MY ACE STORY

Adverse Childhood Experiences (ACEs) Report UK 2025

A major public health issue with significant financial, personal and societal costs

1. Introduction

1.1. Background

Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood and have lifelong impacts on health and behaviour. This is further explained in Appendix B. for those who are not aware of ACEs and their effects.

This is the second report on Adverse Childhood Experiences (ACEs) in the UK by the author. The first report was in 2023[1]. This report analyses over 2000 responses to an ACE score survey since that last report and compares this to those earlier results.

From many personal contacts with policy makers, NHS staff, etc., since 2023, the observation in the 2023 report that **there is a lot of participation around ACEs by professionals – educators, academics, health services, social services, etc., but little focus on and involvement of parents and communities is still true.** This means that there is a great deal of cost and effort on **reducing** the effect of ACEs once they have occurred **rather than prevention** in the first place i.e. dealing with the root causes.

Despite the focus of the NHS on moving to prevention, very little change has been observed.

If we look at root causes of ACEs, as demonstrated by the data in the 2023 report and this report, the key is parenting and family relationships/stability. How can parents improve their skills so as to avoid ACEs in the first place? How can we help family relationships/stability?

As noted in the 2023 report, a research survey by the author showed that 50% of 18-50 year old parent respondents had no or little knowledge of ACEs and 76% no, little or moderate knowledge. 52% would change their parenting approach a lot or great deal if they had more information about ACEs and 78% a lot, great deal, moderate amount. (+-7% confidence level). **This demonstrates there is great scope here for community awareness actions and behavioural science nudges.**

In April 2023, the My ACE Story website[2] was created by the author to raise awareness of ACEs, enable visitors to obtain their ACE score, watch regular screenings of the seminal documentary film '*Resilience*'[3], find out about positive parenting courses, etc. 2000 people completed the ACE Score survey (see Appendix A) and the 2023 report produced. Since then, another 2000 have completed the survey and results are presented below.

[1] https://www.myacestory.com/Articles/675150/Adverse_Childhood_Experiences.aspx
[2] https://www.myacestory.com/
[3] Home - Resilience (kpjrfilms.co)

The respondents in 2023 and by 2025 were self-selecting and the results are very different than previous UK studies[4]. One could say they are voices of **Lived Experience**.

To counter such biases, a small **National** representative survey (+- 5% confidence level) was also run using the same survey in September 2023 and the results from 350 people compared to the My ACE Story results.

So, this report looks at the results of these three surveys and tries to identify the effect of ACEs and makes suggestions for cost-effective prevention and reduction.

[4] https://researchportal.ukhsa.gov.uk/en/publications/national-household-survey-of-adverse-childhood-experiences-and-th 2014

2. Executive Summary

Adverse Childhood Experiences (ACEs) are traumatic or stressful events occurring before the age of 18, such as abuse, neglect, or household dysfunction. These experiences have profound and lasting effects on health, behaviour, and life outcomes.

This report is the second national analysis of ACEs in the UK, building on the 2023 report, and incorporates over 2000 new survey responses. The report compares these findings with previous results and a nationally representative sample, aiming to understand the prevalence, impact, and root causes of ACEs, and to propose effective strategies for prevention and reduction.

2.1. Survey Overview and Demographics

Three main surveys underpin the analysis:

- **2025 Lived Experience Sample:** 2049 self-selecting UK adults (Sept 2023–Nov 2025), predominantly female (84%), younger (22% aged 18–25), and more ethnically diverse (29% non-White British) than previous samples. Over half had a degree or postgraduate qualification.
- **2023 Lived Experience Sample:** 2000 respondents, also mainly female (87%), with a higher proportion aged 36–45, and 15% from other ethnicities. Again over half had a degree or postgraduate qualification.
- **National Sample:** 350 respondents, balanced by gender, with a broader age range and 19% from other ethnicities. This sample was designed to be nationally representative.

2.2. ACE Scores and Prevalence

The report uses the standard 10 ACE screening questions, supplemented by additional questions on bullying, racism, and community violence. Key findings include:

- **2025 Lived Experience:** Median ACE score of 5; 61% had 5–10 ACEs.
- **2023 Lived Experience:** Median ACE score of 4; 48% had 5–10 ACEs.
- **National Sample:** Median ACE score of 2; 24% had 5–10 ACEs.

These results show that self-selecting samples report higher ACEs than the national average, reflecting the voices of those with lived experience.

2.3. Most Common ACEs

Across all samples, the most prevalent ACEs were:

1. **Verbal abuse:** 81% (2025), 70% (2023), 41% (National)
2. **Witnessing household violence:** 79% (2025), 72% (2023), 45% (National)

3. **Living with a mentally ill household member:** 68% (2025), 63% (2023), 32% (National)
4. **Physical abuse of the child:** 67% (2025), 60% (2023), 42% (National)
5. **Parental separation/divorce:** 58% (2025), 53% (2023), 34% (National)

The data reveal that violence, mental health issues, and family breakdown are the most common adverse experiences for children in the UK.

Those with a high number of ACEs have much higher experiences of **unwanted sexual contact**; 31%-35% of females and 16%-20% of males in the Lived Experience samples This is much lower in the National survey – 12% of females and 5% of males – 9% overall.

2.4. Demographic Insights

- **By Ethnicity:** In 2025, other ethnicities reported more stable family relationships but higher rates of verbal abuse. The latter was also reported in the National sample.
- **By Gender:** Except for unwanted sexual contact (higher in females), ACE rates were similar across sexes in the Lived Experience samples. In the National sample, males reported higher rates of parental death and physical abuse.
- **By Age Group:** Younger respondents reported higher rates of household violence and mental health and drug issues, while older groups showed lower rates, possibly reflecting higher family stability in previous decades.

2.5. Health Impacts

There is a clear correlation between the number of ACEs and health outcomes:

- **More ACEs = More GP/A&E visits annually and more health conditions discussed.**
- Leading conditions associated with higher ACEs include anxiety, depression, ADHD, fibromyalgia, PTSD, autism, and chronic fatigue.
- For those with 7–10 ACEs, the median number of GP/A&E annual visits rises to 3, and the number of conditions discussed doubles to 2.6.

The report highlights that certain conditions, such as ADHD, fibromyalgia, PTSD, autism and fatigue, become more prevalent as ACE scores rise. GPs are encouraged to screen for ACEs when diagnosing these conditions, as addressing underlying trauma can reduce healthcare utilisation, especially the misdiagnosis of ADHD.

2.6. Family Instability and ACEs

Parental separation or divorce is a significant risk factor:

- **2025 Lived Experience:** Median ACEs = 4 (no separation) vs. 6 (separation).
- **2023 Lived Experience:** Median ACEs = 3 (no separation) vs. 5 (separation).
- **National Sample:** Median ACEs = 1 (no separation) vs. 4 (separation).

Family instability also increases the likelihood of experiencing domestic violence, depression, substance abuse and poor care.

2.7. External ACEs: Bullying, Racism, and Community Violence

- **Bullying:** 64% (2025), 58% (2023), 45% (National)
- **Racism:** 15% (2025), 13% (2023), 15% (National)
- **Community violence:** 27% (2025), 20% (2023), 19% (National)

Bullying is more common among White British respondents, while racism is more prevalent among Other Ethnicities. Males are more likely to experience community violence.

2.8. Why Do ACEs occur?

The report identifies several possible root causes, including:

- **Intergenerational trauma:** Parents may pass ACEs to their children through learned behaviours.
- **Lack of parenting knowledge:** Many parents are unaware of ACEs and lack access to effective parenting advice.
- **Family instability:** Unstable relationships are a major risk factor.
- **Weakened community support:** The traditional 'village' support system has eroded, leaving families isolated1.

