

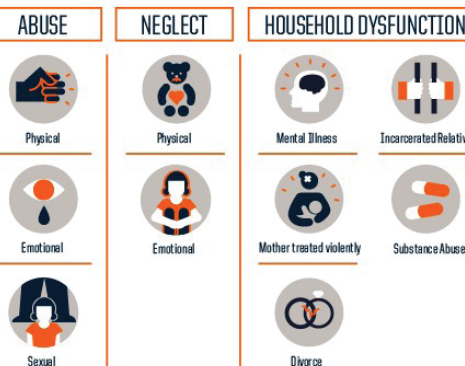
This infographic summarises what ACEs are, how prevalent they were found to be, and their impact on physical and mental health for a lifetime.

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs **are**
ADVERSE
CHILDHOOD
EXPERIENCES

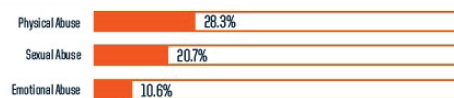
The three types of ACEs include



HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

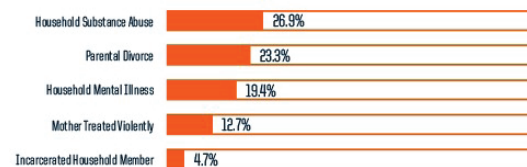
ABUSE



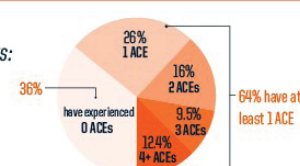
NEGLECT



HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:

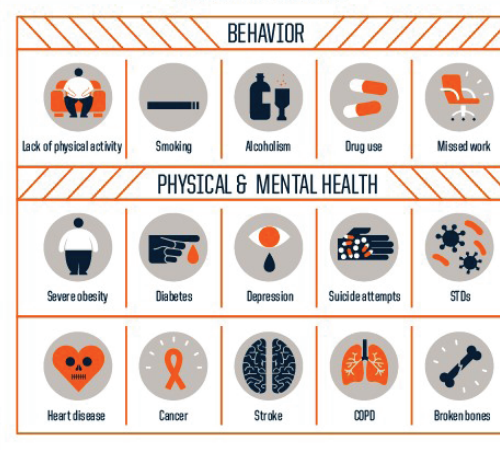


WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:



rwjf.org/aces

*Source: <http://www.cdc.gov/ace/prevalence.htm>



Adverse Childhood Experiences

The term Adverse Childhood Experience (ACEs) originated in a landmark study done in the USA in the 1990s, which showed that early experiences of adversity represent an independent risk factor for the later development of chronic health conditions and early death.

The study surveyed 17,000 adults about their exposure to ten different ACEs before the age of 18 and then collected data on current levels of certain health conditions.

The results showed that not only did ACEs increase the risk of developing health conditions (independent of other confounding factors such as socioeconomic status/income, mental illness or smoking rates), but that there was a dose-response effect with increasing numbers of ACEs showing exponential increases in negative health outcomes.

Subsequent research shows that ACEs can have lasting, negative effects on health and well-being, as well as impacting life opportunities such as education and job potential.

These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems (including unwanted pregnancy and pregnancy complications), and a wide range of chronic diseases such as cancer, diabetes, heart disease, auto-immune conditions, and suicide.



Find out more about ACEs

Growing up in NZ Study
<https://www.growingup.co.nz/>

<https://www.philadelphiaaces.org/philadelphia-ace-survey>

Brainwave Trust Aotearoa
<https://brainwave.org.nz/article/adverse-childhood-experiences-understanding-their-effects/>

Photo by Caleb Woods on Unsplash



PADA

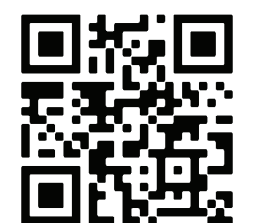
Perinatal Anxiety and Depression Aotearoa is the national organisation committed to eliminating the stigma around perinatal mental health in Aotearoa New Zealand.

We do this by championing awareness and facilitating best practice in perinatal mental health and wellbeing to ensure all families/whānau have access to appropriate information and support.

This resource is available to assist in raising awareness of Adverse Childhood Experiences.

Content for this resource comes from PADA Educator, Liora Noy.

We gratefully acknowledge Pelorus Trust who donated funds to develop this resource.



www.pada.nz

The Philadelphia Expanded ACE Survey - The impact of racism and community level issues

Philadelphia Expanded ACE questions look at Community-Level Adversity	
Witness violence	How often, if ever, did you see or hear someone being beaten up, stabbed or shot in real life?
Felt discrimination	While you were growing up... How often did you feel that you were treated badly or unfairly because of your race or ethnicity?
Adverse neighbourhood experience	Did you feel safe in your neighbourhood? Did you feel people in your neighbourhood looked out for each other, stood up for each other, and could be trusted?
Bullied	How often were you bullied by a peer or classmate?
Lived in foster care	Were you ever in foster care?

