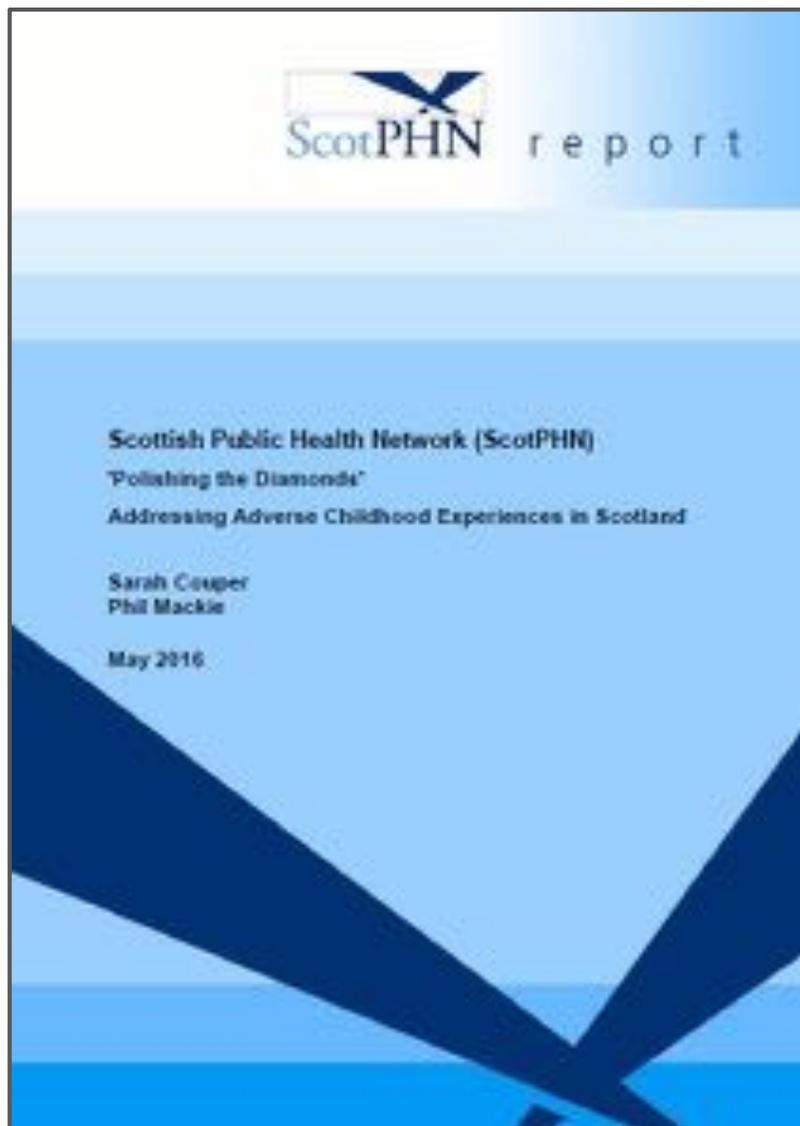




NHS Health Scotland
Adverse childhood
experiences in context

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View full report [HERE](#)



Scottish Public Health Network
‘Polishing the Diamonds’

Addressing Adverse Childhood
Experiences in Scotland

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View full report [HERE](#)

Scottish ACEs Animation

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Watch the video [HERE](#)



NHS Education for Scotland
(In partnership with the
Scottish Government)

Opening Doors: Trauma
Informed Practice for the
Workforce

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Watch the video [HERE](#)



ACE-Aware Scotland

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Watch a range of videos,
podcasts & interviews
from the 2018 conference

[HERE](#)



A woman in a red dress is standing on a stage during a TEDMED event. The stage is lit with a red spotlight. The background features a large screen displaying the TEDMED logo. The audience is visible in the foreground, seated in a dark theater.

TEDMED

How childhood
trauma affects
health across
a lifetime
(Nadine Burke Harris)

Watch [HERE](#)



"The parent-child connection is the most powerful
mental health intervention known to mankind."

