Adverse childhood experiences are different from child trauma, and it is critical to understand why.

Childhood adversity is a broad term that refers to a wide range of circumstances or events that pose a serious threat to a child’s physical or psychological well-being. Examples of childhood adversity include:

- Child abuse & neglect
- Emotional abuse (Humiliation)
- Domestic violence
- Bullying
- Serious accidents or injuries
- Discrimination
- Chronic POVERTY
- Community violence

Research shows that such experiences can have serious consequences when they:

- Occur early in life
- Are chronic and/or severe
- Accumulate over time

The effects of childhood adversity may be biologically embedded during sensitive periods of development and may lead to lifelong physical and mental health problems.

Adversity does not predestine children to poor outcomes, and most children are able to recover when they have the right supports

- The key is consistent presence of a warm, consistent, sensitive caregiver

Adverse childhood experiences (ACEs)—a term coined by researchers Vincent Felitti, Robert Anda, and their colleagues in their seminal study conducted from 1995 to 1997—are a subset of childhood adversities. The researchers asked adults about childhood adversities in seven categories: physical, sexual, and emotional abuse; having a mother treated violently; living with someone who was mentally ill; living with someone who abused alcohol or drugs; and incarceration of a member of the household.

- Researchers found that the more ACEs adults reported from their childhood the worse their physical and mental health outcomes (e.g., heart disease, substance misuse, depression).
- No ACEs lists or screening tools identify all childhood adversities; those that do not include adversity related to social disadvantage are likely to overlook children in specific racial or ethnic groups, who are disproportionately affected.

Gaining a full picture of a child can avoid overtreatment of children who exposed to ACEs but are functioning well.

Trauma is one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, and/or physically and/or emotionally threatening.

With trauma, a child may experience:

- Strong negative emotions (e.g., terror or helplessness)

Adapted from: J. D. BARTLETT, V. SACKS. Adverse childhood experiences are different than child trauma, and it’s critical to understand why. APR 10, 2019. Child Trends.
Physiological symptoms (e.g., rapid heartbeat, bedwetting, and stomachaches) Symptoms may develop soon afterward and continue well beyond their initial exposure.

Certain types of childhood adversity are more likely to cause trauma reactions in children:
- Sudden loss of a family member
- Natural or manmade disasters
- Serious car accident
- School shooting/violence

Childhood adversities like parental separation or divorce tend to be associated with more variability in children’s reactions and children may not experience it as trauma.

Trauma affects each child differently, depending on his or her individual, family, and environmental risk and protective factors. Children who experience the same type of adversity may respond in distinct ways:
- One may recover quickly without significant distress
- Another may develop posttraumatic stress disorder (PTSD) and benefit from professional help (trauma specific services & supports)

Toxic Stress can occur when a child experiences adversity that is extreme, long lasting, and severe (e.g., chronic neglect, domestic violence, severe economic hardship) without adequate support from a caregiving adult.

Childhood adversities, including ACEs, can over-activate a child’s stress response system, wearing down the body and brain over time.
- This over activation is referred to as Toxic Stress
- Toxic Stress affects development and well-being

A child’s stress response to adversity becomes problematic and leads to serious health and mental health problems in adulthood depending on the child’s
- Biological makeup (e.g., genetic vulnerabilities, prior experiences that have damaged the stress response system or limited healthy gene expression)
- Characteristics of the adverse events or conditions (e.g., intensity, duration, whether a caregiver caused the child harm)

Increased public understanding that childhood adversity, including ACEs, can cause trauma and toxic stress and have a lasting impact on physical and mental health presents an important opportunity to turn awareness into action.
- Caregivers and practitioners can learn and implement trauma-responsive practices in child and family service systems
- We must take caution to avoid an exclusive focus on ACEs at the expense of understanding the full range of childhood adversity and considerable variation in children’s responses to ACEs.

When we focus solely on ACEs, we risk allowing the most vulnerable and marginalized children who are in need of support to fall through the cracks while pathologizing and over treating other children who do not need services.

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