2.9. Recommendations for Prevention and Reduction

2.9.1. Prevention

1. **Raise awareness:** All new and expectant parents should be informed about ACEs and their effects. Despite the availability of information, parents are not made aware of ACEs by health professionals.
2. **Behavioural nudges for positive parenting:** Use behavioural science to promote the benefits of and encourage positive parenting. This involves simple, attractive, and accessible messaging, similar to public health campaigns like "5-a-day" for healthy eating. It should cover six core, research-based, distinct principles identified as being necessary for children to grow into happy, capable adults; 'Love and warmth', 'Talking and listening', 'Guidance and understanding', 'Limits and boundaries', 'Consistency and consequences' and 'A structured and secure world'. Normalise early help-seeking by encouraging parents to seek support before problems escalate, framing help-seeking as a normal and positive behaviour. Place reminders in public spaces, schools, or digital platforms to prompt positive parenting actions. Share stories and testimonials from parents who have benefited from positive parenting approaches, making these behaviours feel normal and achievable and recognise and celebrate parents who attend courses or participate in community events.

3. **Education:** Run a neurodevelopment and ACEs curriculum in all secondary schools i.e. future parents.
4. **Parenting courses:** Offer free, evidence-based online parenting courses to all new and expectant parents. The report cites the "Triple P" programme as an example, which has been shown to reduce children's behavioural and emotional problems and improve parental confidence and wellbeing.
5. **Community initiatives:** Replicate successful US community resilience programmes in the UK, such as the Community Resilience Initiative, which led to significant reductions in domestic violence, youth suicide attempts, and school dropouts. The report also describes the "Resilience Challenge" event kit, which has been piloted in several UK towns with positive feedback.
6. **Show the documentary 'Resilience' on a major TV channel frequently.** Scotland are endeavouring to become a 'trauma-informed nation'. This started by screenings across Scotland in 2017 of the film 'Resilience' along with a panel discussion. Could this film become free-to-view on major channels in the UK with a lot of promotion as well?
7. **Hold a mandatory parents' assembly at primary schools on ACEs.** When infants start primary school, could there be a 'out-of-the-box' standard parent's evening raising awareness of ACEs and having a discussion on parenting practices?
8. **Behavioural nudges for family stability:** Use behavioural science to incentivise family stability and support communication and positive behaviour within families. Use clear, attractive messages tailored for three different groups; Romantics, who tend to have unrealistic expectations about marriage/relationships, Pessimists, who want a lifelong relationship but tend to question its likelihood and Independents, who tend to invest less in a relationship and family because they regard other life pursuits as more important. Examples. "Your Relationship Matters", "It's never too early and never too late to invest in your relationship", "Strengthen your relationship, strengthen your family". Normalise early help-seeking and open communication, making it feel acceptable and encouraging to seek support before problems escalate. Use reminders in public spaces, schools, or digital platforms to prompt positive interactions. Share stories and testimonials from people who have benefited from relationship education or support, making positive behaviours feel normal and achievable. Offer accessible, evidence-based relationship courses that teach communication, conflict resolution, and emotional regulation. Publicly recognise long-term relationships and positive family achievements e.g. anniversaries, reinforcing the value of commitment and stability. Encourage people to notice and respond to "bids" for attention, affection, or support from their partners or children e.g. a smile, a request for help, sharing a story.
9. **Data-driven interventions:** Collect and publish local ACE indices to target interventions and resources where they are most needed.

2.9.2. Reduction of Effects

1. **Trauma-informed practices:** State agencies should continue to adopt approaches that focus on understanding and mitigating the effects of trauma.

2. **Screening:** Introduce mandatory ACE screening for children and adults at GP level, or at least for those presenting with certain conditions (e.g., anxiety, depression, ADHD, PTSD, autism, chronic fatigue). Evidence from the US shows that ACE screening can reduce GP and emergency visits significantly.
3. **Self-help groups:** Support groups for ACE survivors can reduce mental health disorders.
4. **Support for at-risk children:** Increase attachment to independent adults through mentoring programmes, such as "Transforming Lives for Good (TLG)".
5. **Social prescribing:** Encourage volunteering and prosocial behaviour as protective factors. Social prescribing can help children and adults build resilience and community connections.

2.10. Examples of Successful Interventions

- **Community Resilience Initiative (USA):** Led to a 33% reduction in domestic violence, 59% decrease in youth suicide attempts, and 62% decrease in school dropouts. In the UK, an event kit for community use is available from Resilience Challenge.
- **Triple P Parenting Programme:** Over 650 international studies show reductions in children's behavioural problems and improvements in parental wellbeing.
- **Culture of Freedom Initiative (COFI, Florida):** Large-scale relationship education led to a 30% drop in divorce rates in two years.
- **Within Our Reach/Within My Reach (University of Denver):** Workshops with hundreds of thousands of people in USA, Australia and Europe improved communication, reduced conflict, and lowered divorce rates.
- **Gottman Institute Research:** Identified "turning toward" bids for connection as a key predictor of relationship success.

2.11. Policy and Systemic Change

- **Shift focus from mitigation to prevention:** The report calls for a fundamental change in public service systems, which currently focus on dealing with the effects of ACEs at great cost. Prevention, especially through parental and community engagement, is more cost-effective and beneficial for society.
- **Disrupt systemic barriers:** The report notes resistance to moving to prevention due to budget silos and vested interests in the current system. It advocates for cross-sector collaboration and a shared goal of creating a trauma-free society, rather than a trauma-informed one. This forces the focus onto prevention.

2.12. Conclusion

The report concludes that ACEs are a major public health issue in the UK, with significant financial, personal and societal costs. Family instability, violence, and mental health issues are the most common ACEs, and their effects are seen in increased health problems and state services use. Prevention should focus on raising awareness, supporting families, and

building community resilience. The report calls for a shift from costly mitigation to prevention, addressing root causes to help individuals and society thrive.

3. Results

3.1. Demographics

The My ACE Story survey (see Appendix A) was anonymous and the 21 survey questions included:

- The 10 standard ACE screening questions[5];
- Some questions from the WHO International ACE questionnaire (ACE-IQ)[6] re bullying, racism, neighbourhood violence as these are sometimes said to be possible external ACEs; demographics e.g. sex, age group, ethnicity, level of education, postal district, etc.;
- Medical information – visits in last 12 months to a GP and health conditions discussed.

a) The Lived Experience sample 2025

The survey from on the My ACE Story website was closed at 2049 adults across the UK during Sept 2023 to Nov 2025. The respondents were therefore self-selecting and the results are very different (worse) than previous UK studies[7]. One could say they are voices of lived experience.

84% were female, 16% male.

22% were aged 18-25, 32% 26-35, 25% 36-45, 15% 46-55, 7% 55+.

71% defined themselves as 'White British' and 29% other ethnicities.

52% had a degree or post-graduate degree.

This sample is significantly younger than the 2023 sample and also more ethnically diverse.

b) The Lived Experience sample 2023

The survey from on the My ACE Story website was closed at 2000 respondents who were obtained via Google and Facebook promotion to 18-55 year olds (likely current parents) across the UK during May to August 2023. The respondents were therefore self-selecting and

[5] https://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-De-identified-English-rev.7.26.22.pdf
[6] https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-iq)
[7] https://researchportal.ukhsa.gov.uk/en/publications/national-household-survey-of-adverse-childhood-experiences-and-th 2014

the results are very different (worse) than previous UK studies[8]. One could say they are voices of lived experience.

87% were female, 13% male.

10% were aged 18-25, 23% 26-35, 36% 36-45, 26% 46-55, 5% 55+.

85% defined themselves as 'White British' and 15% other ethnicities.

64% had a degree or post-graduate degree.

c) The National sample

To counter the biases in the Lived Experience sample, a small national representative survey (+- 5% confidence level) was also run using the same survey and the results from 350 people compared to the Lived Experience sample results.

50% were female, 50% male.

10% were aged 18-25, 18% 26-35, 21% 36-45, 24% 46-55, 15% 56-65, 11% 65+. **Note the inclusion of the older age groups.**

81% defined themselves as 'White British' and 19% other ethnicities.

37% had a degree or post-graduate degree.