-BESSIE VAN DER KOLK

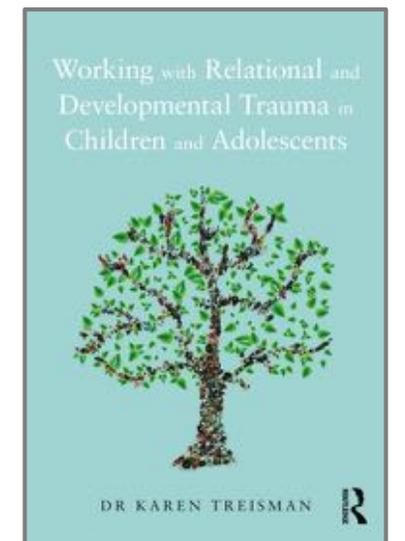
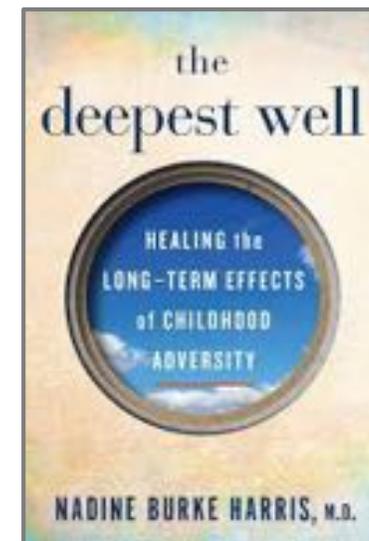
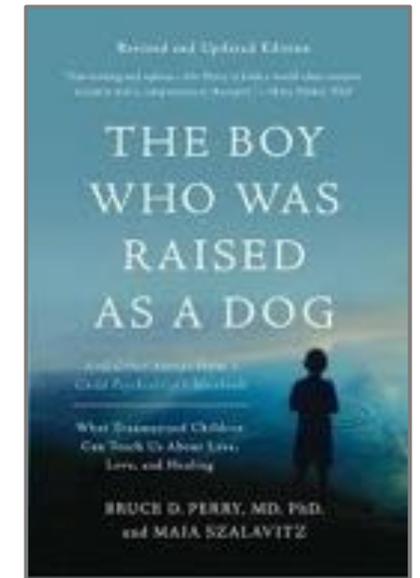
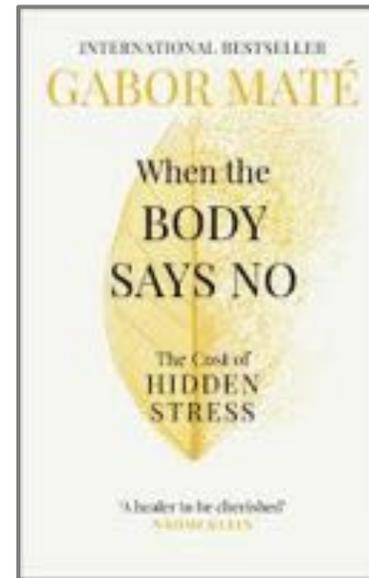


Good relationships
are the key to
healing trauma
(Karen Treisman)

