



ADVERSE CHILDHOOD EXPERIENCES (ACEs) & TRAUMA

Reintegrate School Toolkit

ACEs (Adverse Childhood Experiences)

What are ACEs?

Adverse Childhood Experiences (ACEs) are highly stressful, potentially traumatic events that occur in childhood (0–18 years). They may include:

- Domestic violence
- Parental separation or abandonment
- Living with a parent/carer with a mental health condition
- Being a victim of abuse (physical, emotional, sexual)
- Being a victim of neglect (physical, emotional)
- Having a household member in prison
- Growing up in a household with alcohol or drug misuse

Key Facts

- ACEs are **common**: nearly **two-thirds** of people experience at least one ACE; more than **1 in 5** experience three or more.
- **One trusted adult** can significantly reduce the long-term negative impacts of ACEs.
- In a typical class of 30:
 - 8 children will have parents with mental health difficulties
 - 3 children will have their own mental health difficulties
 - 2 will have experienced domestic violence or abuse
 - 1 will be a young carer
 - 1 will live in severe deprivation
- Chronic exposure to ACEs can lead to **toxic stress** – an overproduction of stress hormones (like cortisol), which can alter brain development, impair memory and executive function, and change how children respond to stress for life.

Trauma and Its Impact

Trauma is one possible outcome of ACEs. It occurs when a child experiences an event as extremely frightening, harmful, or threatening. Trauma changes how children think, feel, behave, and learn.

Common Barriers to Learning in Traumatized Children:

- **Difficulty forming relationships** – wariness of adults due to neglect or betrayal.
- **Poor self-regulation** – difficulty calming down, managing strong emotions.
- **Negative thinking** – internalised beliefs such as “I am bad” or “I am not good enough.”
- **Hypervigilance** – always on high alert, easily startled, appearing restless or hyperactive.
- **Executive function difficulties** – struggling with memory, planning, predicting, and

focusing.

Signs of Stress in Children

Physical

- Headaches or stomachaches
- Sleep disturbances / nightmares
- Bedwetting (new or recurrent)
- Appetite changes
- Physical complaints with no medical cause

Emotional & Behavioural

- Personality changes
- Agitation, anger, or extreme mood swings
- Withdrawal / isolation
- Poor self-care
- Expressions of hopelessness

Toxic Stress

Prolonged ACE exposure can create **toxic stress** – the constant activation of the “fight, flight, freeze” system. This can cause:

- Elevated heart rate and blood pressure
- Long-term damage to brain and body development
- Over-reliance on protective behaviours (e.g., aggression, avoidance, shutting down)

Restorative and Trauma-Informed Practice

Traditional **zero tolerance or punitive behaviour policies are ineffective** for children with ACEs. These children are not motivated by threats or rewards in the same way as others; their behaviours are rooted in survival strategies.

Instead, adopt **trauma-informed, restorative approaches**.

Core Principles

- **Relationships first** – trust and safety are the foundations for learning.
- **Behaviour is communication** – ask “*What happened to you?*” not “*What’s wrong with you?*”
- **Consistency and predictability** – calm environments reduce anxiety and hypervigilance.
- **Unconditional positive regard** – children must know they are valued, regardless of behaviour.

- **Focus on strengths** – notice and celebrate what children do well.

Strategies for Schools

- ✓ Maintain a **safe, calm, predictable environment**.
- ✓ Eliminate unnecessary stress triggers (loud voices, abrupt noises, sudden changes).
- ✓ Provide **positive attention quickly and consistently** – make it more rewarding than negative attention-seeking behaviours.
- ✓ Teach and model **self-regulation strategies** (breathing, mindfulness, movement breaks, sensory tools).
- ✓ Use **emotion coaching** – acknowledge and name feelings (“I can see you’re frustrated because your friend took the marker”).
- ✓ Support **peer and adult connections** – encourage healthy relationships with staff and classmates.
- ✓ Build in **routine check-ins** – morning greetings, safe spaces, or pastoral sessions.
- ✓ Use **restorative conversations** after conflict – focus on repairing harm, not punishment.
- ✓ Communicate regularly with **families and carers** to ensure consistent support at home and school.
- ✓ **Look after staff wellbeing** – working with trauma-affected children can be emotionally draining. Staff need supervision, peer support, and self-care.

Key Takeaway

ACEs do not determine a child’s future.

With **trusted adult relationships, trauma-informed practice, and supportive school environments**, children can develop resilience, heal from adversity, and achieve their potential.

ADVERSE CHILDHOOD EXPERIENCES