3.2. ACE scores

Looking at no/yes answers to the original 10 ACE questions:

No of ACEs (Yes answers)	2025 Lived Experience % of respondents	2025 Lived Experience Cumulative %	2023 Lived Experience % of respondents	2023 Lived Experience Cumulative %	National % of respondents	National Cumulative %
0	3%	2%	4%	4%	20%	20%
1	4%	6%	7%	11%	18%	38%
2	7%	13%	9%	20%	13%	52%
3	11%	23%	13%	33%	11%	63%
4	16%	39%	19%	52%	13%	76%
5	18%	57%	18%	70%	8%	84%
6	18%	75%	13%	83%	7%	91%
7-10	25%	100%	18%	100%	9%	100%

[8] https://researchportal.ukhsa.gov.uk/en/publications/national-household-survey-of-adverse-childhood-experiences-and-th 2014

Lived Experience 2025 - 39% had 0-4 ACEs. 61% 5-10 ACEs. **The median number of ACEs was 5.**

Lived Experience 2023 - 52% had 0-4 ACEs. 48% 5-10 ACEs. **The median number of ACEs was 4.**

National - 52% had 0-2 ACEs. 24% 5-10 ACEs. **The median number of ACEs was 2.**

3.3. The Top ACEs

3.3.1. The data from the samples

When you were growing up, during the first 18 years of your life . . .

Rank of ACE	ACE Question	2025 Lived Experience Number of respondents answering 'Yes'	2023 Lived Experience Number of respondents answering 'Yes'	National Number of respondents answering 'Yes'
1.	Did a parent, guardian, or other household member yell, scream or swear at you, insult or humiliate you?	81%	70%	41%
2.	Did you see or hear a parent or household member in your home being yelled at, insulted or humiliated or beaten?	79%	72%	45%
3.	Did you live with a household member who was depressed, mentally ill or suicidal?	68%	63%	32%
4.	Did a parent, guardian or other household member spank, slap, kick, punch or beat you up?	67%	60%	42%
5.	Were your parents ever separated or divorced?	58%	53%	34%
6.	Did you live with a household member who	53%	44%	28%

	was a problem drinker or alcoholic, or misused street or prescription drugs?			
7.	Did you experience unwanted sexual contact (such as fondling or intercourse)?	33%	29%	9%
8.	Thinking about the way your parents/guardians cared for and supported you, did they withhold food or did not provide clean clothes or left you alone for long periods or not protect or take care of you?	31%	27%	13%
9.	Did you live with a household member who was ever sent to jail or prison?	18%	11%	13%
10.	Did your mother, father or guardian die?	14%	14%	23%

3.3.2. Insights

3.3.2.1. Lived Experience samples 2025 and 2023

a) Those with a high number of ACEs have experienced a toxic, stressful family and home environment.

i. 60%-81% of children in the Lived Experience samples have lived within a context of violence in the home.

Three of the top four ACEs reflect violence in the home which is meant to be a safe, nuturing space.

These were also the top ACEs in the National sample but to a lesser extent – 41%-45%.

ii. 44%-68% in the Lived Experience samples have faced drug or mental issues with a parent.

Also significant in the National sample but to a lesser extent – 32% and 28%

iii. 53%-58% in the Lived Experience samples experienced family breakdown.

The National sample result was 34% but the National sample includes a much larger older cohort reflecting perhaps a time of better family stability. Excluding this cohort and aligning the age range with the Lived Experience sample 2023 shows that 40% experienced family breakdown.

b) Those with a high number of ACEs have much higher experiences of unwanted sexual contact.

i. 31%-35% of females and 16%-20% of males in the Lived Experience samples have experienced unwanted sexual contact (not necessarily in the home).

This is much lower in the National survey – 12% of females and 5% of males – 9% overall.

c) Regarding the ethnicity of the individual, the 2025 Lived Experience sample shows greater differences in ACEs experiences by White British and Other Ethnicities.

These are (those >+-6% max):

- Relationships seem more stable with Other Ethnicities - Were your parents ever separated or divorced? White British 62%, Other Ethnicities 48%.
- Parents in Other Ethnicities seem more authoritative - Did a parent, guardian or other household member yell, scream or swear at you, insult or humiliate you? White British 79%, Other Ethnicities 86%.

In the **2023 Lived Experience** sample the ACEs experienced by White British and Other Ethnicities were quite similar (+- 6% max).

In the **National** sample, there are also larger differences. These are:

- Did your mother, father or guardian die? White British 25%, Other Ethnicities 13%.
- Did a parent, guardian or other household member yell, scream or swear at you, insult or humiliate you? White British 39%, Other Ethnicities 48%.

i. **Regarding the sex of the individual, except for unwanted sexual contact, the results of ACEs experienced are the same in the Lived Experience samples (+- 7% max).**

However, in the **National** sample, there are some larger differences. These are:

- Did your mother, father or guardian die? Male 30%, Female 16%.
- Did a parent, guardian or other household member spank, slap, kick, punch or beat you up? Male 47%, Female 37%.

3.4. Are results different for an age group?

3.4.1. The data from the samples

When you were growing up, during the first 18 years of your life . . .

Lived Experience 2025
Lived Experience 2023
National survey

Rank of ACE	ACE Question	Overall number of respondents answering 'Yes'	Age Group 18-25	Age Group 26-35	Age Group 36-45	Age Group 46-55	Age Group 55+
1.	Did a parent, guardian, or other household member yell, scream or swear at you, insult or humiliate you?	81%	85%	86%	78%	74%	68%
		70%	82%	71%	69%	66%	71%
		41%	33%	38%	50%	47%	33%
2.	Did you see or hear a parent or household member in your home being yelled at, insulted or humiliated or beaten?	79%	82%	83%	75%	75%	67%
		72%	76%	72%	72%	70%	73%
		45%	33%	52%	51%	46%	41%
3.	Did you live with a household member who was depressed, mentally ill or suicidal?	68%	74%	72%	64%	62%	59%
		63%	74%	70%	61%	57%	56%
		32%	39%	36%	45%	31%	19%
4.	Did a parent, guardian or other household member spank, slap,	67%	64%	65%	68%	73%	65%
		60%	45%	58%	62%	61%	75%
		42%	22%	28%	57%	46%	43%

	kick, punch or beat you up?						
5.	Were your parents ever separated or divorced?	58%	59%	65%	60%	50%	33%
		53%	59%	60%	54%	47%	39%
		34%	36%	44%	43%	35%	19%
6.	Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs?	53%	57%	59%	49%	46%	38%
		44%	47%	45%	43%	43%	36%
		28%	28%	34%	36%	29%	14%
7.	Did you experience unwanted sexual contact (such as fondling or intercourse)?	33%	29%	32%	31%	38%	37%
		29%	28%	33%	28%	27%	25%
		9%	8%	16%	11%	7%	3%
8.	Thinking about the way your parents/guardians cared for and supported you, did they withhold food or did not provide clean clothes or left you alone for long periods or not protect or take care of you?	31%	33%	31%	32%	32%	27%
		27%	30%	29%	26%	25%	26%
		13%	17%	16%	15%	11%	12%
9.	Did you live with a household member who was ever sent to jail or prison?	18%	25%	19%	17%	11%	10%
		11%	11%	13%	11%	11%	6%
		13%	22%	14%	18%	9%	9%
10.	Did your mother, father or guardian die?	14%	11%	14%	14%	15%	18%
		14%	8%	13%	14%	16%	16%
		23%	8%	11%	26%	25%	34%

3.4.2. Insights

a) Violence in the household in the Lived Experience samples shows that arguments between parents themselves and parents and children have increased in recent years.

(See 3.4.1. ACEs ranked 1 and 2). However, this is not seen in the National sample which shows a recently improving picture.

b) Mental health and drug issues in the household in all samples have increased over time. (See 3.4.1. ACEs ranked 3 and 6).

c) Physical violence against the child in the Lived Experience 2023 and National sample has decreased over time but the Lived Experience 2025 sample shows a consistent level of violence against the child over time. (See 3.4.1. ACEs ranked 4).

d) Separation and divorce in all samples has increased over time and peaks when the 'child' is 26-35. (See 3.4.1. ACEs ranked 5).

e) Sexual abuse in the Lived Experience samples has remained steady over time and is significantly higher than the National sample for all age groups. (See 3.4.1. ACEs ranked 7).