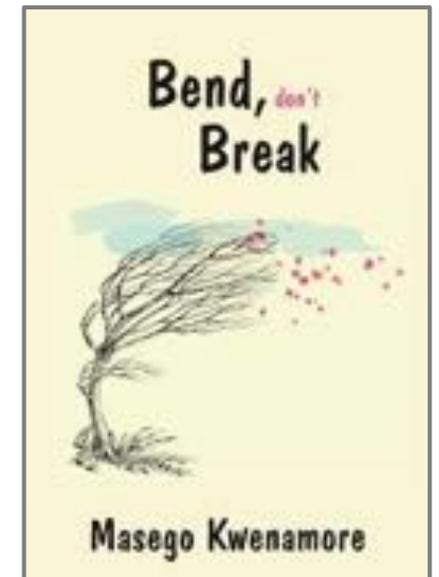
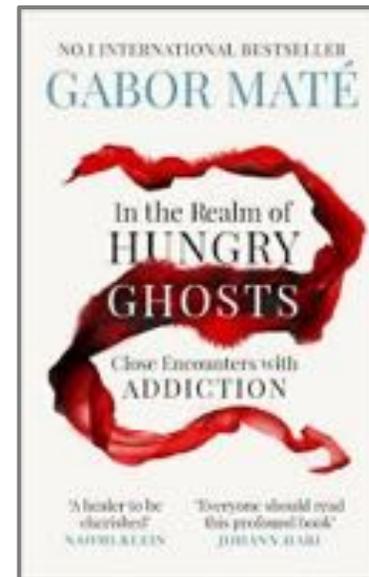
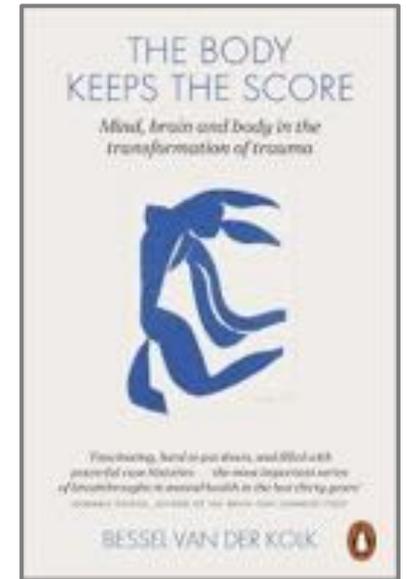
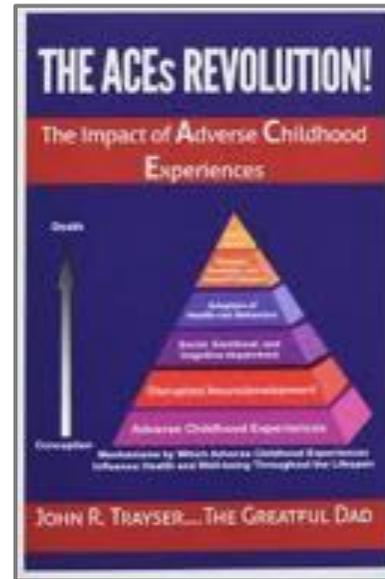
Watch [HERE](#)

TED

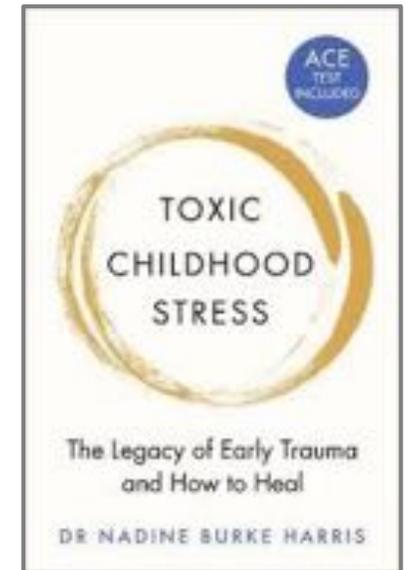
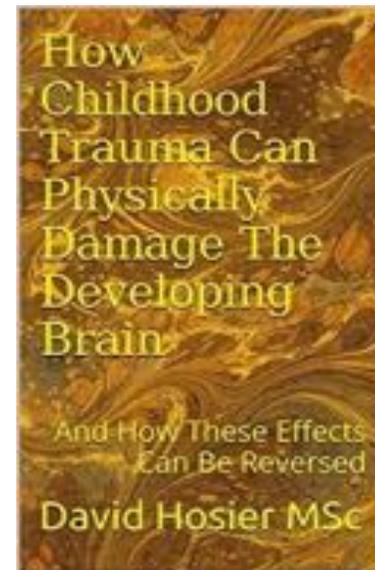
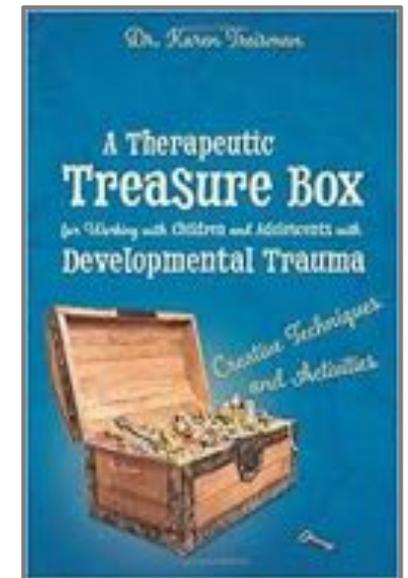
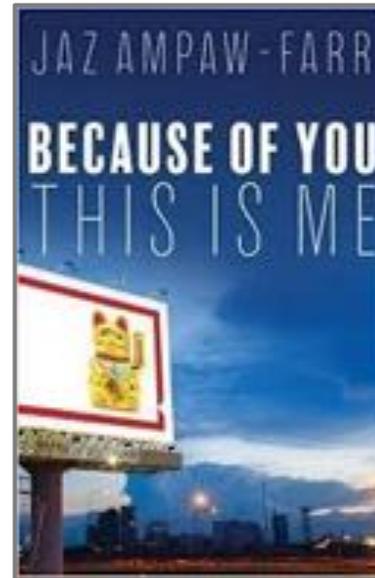
Further Reading...



