MY ACE STORY

Adverse Childhood Experiences (ACEs) Report UK 2025 Executive Summary

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

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.

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. 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.

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.

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.

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.

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.

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.

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.

9. Recommendations for Prevention and Reduction

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.

9.2. Reduction of Effects

- **Trauma-informed practices:** State agencies should continue to adopt approaches that focus on understanding and mitigating the effects of trauma.
- **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.
- **Self-help groups:** Support groups for ACE survivors can reduce mental health disorders.

- **Support for at-risk children:** Increase attachment to independent adults through mentoring programmes, such as “Transforming Lives for Good (TLG)”.
- **Social prescribing:** Encourage volunteering and prosocial behaviour as protective factors. Social prescribing can help children and adults build resilience and community connections.

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.

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.

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.

Read the full report with reference links[1]

[1] https://www.myacestory.com/report2025

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