3.5. How do the number of ACEs affect health?

3.5.1. The data from the samples

Respondents were asked to state the number of times they have visited a GP and/or A&E in last 12 months. Then selecting from a standard insurance list of medical conditions, to state what conditions they had experienced that they had spoken to their GP about. This also included an 'Other' to allow further conditions.

No of ACEs (Yes answers)	2025 Lived Experience Median number of times visited GP/A&E in last 12 months	2025 Lived Experience Average number of conditions discussed with GP	2023 Lived Experience Median number of times visited GP/A&E in last 12 months	2023 Lived Experience Average number of conditions discussed with GP	National Median number of times visited GP/A&E in last 12 months	National Average number of conditions discussed with GP
0	2	1.3	1	1.2	1	0.9
1	2	1.4	1	1.5	1	1.1
2	2	1.6	2	1.8	1	1.3
3	2	1.7	2	2.0	2	1.6
4	2	1.9	2	1.9	2	1.7

5	2	2.2	2	2.4	3	1.6
6	2	2.3	2	2.1	2	2.4
7-10	3	2.6	3	2.6	3	2.4

Leading conditions by number of ACEs:

Lived Experience 2025
Lived Experience 2023
National survey

Condition	Overall people % reported	0 ACE	1 ACE	2 ACES	3 ACES	4 ACES	5 ACES	6 ACES	7-10 ACES
Anxiety	60%	28%	37%	44%	56%	55%	67%	64%	70%
	58%	23%	37%	46%	56%	57%	66%	62%	68%
	29%	15%	13%	26%	33%	36%	39%	56%	53%
Depression	50%	10%	34%	34%	41%	46%	53%	53%	63%
	49%	16%	33%	37%	43%	47%	58%	53%	61%
	24%	7%	6%	21%	31%	32%	39%	60%	37%
Other	26%	12%	22%	18%	25%	23%	26%	26%	31%
	31%	23%	22%	30%	32%	26%	34%	21%	47%
	17%	10%	19%	17%	8%	23%	36%	16%	13%
Allergies	25%	20%	20%	23%	21%	25%	27%	28%	27%
	25%	19%	19%	22%	23%	23%	30%	27%	29%
	16%	15%	19%	15%	13%	17%	11%	16%	23%
Asthma	15%	16%	8%	12%	10%	13%	15%	20%	18%
	19%	15%	14%	18%	18%	16%	19%	23%	22%
	16%	10%	13%	13%	21%	19%	11%	28%	27%
High Blood Pressure	8%	16%	8%	7%	5%	10%	8%	11%	8%
	9%	8%	10%	9%	10%	8%	12%	8%	10%
	18%	17%	19%	15%	18%	23%	11%	20%	17%
Heart Conditions	5%	6%	4%	1%	5%	3%	5%	4%	7%
	5%	1%	3%	3%	5%	4%	5%	7%	6%
	5%	0%	5%	6%	5%	4%	4%	16%	13%
Under 5%									

Diabetes, Cancer, Crohn's, Atrial Fibrilation, Epilepsy, COPD, MS, Stroke, HIV

This is same 2025 and 2023.

Lived Experience - Leading 'Other' conditions.

In 2025, 782 'Other' conditions were recorded by 510 (25%) respondents (637 'Other' conditions in 2023), many with multiple conditions. Separating these out, here are the top conditions (1% or above of respondents) mentioned:

Condition	2025 No of mentions	2025 % of 'Other' conditions	2025 % of all respondents i.e. 2049	2023 No of mentions	2023 % of 'Other' conditions	2023 % of all respondents i.e. 2000
ADHD	70	9.0%	3.4%	31	4.9%	1.6%
Fibromyalgia	52	6.6%	2.5%	39	6.1%	2.0%
PTSD	39	5.0%	1.9%	22	3.5%	1.1%
Arthritis	35	4.5%	1.7%	25	3.9%	1.3%
Pain	34	4.3%	1.7%	22	3.5%	1.1%
Autism	27	3.5%	1.3%	19	3.0%	1.0%
Fatigue - ME/CFS	26	3.3%	1.3%	22	3.5%	1.1%
Thyroid	23	2.9%	1.1%	17	2.7%	0.9%
Migraine	21	2.7%	1.0%	23	3.6%	1.2%
Endometriosis	20	2.6%	1.0%	17	2.7%	0.9%
IBS	16	2.0%	0.8%	25	3.9%	1.3%
Personality Disorder	14	1.8%	0.7%	21	3.3%	1.1%

Digging deeper into the 2025 Lived Experience data, looking at 'Other' conditions by number of ACEs experienced, the following is seen:

Condition	Overall people reported	% people with 0 ACEs	1 ACE	2 ACES	3 ACES	4 ACES	5 ACES	6 ACES	7-10 ACES
ADHD	70	2%	1%	1%	4%	2%	4%	4%	5%
Fibromyalgia	52	2%	0%	0%	1%	3%	2%	4%	3%
PTSD	39	0%	0%	1%	0%	1%	1%	2%	4%
Arthritis	35	4%	3%	1%	1%	1%	3%	2%	1%
Pain	34	2%	0%	1%	2%	2%	1%	3%	2%
Autism	27	0%	0%	1%	1%	1%	2%	1%	3%
Fatigue - ME/CFS	26	0%	1%	1%	1%	1%	2%	2%	1%
Thyroid	23	0%	3%	1%	1%	1%	1%	1%	2%

Migraine	21	2%	0%	2%	1%	2%	2%	1%	0%
Endometriosis	20	0%	3%	1%	1%	1%	1%	1%	1%
IBS	16	0%	0%	1%	0%	1%	1%	0%	1%
Personality Disorder	14	2%	0%	0%	0%	0%	1%	0%	1%

3.5.2. Insights

a) **In all samples, the more ACEs, the more visits to GP and more conditions discussed. Visits rise from 1 or 2 to 3 and conditions discussed rise from 1 to 3.**

b) **In all samples, the more ACEs, the more that certain conditions increase. These are primarily; Anxiety, Depression and Other Conditions.**

c) **Looking at Other Conditions reported, the following conditions seem to be more prevalent with a rising number of ACEs; ADHD, Fibromyalgia, PTSD, Autism, Fatigue - ME/CFS. On diagnosing these, GPs should get the patient to complete an ACE survey and discuss their ACE experiences. This could lead to a future reduction in GP visits as shown by the following study:**

"135,000 adults going through a US Health Appraisal with ACE screening with follow-up produced a 35% reduction in GP visits and an 11% reduction in Emergency Department visits over the following year compared with that group's prior year utilization. We realized that asking with later follow up, coupled with listening and implicitly accepting the person who had just shared his or her dark secrets, is a powerful form of doing."[9]

In California[10], mandatory screening for ACEs of all children and adults up to 65 was introduced in 2020 and is administered by the Center for Youth Wellness[11]. This has also led to fewer drugs given to children[12] because many symptoms of ADHD and stress from childhood trauma overlap[13]. It's often difficult to differentiate between symptoms of ADHD and stress from childhood trauma, and to adequately diagnose childhood trauma stress[14]. "Even a highly trained clinician will have difficulty determining if a symptom is due to ADHD or childhood trauma if both are present."

[9] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6326558/
[10] Trauma-informed Care: It Takes More Than a Clipboard and a Questionnaire | by Center for Youth Wellness | Medium
[11] Center for Youth Wellness
[12] 'A Paradigm Shift' | News | North Coast Journal
[13] ADHD And Childhood Trauma: Unraveling The Complex Link - ADHD Online
[14] Examining the Association Between Adverse Childhood Experiences and ADHD in School-Aged Children Following the COVID-19 Pandemic - Emma Boswell, Elizabeth Crouch, Cassie Odahowski, Peiyin Hung, 2025

3.6. How does separation and divorce affect number of ACEs?

3.6.1. The data from the samples

Separation and/or divorce of parents can be a painful event for children involved. Looking at the data, we can identify those that did and did not experience this and see what happens to ACEs as a result.