Further Reading...



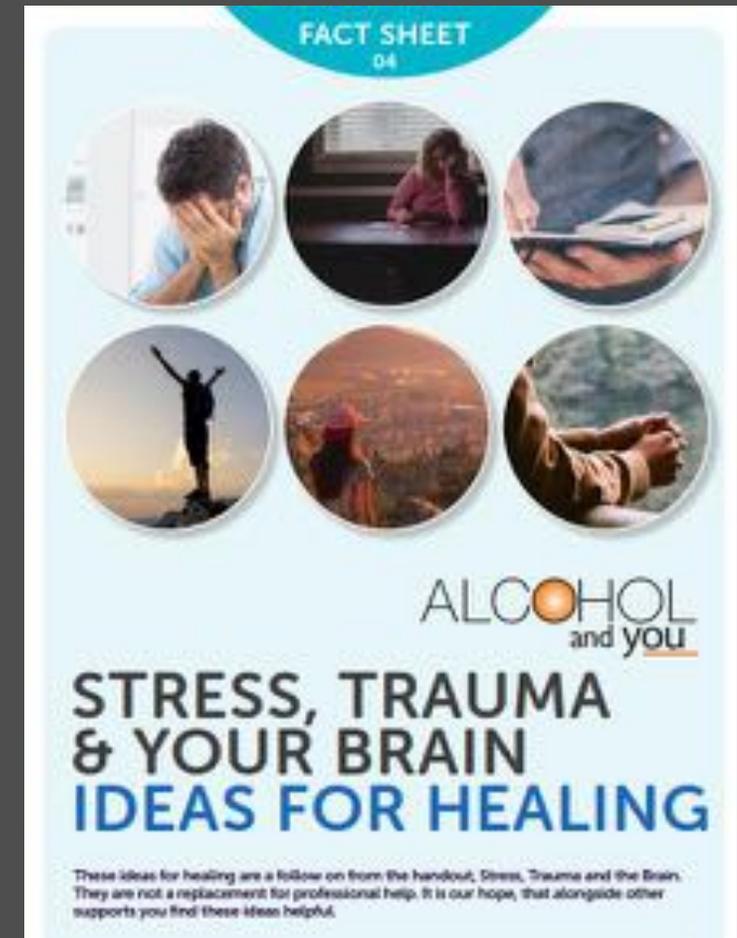
Further Reading...



Online Resources...



Find a range of useful crib sheets [HERE](#)
(Dr. Karen Treisman & Associates)



View fact sheet [HERE](#)
(Alcohol And You Northern Ireland)



SOCIAL AND EMOTIONAL LEARNING

An Inside Look at Trauma-Informed Practices

A Nashville elementary school takes a comprehensive approach to trauma-informed practices, creating a space where students feel known and supported.

Watch the video [HERE](#)