#### Child Outcomes

(0 compared to +4 ACEs)

- 4 x more likely special educational needs
- 9 x more likely excluded from school
- 4 x more likely health concerns as a child
- 2 x more likely been hospitalised as a child
- 11 x more likely early sexual initiation
- 6 x more likely unintended pregnancy
- 25 x more likely lived away from home as a child
- 14 x more likely -threatened by paramilitaries

### Adult **Mental Health**

(0 compared to +4 ACEs)

- 7.5 x more likely to currently have Anxiety
- 8.6 x more likely to have depression
- 6.6 x more likely to have poor mental well-being
- 14.8 x more likely to currently have PTSD/ CPTSD
- 9.6 x more likely to have ever been diagnosed with a mental health condition as an adult

### Prevalence by Age +4 ACEs 11.4% 17.8% 24.1% 18.4% 12.6%

### **Benevolent Childhood Experiences**

Eradicating ACEs could lead to ...



In terms of adult mental health. The percentage with current anxiety reduced from 54.5% to 35.5% The percentage with current depression reduced from 52.3% to 22.6%

The percentage with poor mental health wellbeing reduced from 44.2% to 17.2% The percentage with PTSD/ CPTSD reduced from 26.1% to 16.1% · Also improvements for physical health

60% 1 ACE

**NI** Population

lin 5+4 ACEs

F1.7bn par

# **Our unique operating context**



### Health Harming Behaviours

(0 compared to +4 ACEs)

- 2.6 x more likely to smoke or vape daily
- 2.9 x for likely to have used drugs

- 2.8 x more likely to have contacted their GP on more than 3 occasion in the previous 3 months
- 8.3 x more likely to have ever been arrested
- 4.2 x more likely to have ever struggled with debt
- lender



### **Adult Physical Health**

Overall 5.4 times more likely to have physical health problems, (angina, asthma, chronic pain, insomnia, rheumatoid arthritis)

• 2 x more likely to engage in now or low weekly physical activity • 2.9 x more likely to have attended the ED in the previous 3 months

• 10.86 x more likely to have ever borrowed from an illegal money



The Executive Programme on Paramilitarism & **Organised** Crime

## **Evidence-based Recommendations**

- Improve data collection
- Focus on collaborative and joined up responses
- Policy testing decision makers appreciate impact of adversities experienced in the home / community on child /adult outcomes
- ACEs informed commissioning of services with preventative and targeted support
- Invest in universal as well as targeted support to interrupt inter-generational trauma
- Scale up interventions that locate and support those most affected by conflictrelated adversity like paramilitary violence, bereavement



The Executive Programme on Paramilitarism & **Organised Crime** 

### **Trauma-Informed Approaches:** the tools

Effort / Resource focus

Level 1 and Level 2 trauma training



Level 1 Adverse Childhood Experiences (ACE) Awareness

#### What does it include?

Research studies regarding Aces and their potential The NLACEs animation Ruilding blocks of resilien

Different tuner of Street A Trauma 'lens' as a means o

Staff wellbeing

The pair of ACEs (adverse child)

How long will it last?

Full Report on Prevalences of ACEs in NI



#### NI Organisational Toolkit



"Trauma decontextualized in a person looks like personality. Trauma decontextualized in a family looks like family traits. Trauma in a people looks like culture" - Resma Menakem

### The report as an evidence base for system change?

#### Current public sector approach

Tertiary- highly targeted, high-cost bespoke response, crisis interventions. poor overall outcomes

> Secondary - prevent harm worsening Targeted trauma-informed measures

Primary - prevent harm. Low cost per person. Economics of scale, strong outcomes

#### Trauma informed Approach

Tertiary- highly targeted, high-cost bespoke response/ crisis interventions, poor overall outcomes

> condary - prevent harm worsening argeted trauma-informed measure