In the **Lived Experience 2025** sample, 859 did not experience their parents separating or divorcing, 1190 did. **The median number of ACEs of those who did not experience their parents separating or divorcing is 4. This compares to 6 for those who did experience their parents separating and/or divorcing.**

In the **Lived Experience 2023** sample, 934 did not experience their parents separating or divorcing, 1068 did. **The median number of ACEs of those who did not experience their parents separating or divorcing is 3. This compares to 5 for those who did experience their parents separating and/or divorcing.**

In the **National sample**, 230 did not experience their parents separating or divorcing, 120 did. **The median number of ACEs of those who did not experience their parents separating or divorcing is 1. This compares to 4 for those who did experience their parents separating and/or divorcing.**

The top ACES

When you were growing up, during the first 18 years of your life . . .

2025 Lived Experience
2023 Lived Experience
National survey

ACE Question	2025 Lived Exprnce Did NOT separate /divorce	2025 Lived Exprnce Did separate /divorce	2023 Lived Exprnce Did NOT separate /divorce	2023 Lived Exprnce Did separate /divorce	National Did NOT separate /divorce	National Did separate /divorce

Were your parents ever separated or divorced?	0%	100%	0%	100%	0%	100%
Did you see or hear a parent or household member in your home being yelled at, insulted or humiliated or beaten?	69%	89%	61%	81%	37%	62%
Did a parent, guardian, or other household member yell, scream or swear at you, insult or humiliate you?	76%	84%	64%	75%	34%	53%
Did you live with a household member who was depressed, mentally ill or suicidal?	57%	76%	54%	71%	25%	47%
Did a parent, guardian or other household member spank, slap, kick, punch or beat you up?	67%	67%	57%	63%	38%	49%
Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs?	36%	64%	29%	56%	19%	45%
Did you experience unwanted sexual contact (such as fondling or intercourse)?	28%	36%	23%	34%	6%	13%

Thinking about the way your parents/guardians cared for and supported you, did they withhold food or did not provide clean clothes or left you alone for long periods or not protect or take care of you?	21%	39%	17%	35%	9%	23%
Did your mother, father or guardian die?	12%	15%	13%	14%	22%	26%
Did you live with a household member who was ever sent to jail or prison?	7%	25%	5%	17%	8%	23%

3.6.2. Insights

a) **In all samples, family instability raises the number of ACEs experienced significantly, adding at least 2 ACEs.**

b) **Incidences of domestic violence, arguments with the child, depression, drug/alcohol use, poor care increased significantly for families that divorce or separate.**

c) **A significant increase in a household member going to prison seems to be prevalent in unstable families.**

3.7. Other possible external ACEs.

2025 Lived Experience
2023 Lived Experience
National survey

Question	Number of respondents answering 'Yes'	Female answer 'Yes'	Male answer 'Yes'	White British answer 'Yes'	Other Ethnicities answer 'Yes'
Bullying is when a young person or group of young people say or do bad and unpleasant things to another young person. Were you bullied to an extent that made you frightened or anxious?	64%	63%	69%	66%	60%
	58%	57%	61%	59%	48%
	45%	46%	44%	46%	39%
Were you made fun of or abused because of your race, nationality or colour?	15%	14%	19%	6%	36%
	13%	12%	19%	8%	40%
	15%	13%	18%	8%	45%
Thinking about the community you lived in, did you see someone being beaten up or threatened with a knife or gun or stabbed or shot in real life?	27%	24%	42%	26%	27%
	20%	18%	30%	19%	25%
	19%	16%	21%	18%	24%
Due to wars, terrorism, conflicts, etc., were you forced to go and live in another place or suffered destruction of your home or saw or experienced violence by soldiers, police, militia, or gangs?	3%	3%	5%	2%	7%
	2%	2%	3%	2%	7%
	6%	5%	7%	5%	12%

3.7.2. Insights

a) **In all samples, bullying is rife regardless of sex but is more prevalent in White British populations (+6% to 11% vs Other Ethnicities).**

b) **In all samples, 36%-45% of Other Ethnicities (excluding White British) have experienced racism.**

c) **In all samples, males (+5% to 18% vs Females) are more likely to have experienced violence in their communities. There was a gap between White British and Other Ethnicities in experiencing violence in their communities – this seems now to have closed.**

4. Discussion and recommendations

4.1. Why do ACEs occur?

Some thoughts from the 2023 report and today:

4.1.1. Parents can pass their ACEs on to their children (intergenerational trauma) because of their own learned behaviour/trauma[15].

4.1.2. Do parents generally (not just those with ACEs) know how to parent well and know about ACEs? Where do parents go for advice?

4.1.3. As seen from the above data, unstable families seem to be another root cause.

4.1.4. Much of what goes on behind family doors stays a secret. Children may not feel free to tell their parents, another family member or someone in the community.

4.1.5. Parents are often stressed due to work, finance, illness, etc.

4.1.6. Time spent with children by parents has doubled in the last 50 years.[16]

4.1.7. They say it takes a 'village' to raise a child. Has the sense of 'village' (the community) weakened? Could this have allowed ACEs to increase?

4.1.8. Has the state undermined the responsibility of parents e.g. overruling parent choices in education, etc? Has the state become a surrogate parent?

4.2. Towards some solutions

State agencies are developing/have developed 'trauma-informed practices' to mitigate the effects – moving from 'why did you do that?' to 'what has happened to you?' approaches.

This means the focus is in REDUCING the effect of ACEs once they have occurred, at huge cost. There seems to be very little focus on PREVENTION which naturally involves parents and addressing root causes.

Individuals, communities and society pay a huge cost in dealing with the effect of ACEs - wasted lives, premature death, effect on communities e.g. anti-social behaviour, healthcare, justice, education costs i.e. spending taxpayer money.

For several years before 2023 and in the 2 years since 2023, the author, interacting with representatives of Government, Local Government, various levels of the NHS, etc., has found very little appetite by state agencies to move to prevention. There seems to be several reasons including 'it's not my job' and 'I don't have the budget'.

However, given the amount of money spent by NHS on health issues, by education on exclusions, by police on offences, by justice on court and prison processes, by social

[15] Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms - PMC (nih.gov)

[16] Educational Gradients in Parents' Child-Care Time Across Countries, 1965–2012 - Dotti Sani - 2016 - Journal of Marriage and Family - Wiley Online Library

services on child issues, housing, etc., there is plenty of money available, but all focused on effects of ACEs and reduction of effects rather than prevention.

In addition, many people, through no fault of their own, have built their reputations, careers, financial security within this system so the author feels there are many conflicts of interests preventing positive disruption. Are many people making careers and money based on continuing misery?

If the focus was on 'creating a trauma-free society' rather than creating 'trauma-informed practices', effort would then be switched to prevention rather than reduction of the effect of ACEs.

What costs might be saved? A report[17] in the Lancet in September 2019 estimated these as follows, *"Total annual costs attributable to ACEs were estimated to be US$581 billion in Europe and $748 billion in north America. More than 75% of these costs arose in individuals with two or more ACEs. Millions of adults across Europe and north America live with a legacy of ACEs. Our findings suggest that a 10% reduction in ACE prevalence could equate to annual savings of $105 billion."*

Thinking about root causes, how do we successfully engage parents, youth (future parents), caregivers in **PREVENTING** some ACEs in the first place, in a low-cost way?

4.2.1. Ideas for prevention of ACEs

Here are some ideas from the 2023 Report which have been extended and are still valid. There are many ways these can be implemented. Many could be piloted and then scaled.

a) **All new and expectant parents should be made aware about ACEs and their effects.** There is a lot of very understandable information and resources about ACEs that has been created already. These could be shown/given to new and expectant parents by NHS, health visitors, etc.

   Talking to new parents, none were informed about ACEs. The focus was on childbirth, feeding, etc.

   As noted in the 2023 report, a research survey by the author showed that 50% of 18-50 year old parent respondents had no or little knowledge of ACEs and 76% no, little or moderate knowledge. 52% would change their parenting approach a lot or great deal if they had more information about ACEs and 78% a lot, great deal, moderate amount. (+-7% confidence level). This demonstrates there is great scope here for community awareness actions and behavioural science nudges.

