Adverse Childhood Experiences: A Briefing Paper

The term Adverse Childhood Experiences was originally developed in the United States in the context of the Kaiser Permanente Adverse Childhood Experiences (ACEs) study. The study ran from 1995 to 1997, during which 17,000 patients enrolled with the Kaiser Institute completed a survey about childhood adversity, family dysfunction and their current health. Each participant also underwent a physical examination.

An understanding of ACEs is of vital importance to anyone working with and on behalf of children with imprisoned parents, particularly the understanding that, although parental imprisonment is an ACE category in its own right, it is likely that most children coping with this trauma will have been exposed to additional adversity.

At the end of the study, each participant was allocated an ACE score capturing how many of the ten ACE categories they had each been exposed to. The ten ACE categories have been subdivided into Abuse, Neglect and Household Dysfunction, as outlined in Figure 1 below.

**Children of Prisoners Europe (COPE)** is a pan-European network of non-profit organisations working on behalf of children separated from an imprisoned parent. The network encourages innovative perspectives and practices to ensure that children with an imprisoned parent fully enjoy their rights under the United Nations Convention on the Rights of the Child and the Charter of Fundamental Rights of the European Union, and that action is taken to enable their well-being and development.

This briefing has been produced with the financial support of the Rights, Equality and Citizenship Programme of the European Union. The contents are the sole responsibility of Children of Prisoners Europe and can in no way be taken to reflect the views of the European Commission.

For more information about COPE and COPE’s European partners, visit childrenofprisoners.eu.

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The purpose of this briefing paper is to:

- Raise awareness of Adverse Childhood Experiences (ACEs)
- Provide insights into the impact of ACEs in childhood and throughout later life
- Outline what current ACEs data are telling us
- Highlight the evidence gap with respect to children with imprisoned parents
- Explore what can be done to prevent / mitigate the impact of ACEs specifically for families experiencing parental imprisonment
- Cite some examples of good practice
Multiple ACEs and Deprivation

“ACEs have been shown to be related to overall deprivation with the experience of four or more ACEs being reported by 4.3 per cent of study participants in the least deprived quintile and 12.7 per cent in the most deprived quintile. ACEs therefore can be seen to have a role in inequalities. Health-harming behaviours were also shown to increase with deprivation, with the exception of binge drinking. However, Bellis et al. also found a relationship between ACEs and health-harming behaviours independent of deprivation. Bellis also notes that whilst deprivation is a strong predictor of health-harming behaviours, the association is not linear and there are other factors that affect susceptibility or resilience to developing health-harming behaviours.”

Beyond the ten ACE categories identified in the study, it has since been recognised that there are other types of adversity in childhood which are also likely to have similar negative effects on health, including poverty, homelessness and migration.

The impact of prolonged exposure to ACEs

Prolonged exposure to ACEs can directly affect social determinants of health, such as education, employment and income. It can also result in physical changes to neurobiological and genetic pathways. This “toxic stress” can directly impact how the brain develops.

![Figure 3: The ACE Pyramid shows the mechanism by which Adverse Childhood Experiences can influence health and well-being throughout the lifespan.](image-url)
Imprisonment of a household member is one of ten Adverse Childhood Experiences known to have a significant impact on long-term health and well-being. The more ACEs a child suffers, the more likely this is to impact negatively on outcomes in terms of health, school attainment and later life experiences.

Recent research in the UK has highlighted the impact of ACEs. Health Scotland, Scotland’s national health improvement agency, has picked up on the research and looked at how recognising and responding to ACEs is key to improving life chances. The higher the number of ACEs, the higher the risk that a child's future will be adversely impacted. This is especially problematic for those children and young people experiencing four or more ACEs, unless there are mitigating factors in place.

The impact of ACEs can be greatly reduced and future negative outcomes can be avoided. Children with support from a trusted adult are significantly more resilient. Children experiencing four or more ACEs were asked whether, as a child, they had an adult whom they trusted and could talk to about their problems.

Figure 4, below, shows clearly the difference between never having had a “trusted adult” to speak to about problems vs. those who always have had a trusted adult. Even those experiencing four or more ACEs were four times less likely to end up imprisoned if they had an adult they trusted with whom to talk about their problems. 

