Adverse Childhood Experiences (ACEs)

Stressful events occurring during childhood that directly affect a child (e.g. child maltreatment) or affect the environment in which they live (e.g. growing up in a house where there is domestic violence).

How many adults in England have suffered each ACE?

**CHILD MALTREATMENT**

- Verbal abuse: 18%
- Physical abuse: 15%
- Sexual abuse: 6%

**CHILDHOOD HOUSEHOLD INCLUDED**

- Parental separation: 24%
- Domestic violence: 13%
- Mental illness: 12%
- Alcohol abuse: 10%
- Drug use: 4%
- Incarceration: 4%

For every 100 adults in England 48 have suffered at least one ACE during their childhood and 9 have suffered 4 or more.

0 ACEs: 52%
1 ACEs: 23%
2-3 ACEs: 16%
4+ ACEs: 9%

Figures based on population adjusted prevalence in adults aged 18-69 years in England.

Source: National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England
ACEs increase individuals’ risks of developing health-harming behaviours

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

2 times more likely to currently binge drink and have a poor diet
3 times more likely to be a current smoker
5 times more likely to have had sex while under 16 years old
6 times more likely to have had or caused an unplanned teenage pregnancy
7 times more likely to have been involved in violence in the last year
11 times more likely to have used heroin/crack or been incarcerated

Preventing ACEs in future generations could reduce levels of:

- Early sex (before age 16) by 33%
- Unintended teen pregnancy by 38%
- Smoking (current) by 16%
- Binge drinking (current) by 15%
- Cannabis use (lifetime) by 33%
- Heroin/crack use (lifetime) by 59%
- Violence victimisation (past year) by 51%
- Violence perpetration (past year) by 52%
- Incarceration (lifetime) by 53%
- Poor diet (current; <2 fruit & veg portions daily) by 14%

The English national ACE study interviewed nearly 4000 people (aged 18-69 years) from across England in 2013. Around six in ten people asked to participate agreed and we are grateful to all those who freely gave their time. The study is published in BMC Medicine:


May 2014
Centre for Public Health, Liverpool John Moores University
WHO Collaborating Centre for Violence Prevention

Tel: +44(0)151 231 4510