[17] https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30145-8/fulltext

b) **Behavioural science nudges could be used to keep ACEs in focus and change parent behaviours**

Behavioural scientists should identify and trial nudges e.g. like 5-a-day re food habits, that create better parenting behaviours while avoiding accusations of 'nanny state'.

There are some clues from a UK Government report, *"Applying behavioural science to promoting uptake of family hubs services. Research report. December 2022."*[18] These involve message development and key findings from the interventions tried:
Key findings from message development:

- No one 'size' fits all needs.
- Messages need to be simple, attractive, and easy to understand.
- Messages need to explain what the intervention is and what the benefits of it are.
- If relevant, messages need to highlight that the intervention is free and easily accessible.
- Images used in messaging need to reflect different families.
- Messages should incorporate other motivations for accessing services.
- Messages should incorporate the experiences of the intervention by similar others
- Messages should normalise help-seeking before crisis point and promote early help as preventive.
- Messages should promote the idea that early help can prevent crisis situations occurring.

Key findings from intervention evaluation:

- Communications should provide simple messages about the service that address the key barriers.
- Messages designed with behavioural science input are more effective.
- The intervention should be accessible.
- Communications should support planning about how to access the intervention when needed.
- Communications should be paired with opportunities for supportive conversations about the intervention.
- The intervention and communications about it should consider language barriers and perceptions of language barriers.

Regarding messaging, Frameworks UK has worked in partnership with the Health Foundation to research how to shift the narrative on health in the UK. Together, they looked at moving the conversation from a narrow focus on the NHS, and individual behaviour change, to a broader conversation on how our context and surroundings shape our health. Shifting the public and political discourse in this way will help to create the

[18] Applying behavioural science to promoting uptake of family hubs services

space and demand for the policy changes we need to improve health. The research[19] enabled the development of a new story capable of winning support for greater action on the wider determinants of health. In brief, the key recommendations are:

- Talk about too many lives being cut short to show why this issue matters.
- Describe how a thriving society needs all the right building blocks of health in place such as secure jobs, decent homes and quality education.
- Explain how things like our jobs, homes and neighbourhoods shape our health.
- Talk about concrete solutions to show change is possible.

In New Zealand, there was a community campaign originally called SKIP (Strategies for Kids, Information for Parents)[20] - and run by a small Government team. Their vision was for all children in New Zealand to be raised in a positive way by parents and caregivers who feel confident about managing children's behaviour as part of a loving, nurturing relationship. The campaign was structured around six core, research-based, distinct principles identified as being necessary for children to grow into happy, capable adults; 'Love and warmth', 'Talking and listening', 'Guidance and understanding', 'Limits and boundaries', 'Consistency and consequences' and 'A structured and secure world'.

c) **Inform future parents.** The *'SEEN: Secondary Education around Early Neurodevelopment'* curriculum[21] for Key Stage 3 pupils should be extended for ACEs and rolled out to all secondary schools.

d) **Online Positive Parenting Courses should be offered free to all new and expectant parents**.
Triple P[22] has been tested with thousands of families over more than four decades and been shown to help families in many different situations and cultures. Triple P's evidence base now includes more than 650 international trials, studies and published papers, including more than 170 randomised controlled trials. It has been shown to help reduce kids' and teenagers' problem behaviour and reduce their emotional problems. The evidence also shows it helps parents feel more confident, less stressed, less angry and less depressed.

e) **Raise awareness in the community and let the community work on solutions.**
There has been a successful community initiative in the USA – Children's Resilience Initiative (now Community Resilience Initiative[23]) which has resulted in the whole community learning about ACEs and agencies introducing trauma-informed practices. In

[19] How to embed a new story about the building blocks of health in your area - FrameWorks UK
[20] Word on the Streets : Three resources for expectant and new parents
[21] SEEN - Secondary Education around Early Neurodevelopment | Kindred²
[22] Positive Parenting Programme | Triple P
[23] Community Resilience Initiative | Trauma-Informed Training (criresilient.org)

one community, they have seen a 33% reduction in domestic violence, a 59% decrease in youth suicide attempts and a 62% decrease in secondary school dropouts.

Could that be replicated here via community champions? In that regard, the Resilience Challenge[24] has been developed by the author for any community organisation to bring together stakeholders in a community and run an event. The Resilience Challenge has a kit for event organisers to use. It has been run in 5 towns in the UK in the last year with very positive feedback. Further initiatives are now happening in those locations.

f) **Show the documentary 'Resilience' on a major TV channel frequently**.
Scotland are endeavouring to become a 'trauma-informed nation'[25]. This started by screenings across Scotland in 2017 of the film 'Resilience'[26] along with a panel discussion. Could this film become free-to-view on major channels in the UK with a lot of promotion as well?

My ACE Story[27] have shown this documentary online free of charge about 8 times over the last 2 years to a limited audience. This has been personally funded by the author. The Resilience Challenge[28] is also focused around this film but could the licence for showing in the UK be renegotiated for showing on major channels? Would a showing attract a large audience? The screening would also need a panel discussion.

g) **Hold a mandatory parents' assembly at primary schools on ACEs**.
When infants start primary school, could there be a 'out-of-the-box' standard parent's evening raising awareness of ACEs and having a discussion on parenting practices? Resilience Challenge[29] could be used for this.

h) **Behavioural science nudges could be used to improve family stability/relationships**.
There are various preventative aspects to consider here e.g. entering into safe and loving relationships, improving relationships between partners, splitting well. Improving such aspects is a complex and multifaceted process.

Public policy should be to help people construct the foundations upon which a stable family life can be built - economic security, good incomes, the opportunity to acquire skills and education, reducing the time pressures on parents, and providing access to effective health care.

[24] https://www.resiliencechallenge.org.uk/
[25] Trauma-informed workforce and services - Psychological trauma and adversity including ACEs (adverse childhood experiences) - gov.scot
[26] Home - Resilience (kpjrfilms.co)
[27] https://www.myacestory.com/Groups/393686/Watch_an_award.aspx
[28] https://www.resiliencechallenge.org.uk/
[29] https://www.resiliencechallenge.org.uk/

Thinking about behavioural nudges that could be tried, there are some initiatives which can give us clues:

1. Can we scale up Relationship Education services to saturate a community? Could Relationship Education make a larger impact than for just a few couples? And, importantly, could it have a measurable impact on community divorce rates? That's what a study[30] set out to test.

   The study tried to evaluate the impact of a Culture of Freedom Initiative (COFI) programme in the Jacksonville, Florida, area, which aimed to saturate the area with Relationship Education services. COFI worked through 93 churches and had a strong coordinating organisation leading the initiative (Live the Life). The organisation helped churches build up and publicise their Relationship Education services, including premarital education, marriage enrichment programs, and an intensive programme for couples thinking seriously about divorce called "Hope Weekend." It's important to note that COFI had substantial financial support from a philanthropic organization.

   Over two years, COFI efforts helped to put 35,000 people through Relationship Education services in the Jacksonville area and publicity tried to target those at most risk for divorce. The divorce rate in the Jacksonville area fell by almost 30% in the first two years of the COFI project (2015-2017) to a record low. The divorce rate in the rest of Florida fell by just 8% in that same time-period.

   The distinctive contribution of COFI in Jacksonville seems to have been a combination of actions. Firstly, large-scale, microtargeted digital marketing, based on research, tailored for three different groups; Romantics, who tend to have unrealistic expectations about marriage, Pessimists, who want lifelong marriage but tend to question its likelihood and Independents, who tend to invest less in marriage and family because they regard other life pursuits as more important. Secondly, involving a broad network of religious congregations committed to strengthening marriage. The digital messaging conveyed the following messages; "Marriage Matters" – the central tagline repeated across digital ads, billboards, and radio spots, "It's never too early and never too late to invest in your marriage" – used to encourage couples at all stages of life to attend enrichment programs, "Strengthen your marriage, strengthen your family" – framing marriage as a stabilizing force for children and communities, "Hope for your relationship" – tied to promotion of Hope Weekend, an intensive retreat for struggling couples, "Adventures in Marriage" – branding for one of the flagship workshops.