The Toxic Stress Response

“The Toxic Stress response can occur when a child experiences strong, frequent and / or prolonged adversity — without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.”

Dr. Nadine Burke Harris
The Deepest Well: Healing the Long-Term Effects of Childhood Adversity
This evidence was corroborated by the COPING project in which the COPE network participated from January 2010 to December 2012. The pan-European research study co-funded by the EU Commission was a child-centred project that investigated the resilience and vulnerability to mental health problems of children of imprisoned parents. It was the first time that a study of its size focused on the resilience and vulnerability of children of imprisoned parents throughout Europe, and included child participation as part of the methodology. The study covered four countries: Sweden, Romania, Germany and the UK and carried out interviews with over 200 children with imprisoned parents in each country.

The impact of ACEs amongst children with imprisoned parents
There has been very little research specifically considering the impact of parental imprisonment as an adverse childhood experience in its own right. However, a recent Swedish study highlights the difference a trusted adult can make to a child coping with an incarcerated parent.

Swedish Study
The purpose of the Swedish study, “After a childhood with a parent in prison - relationships and well being as a child and young adult," was “to explore whether young adults who had a parent in prison while growing up in Sweden are disadvantaged in terms of parental support, school well-being and functioning, and socio-emotional and/or behavioural problems, compared to young adults whose parents were not in prison when they were a child.”

Figure 4: Parental imprisonment and Adverse Childhood Experiences (ACEs)
The study found that “having had a parent in prison was significantly related to feeling less loved during childhood, and having less contact and support from both parents during adulthood, in comparison with other young adults. In school they experienced lower well-being and were more often placed in special education than other children. They were at greater risk of not attending higher education, of planning or attempting suicide, and of being hospitalised for mental health problems than the rest of the young adults.”

In their life as young adults, children with a parent in prison, report less frequent contact and poorer relationships with both their mothers and their fathers than those who did not have a parent in prison. On the other hand, the children who had a parent in prison report receiving more support from other relatives. From an “attachment perspective,” this could be a possibility to attach to other significant persons, in absence of their parent or parents. In that case their attachment to relatives could have served to reduce some of their problems in childhood, and later in life.”

Just one caring, compassionate adult can make a world of difference

“In recent times, experts in the field have guarded against rather simplistic ACE scoring, which may help no one, and urged people to focus on ensuring a caring environment. The presence of just one caring, compassionate adult in a child’s life can make a world of difference. According to Dr Bessel Van Der Kolk, author of “The Body Keeps the Score: Brain, Mind & Body in the Healing of Trauma, “Trauma almost invariably involves not being seen, not being mirrored and not being taken into account. Treatment needs to reactivate the capacity to safely mirror and be mirrored by others, but also to resist being hijacked by others’ negative emotions.”

Margaret Tuite
Former European Commission Coordinator for the Rights of the Child

“Adverse Childhood Experiences Among Children of Incarcerated Parents”
A recent US study provides some useful insights on where further research/action is required. “The study by Kristin Turney from the University of California used newly released data from the 2016 National Survey of Children’s Health (NSCH), a recent and nationally representative sample of 50,212 non-institutionalised children ages 0 to 17 in the US, to examine the relationship between parental incarceration and exposure to six additional ACEs: parental divorce or separation, parental death, household member abuse, violence exposure, household member mental illness, and household member substance problems.”

The results of the study suggested three main conclusions. “First, ACEs are relatively common, with nearly one-third (32.5%) of children having exposure to at least one ACE (includ-
ing parental incarceration). Second, children of incarcerated parents are exposed to nearly five times as many other ACEs as their counterparts without incarcerated parents (2.06 compared to 0.41, on average), and these statistically significant differences persist after adjusting for demographic and socio-economic characteristics. Third, there is some evidence that the association between parental incarceration and other ACEs is stronger among younger children (ages 0 to 6) than among older children. Taken together, these findings highlight the vulnerabilities experienced by children of incarcerated parents.