Much knowledge of ACEs relied on data predominantly collected from white, middle- / upper-middle-class participants and focused on experiences within the home. In 2012 and 2013 the Philadelphia Expanded ACE Study was developed, to understand the impact of systemic adversities.

The researchers surveyed 1,784 adult participants in Philadelphia about the original ACEs and five additional community level stressors. In this socioeconomically and racially diverse urban population, where roughly a quarter of residents live in poverty, researchers found that **almost seven in ten adults had experienced one of the original ACEs and two in five had experienced four or more.**

The expanded community-level indicators included witnessing violence, living in foster care, bullying, experiencing racism or discrimination, and feeling unsafe in your neighbourhood. Researchers found that **almost 40 percent of Philadelphians had experienced four or more of these expanded, community-level ACEs.**

In Aotearoa, experiences of marginalisation and colonisation also play a role in our communities

ACEs and other social determinants of health, such as living in under-resourced segregated neighbourhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can change brain development and affect such things as attention, decision-making, learning, and later responses to stress. Children growing up with toxic stress may have difficulty forming healthy and stable relationships. As adults, they may also have difficulties with work and struggle with finances, jobs, and depression. These effects can also be passed on to their own children, contributing to intergenerational trauma. **Some children may face further exposure to toxic stress due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.**

Research into ACEs among whānau in Aotearoa

Researchers from the Centre for Social Data Analytics at the Auckland University of Technology explored the prevalence of ACEs and their impact on school readiness among children in New Zealand. They also investigated protective factors for the 20% of children deemed at birth to be at the highest risk of experiencing ACEs.

The researchers used data from around 5,500 participants gathered by the Growing Up in New Zealand (GUINZ) study, New Zealand’s largest longitudinal study of contemporary child development. The GUINZ study population is broadly generalisable to our overall population in terms of maternal ethnicity and socioeconomic factors.

Research into ACEs among whānau in Aotearoa asked if they saw:

- Emotional abuse of child
- Physical abuse of child
- Use of illegal street drugs by a parent or their partner
- Depression of a parent or their partner (PHQ-9 score of 10 or higher)
- Parental separation or divorce
- Witness intimate (physical) violence between a parent and their partner
- Parent or partner a problem drinker or alcoholic
- Incarceration of parent or their partner

THE NUMBER OF NEW ZEALANDERS
LIVING WITH ACEs AT ANY TIME:

52.8%

Key findings

- More than half the children studied experienced at least one ACE by 4.5 years of age (52.8%). This may under-represent the actual numbers in our communities as the GUINZ study did not ask about sexual abuse; and at least one third of the partner responses were not collected.
- Emotional abuse and physical abuse were the most common ACEs experienced (23.6% and 19.8% respectively)
- There was a dose-response relationship between the number of ACEs children had experienced, and poorer results in cognitive performance tests
- ACEs were consistently associated with lower family incomes, higher levels of household deprivation, and lower parental education levels.

Key findings - Protective factors for children at risk of ACEs:

- Some children who appeared to be at risk of experiencing multiple ACEs based on data collected antenatally, ended up experiencing none (known as “beating the odds”).
- The researchers looked at five broad domains of potential protective factors: the strength of the mother/birthing parent-partner relationship; parental health and wellness; the strength on the parent-child relationship; parental finances; and neighbourhood and community characteristics.
- The most significant protective factors were determined to be ‘the strength of the mother/birthing parent-partner relationship’, the ‘level of parental health and wellness’, and ‘family finances’ - parental relationship factors had the strongest associations.

This reinforces the importance of the mahi we do at PADA. It is clear that parental depression and anxiety can have a huge impact on the health and wellbeing of our tamariki and this is what drives us to keep working to reduce the rates and impact of perinatal mood disorders.



Photo by Luke Pennystan on Unsplash

What can we do?

By increasing our awareness and understanding of toxic stress and the effect on children’s development, as well as the potential protective factors, we can support whānau to provide safe, stable and nurturing environments for their tamariki and pēpi.

We need to increase our understanding and awareness of how toxic stress affects the minds and bodies of children, so we can interrupt these changes by providing safe, stable, nurturing environments, while helping children build social-emotional skills and resilience. Being aware of the background and realities of the whānau we work with can hugely expand our empathy, compassion and care. Asking not “what is wrong with you?”, but “what happened to you?”

We can attempt to prevent ACEs by strengthening financial security for families and whānau, talking about the impacts of racism and colonisation openly, and leading legislative and education campaigns to reduce family violence and improve inter-personal relationships. We can try to ensure the best start for our tamariki by providing safe care and support during hapūtanga and through the child’s first 1000 days.

Furthermore, we can invest in our whānau mental health and wellbeing at home and at early childhood education, teaching emotional and social skills to parents and children, so the next generations can cope with the challenges of parenthood.