[30] Declining Divorce in Jacksonville: Did the Culture of Freedom Initiative Make a Difference?

2. There is a relationships course called 'Within Our Reach'[31] (and a course for singles called 'Within My Reach') birthed out of over 40 years of research in the field of relationship health led by the University of Denver which has been given in workshops to hundreds of thousands of individuals in USA, Europe and Australia. There have been many evaluations, including randomized controlled trials (RCTs), and results of some are as follows:
    a. Participation in the Within My Reach program is associated with a significant decrease in physical and emotional abuse.
    b. At a 5-year follow-up, couples had higher levels of positive and lower levels of negative communication skills and lower levels of marital violence compared to a control group.
    c. One year after the course, couples had one-third the rate of divorce of a control group.
    d. Participants of one evaluation were from diverse backgrounds and exhibited many of the risk factors for poor relationship outcomes including unemployment, low income, and childhood experience of abuse or neglect. Evaluation indicated that the program was beneficial for both singles and partnered individuals. Singles reported increased belief in ability to obtain healthy relationships. Partnered individuals reported increased relationship quality, relationship confidence, and reduced conflict. Regardless of relationship status, participants also reported improvement in general relationship and communication skill.
    e. Another evaluation with low-income, at-risk individuals involved with various social service agencies showed that participants experienced high levels of training satisfaction; significant increases in knowledge, communication / conflict resolution skills, and relationship quality; as well as a trend in the reduction of relationship violence.

3. As part of their decades long research into relationships, The Gottman Institute[32] conducted a study[33] with newlyweds and then followed up with them six years later. Many of the couples had remained together. Many had divorced. The couples that stayed married were much better at one thing – turning toward their partner rather than turning away. At the six-year follow up, couples that had stayed married turned towards one another 86% of the time. Couples that had divorced averaged only 33% of the time. It suggests that there is something anyone can do today that will dramatically change the course of their relationship.

   A bid is any attempt from one partner to another for attention, affirmation, affection,

[31] PREP Inc. - Prevention and Relationship Education Program – PREP Educational Products, Inc.
[32] Our Mission - About | The Gottman Institute
[33] Improve Your Relationship by Paying Attention to "Bids"

or any other positive connection. Bids show up in simple ways, a smile or wink, and more complex ways, like a request for advice or help. In general, women make more bids than men, but in the healthiest relationships, both partners are comfortable making all kinds of bids.

Bids can get tricky, however. Many men struggle to recognise them, so it's important to pay attention. Bids usually have a secondary layer – the true meaning behind the words. Examples are; How do I look? (Subtext - Can I have your attention?), Let's put the kids to bed. (Subtext - Can I have your help?), I talked to my sister today. (Subtext - Will you chat with me?), I had a terrible lunch meeting today. (Subtext - Will you help me destress?

To "miss" a bid is to "turn away." Turning away can be devastating. It's even more devastating than "turning against" or rejecting the bid. Rejecting a bid at least provides the opportunity for continued engagement and repair. Missing the bid results in diminished bids, or worse, making bids for attention, enjoyment, and affection somewhere else.

Turning towards starts with paying attention. Simply recognising that a bid has been made opens the door to response. If they've really been paying attention, they'll respond to both the text and the subtext. Such kindness makes each partner feel cared for, understood, and validated—feel loved.

By observing these and related types of interactions, the Gottmans can predict with up to 94% certainty whether couples will be broken up, together and unhappy, or together and happy several years later. Much of it comes down to the spirit couples bring to the relationship. Do they bring kindness and generosity; or contempt, criticism, and hostility?

From the above, what are possible nudges? Here are a few:

- A creative publicity campaign about Bids – how have you paid attention to your partner today?
- Messaging that marriage and couple relationships matter.
- Publicising courses in a positive way.
- Recognising long relationships e.g. 25 years, 40 years, etc., more than they are today.

i) **Collect ACE scores at a local level and publish indices to help communities realise what issues are prevalent**.
Identify through data collected, specific populations or geographic locations with a high incidence of measured Adverse Childhood Experiences, including by considering such

data when promoting behavioural nudges, awarding grants and contracts to entities serving such populations or locations.

4.2.2. Further ideas for reduction of the effects of ACEs

As discussed already, there are many initiatives in place for reducing the effects of ACEs e.g. trauma-informed practices. However, here are some more that should be considered.

a) **Socially prescribe volunteering**.
A study[34] in Australia has found that if a child is involved in volunteering before the age of 13, the odds of having poor mental health are reduced by around 28%. As well, children who demonstrate 'prosocial' behaviours, such as caring for others or doing acts of kindness, were 11% less likely to experience mental ill-health.
The volunteering can take many forms, such as helping at a local community sports club, participating in a community working bee, or more formal volunteering with a charity or church group. *"It's the act of helping others in the wider community, and building empathy and understanding, that is a critical protective factor against mental ill-health,"*

b) **Mandatory screening for ACEs of all children and adults up to 65 at GP level or, if too wide, then screen those with presenting with certain conditions i.e. Anxiety, Depression and Other Conditions; ADHD, Fibromyalgia, PTSD, Autism, Fatigue - ME/CFS**.
"135,000 adults going through a US Health Appraisal with ACE screening with follow-up produced a 35% reduction in GP visits and an 11% reduction in Emergency Department visits over the following year compared with that group's prior year utilization. We realized that asking with later follow up, coupled with listening and implicitly accepting the person who had just shared his or her dark secrets, is a powerful form of doing."[35]
In California[36], mandatory screening for ACEs of all children and adults up to 65 was introduced in 2020 and is administered by the Center for Youth Wellness[37]. This has also led to fewer drugs given to children[38] because many symptoms of ADHD and stress from childhood trauma overlap[39]. It's often difficult to differentiate between symptoms of ADHD and stress from childhood trauma, and to adequately diagnose childhood trauma

[34] https://aifs.gov.au/research/commissioned-reports/prosocial-behaviours-and-positive-impact-mental-health
[35] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6326558/
[36] Trauma-informed Care: It Takes More Than a Clipboard and a Questionnaire | by Center for Youth Wellness | Medium
[37] Center for Youth Wellness
[38] 'A Paradigm Shift' | News | North Coast Journal
[39] ADHD And Childhood Trauma: Unraveling The Complex Link - ADHD Online

stress[40]. “Even a highly trained clinician will have difficulty determining if a symptom is due to ADHD or childhood trauma if both are present.”

c) **Introduce self-help groups for ACE survivors to share experiences**.
"*Self-Help Plus participants were significantly less likely to have any mental disorders at six-month follow-up compared to the ECAU group (22% versus 41%). The risk reduction appeared to be similar across the most common diagnoses of mental disorders – depression, post-traumatic stress disorder (PTSD) and anxiety disorders.”*[41]
These could be specialised Patient Participation Groups (PPGs)[42] attached to a surgery.

d) **Increase child-at-risk attachment to an independent adult. Scale initiatives such as Transforming Lives for Good (TLG)**[43].
TLG specialise in early Intervention with a volunteer adult becoming a coach for one child for one hour a week. Coaches work on a one-to-one basis with children, with the overall aim of reducing the child’s felt anxieties and increasing their confidence and aspirations. They become a trusted support to the child, their teacher and their family.

5. Conclusion

5.1. Analysis of the samples have brought out many observations, many of them common to all samples. Here is a summary:

a) Those with a high number of ACEs have experienced a toxic, stressful family and home environment.
b) Those with a high number of ACEs have much higher experiences of unwanted sexual contact.
c) Violence in the household in the Lived Experience samples shows that arguments between parents themselves and parents and children have increased in recent years.
d) Mental health and drug issues in the household in all samples have increased over time.
e) Physical violence against the child in the Lived Experience 2023 and National sample has decreased over time but the Lived Experience 2025 sample shows a consistent level of violence against the child over time.
f) Separation and divorce in all samples have increased over time.