The study highlights “the concentration of parental incarceration among historically marginalised race/ethnic minority children, poor children, and children living in neighbourhoods of concentrated disadvantage mean that children exposed to parental incarceration are an especially vulnerable population. Children exposed to parental incarceration are more likely than their peers to be exposed to many other adverse experiences in childhood, including household member abuse, household member substance problems, and household member mental illness. Given the deleterious consequences of parental incarceration (e.g., Foster & Hagan, 2015), as well as the deleterious and lasting consequences of ACEs more generally (e.g., Jimenez et al., 2016), these findings suggest that children of incarcerated parents are a more vulnerable group than previously considered.”
COPE estimates around 2.1 MILLION children across Europe are currently experiencing parental imprisonment.

(This estimate is based on a demographic “parenting rate” of 1.3 children per offender, taken from the results of a 1999 study conducted by France’s national statistics institute INSEE as part of a national census which included 1,700 male offenders.)

We must normalise ACEs and consider their impact on the child in every situation

“The 2013 Commission Recommendation on Investing in children: breaking the cycle of disadvantage, recognised that special efforts may be needed to mitigate the vulnerability of these children and ensure that the child's rights are respected, and also sought to ensure a focus on children who face increased risks due to multiple disadvantages, such as Roma children, some migrant or ethnic minority children, children with special needs or disabilities, children in alternative care and street children, children of imprisoned parents, as well as children within households at particular risk of poverty, such as single parent or large families.

The fact that we are likely to find children with parents in prison in all of the groups listed, and beyond, means this is not a niche group, and responses require interagency and multidisciplinary cooperation for often-complex situations. Work on child poverty now continues under the social pillar. The expert and comprehensive Council of Europe Recommendation concerning children with imprisoned parents and its explanatory memorandum have a target audience of “judges, prosecutors, prison administrations, probation services, police, child welfare and other support agencies”, precisely because of the need for interagency and multidisciplinary cooperation.”

Margaret Tuite, former European Commission Coordinator for the Rights of the Child
Building an ACE-Aware Nation

During the autumn of 2018, Scotland announced its intention to become the world’s first “ACE-Aware Nation,” emphasizing the need for a “focus on prevention, resilience and enquiry throughout the child’s lifetime.” In support of this ambition, Public Health Scotland cited particular urgency around the following factors:

- Creating wider awareness and understanding about ACEs
- Preventing ACEs
- Tackling parental and family risk factors
- Tackling household adversity
- Building resilience

A trusted adult can help to buffer a child against ACEs, and to build resilience

“Resilience has been defined as a ‘positive adaptive response in the face of significant adversity.’ It is thought to transform ‘toxic stress’ into ‘tolerable stress.’ Children who end up doing well despite adversity have usually had at least one stable committed relationship with a supportive parent, caregiver or other adult. This seems to buffer them from development disruption and builds skills such as the ability to plan, monitor and regulate behaviour and adapt to changing circumstances.”

Dr Nadine Burke Harris, Centre for Youth Wellness, San Francisco

Figure 5: The Positive Resiliency Factors that have the greatest impact for the child.8
ADVERSE CHILDHOOD EXPERIENCES: NEXT STEPS

The evidence of the impact of ACEs is compelling. COPE will continue to advocate for positive change on behalf of children with imprisoned parents, with emphasis on the need to:

- Disaggregate the data and specifically focus on those Children experiencing Parental Imprisonment.

- Create data gathering opportunities to help systemise robust prevention, detection, identification and responses to ACEs amongst the Children of Prisoners population.

- Integrate ACEs across all European ‘Rights of the Child” legislation and policies.

- Develop an inter-agency multi-media ACEs Communications Plan to raise awareness, promote understanding and build resilience for the 2.1 million children affected by Parental Imprisonment across Europe.

- Develop ACEs toolkits for kindergarten, schools and higher education institutions to raise awareness, promote understanding and build resilience.

- Develop ACEs training materials for all prison-based professionals in direct contact with Children of Prisoners.

- Develop ACEs training materials for all parents and carers responsible for Children of Prisoners to raise awareness, promote understanding and build positive and caring relationships to foster resilience.

1 ACE Categories diagramme courtesy of npr.org website (Date accessed)
3 ACE pyramid taken from mentalhealthcoalitionvv.org website (Date accessed)
5 “After a Childhood with a Parent in Prison: Relationships and well-being as a child and young adult.” Per-Åke Nylander, Åsa Källström och Karin Hellfeldt (Örebro universitet 2018).
8 The COPING study (add).