[40] Examining the Association Between Adverse Childhood Experiences and ADHD in School-Aged Children Following the COVID-19 Pandemic - Emma Boswell, Elizabeth Crouch, Cassie Odahowski, Peiyin Hung, 2025
[41] WHO psychological intervention effective in preventing mental disorders among Syrian refugees in Turkey
[42] Patient Participation Group - Wikipedia
[43] https://www.tlg.org.uk/your-church/early-intervention

g) In all samples, the more ACEs, the more visits to GP and more conditions discussed. Visits rise from 1 or 2 to 3 and conditions discussed rise from 1 to 3.
h) In all samples, the more ACEs, the more that certain conditions increase. These are primarily; Anxiety, Depression and Other Conditions.
i) Looking at Other Conditions reported, the following conditions seem to be more prevalent with a rising number of ACEs; ADHD, Fibromyalgia, PTSD, Autism, Fatigue - ME/CFS. On diagnosing these, GPs should get the patient to complete an ACE survey and discuss their ACE experiences. This could lead to a future reduction in GP visits.
j) In all samples, family instability raises the number of ACEs experienced significantly, adding at least 2 ACEs.
k) Incidences of domestic violence, arguments with the child, depression, drug/alcohol use, poor care increased significantly for families that divorce or separate.
l) A significant increase in a household member going to prison seems to be prevalent in unstable families.
m) In all samples, bullying is rife regardless of sex but is more prevalent in White British populations.
n) In all samples, 36%-45% of Other Ethnicities (excluding White British) have experienced racism.
o) In all samples, males are more likely to have experienced violence in their communities.

5.2. There have been observations on public service systems that seem only to focus on dealing with the effects of ACEs rather than prevention.
a) There are 9 suggested approaches to PREVENTING ACEs in the first place and 4 for reduction of effects.
b) There is very little appetite by state agencies to move to prevention. Various reasons prevent this and the system needs disruption.
c) If the focus was on ‘creating a trauma-free society’ rather than creating ‘trauma-informed practices’, effort would then be switched to prevention rather than reduction of the effect of ACEs.

We, as a society, could continue to focus on handling the results of ACEs at great cost, not only in money but also in wasted lives. We must move to prevention to address the root causes if we are to create a society where people thrive and reach their full potential.

Appendices

Appendix A: The survey

When you were growing up, during the first 18 years of your life . . .

* 1. Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs?
Yes No

* 2. Did you live with a household member who was depressed, mentally ill or suicidal?
Yes No

* 3. Did you live with a household member who was ever sent to jail or prison?
Yes No

* 4. Were your parents ever separated or divorced?
Yes No

* 5. Did your mother, father or guardian die?
Yes No

* 6. Did you see or hear a parent or household member in your home being yelled at, insulted or humiliated or beaten?
Yes No

These next questions are about certain things YOU may have experienced. When you were growing up, during the first 18 years of your life . . .

* 7. Thinking about the way your parents/guardians cared for and supported you, did they withhold food or did not provide clean clothes or left you alone for long periods or not protect or take care of you?
Yes No

* 8. Did a parent, guardian or other household member yell, scream or swear at you, insult or humiliate you?
Yes No

* 9. Did a parent, guardian or other household member spank, slap, kick, punch or beat you up?
Yes No

* 10. Did you experience unwanted sexual contact (such as fondling or intercourse)?
Yes No

We are now going to ask questions about the community(ies) you grew up in. When you were growing up, during the first 18 years of your life . . .

* 11. Bullying is when a young person or group of young people say or do bad and unpleasant things to another young person. Were you bullied to an extent that made you frightened or anxious?
Yes No

* 12. Were you made fun of or abused because of your race, nationality or colour?
Yes No

* 13. Thinking about the community you lived in, did you see someone being beaten up or threatened with a knife or gun or stabbed or shot in real life?
Yes No

* 14. Due to wars, terrorism, conflicts, etc., were you forced to go and live in another place or suffered destruction of your home or saw or experienced violence by soldiers, police, militia, or gangs?
Yes No

Tell us a little about yourself...

* 15. Sex
Male Female

* 16. What is your age?
18-25, 26-35, 36-45, 46-55, 56-65, 66+

* 17. Please enter the first part of your postcode e.g. if your postcode is B67 3DA then enter B67.

* 18. Choose one option that best describes your ethnic group or background:
White British, White other nationality, Mixed ethnic group, Asian British, Asian other nationality, Black British, Black other nationality, Other ethnic group

* 19. What is the highest level of education you have completed?
No GCSEs, GCSEs, A Level, Vocational, Diploma, Degree, Post graduate degree

* 20. Number of times you have visited a GP and/or A&E in last 12 months?

* 21. Please tell us what medical conditions you have experienced from this list that you have spoken to your GP about (tick all that apply)?
Allergies, Anxiety, Asthma, Atrial Fibrillation, Cancer, Chronic Obstructive Pulmonary Disease (COPD), Crohn's Disease, Depression, Diabetes, Epilepsy, Heart Conditions, High Blood Pressure, HIV, Multiple Sclerosis (MS), Stroke, Other (please specify), None of the above

Appendix B: What are ACEs?

In 1995, a survey[44] of patients in a health plan in the USA looked at their health as adults and the childhood traumas they had experienced. Ten traumas were listed:

· Sexual; Verbal; Physical abuse;

· Emotional; Physical neglect;

· Parent who is mentally ill; an alcoholic.

· Mother is domestic violence victim; Family member jailed; Loss of parent by divorce or abandonment.

When the doctor saw the results, *"I saw how much people had suffered and I wept."*

People affected by several ACEs have much higher risk of poor health, educational failure, imprisonment, addiction, etc. For example, a study[45] of men in prison in Wales found that nearly half of prisoners (46%) reported they had experienced four or more ACEs. This compares to just over 1 in 10 (12%) in the wider population.

People exposed to 4+ ACEs can die 20 years earlier than those with no ACEs.

Four or more ACEs significantly increase the odds of a person:

- Developing cancer (by nearly two times)
- Being a current smoker (just over two times)
- Having sexually transmitted infections (by two and a half times)
- Using illicit drugs (by nearly five times increased risk)
- Being addicted to alcohol (over seven times increased risk)
- Attempting suicide (over 12 times increased risk)

This does not mean that these conditions will only appear in people with a high number of ACEs but the RISK of them appearing is much higher.

Other ACEs have been proposed since the original study e.g. racial abuse, poverty, bullying, etc.

Adverse Childhood Experiences therefore are a root cause of trauma, result in wasted lives and are a huge cost to society.

A report[46] in the Lancet in September 2019 estimated these as follows, "*Total annual costs attributable to ACEs were estimated to be US$581 billion in Europe and $748 billion in north America. More than 75% of these costs arose in individuals with two or more ACEs. Millions*

[44] About the CDC-Kaiser ACE Study |Violence Prevention|Injury Center|CDC
[45] https://phw.nhs.wales/news1/news/more-than-eight-in-ten-men-in-prison-suffered-childhood-adversity/
[46] https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30145-8/fulltext

of adults across Europe and north America live with a legacy of ACEs. Our findings suggest that a 10% reduction in ACE prevalence could equate to annual savings of $105 billion."

Individuals, communities and society therefore pay a huge cost in dealing with the effect of ACEs - wasted lives, premature death, effect on communities e.g. anti-social behaviour, healthcare, justice, education costs i.e. spending taxpayer money.

Prevention starts with awareness, especially by parents, schools, doctors, social workers, police, local government, etc. Organisations can develop 'trauma-informed practices' to mitigate the effects.

Preventing ACEs in future generations[47] could reduce levels of:

- Early sex by 22%
- Unintended teen pregnancy by 38%
- Smoking (current) by 16%
- Binge drinking (current) by 15%
- Cannabis use (lifetime) by 18%
- Heroin/crack use (lifetime) by 59%
- Violence victimisation (past year) by 51%
- Incarceration (lifetime) by 53%
- Poor diet (current) by 14%
- Mood disorders by 22.9%
- Anxiety disorders by 31%
- Behavioural disorders by 41%
- Psychosis by 33%
- Mental health diagnoses by 29%

[47] https://www.liverpoolcamhs.com/wp-content/uploads/2019/02/Liverpool-ACE-briefing-SlideSet-.pdf

Geoff Knott
My ACE Story CIC

www.myacestory.com