

Trauma and Adverse Childhood Experiences (ACEs)

A Critical Overview of Diagnosis, Barriers and Support Strategies

Introduction

Trauma refers to the psychological and emotional responses to distressing events that overwhelm an individual's ability to cope (SAMHSA, 2014). These responses can include fear, emotional dysregulation, and long-term behavioural and cognitive changes (American Psychiatric Association, 2013; WHO, 2019). Importantly, trauma is not determined solely by the event itself but by how it is experienced and interpreted, highlighting the importance of resilience and environmental support (Sweeney *et al.*, 2018; Masten, 2014).

Adverse Childhood Experiences (ACEs) are forms of trauma occurring before the age of 18, such as abuse, neglect, and household dysfunction (Felitti *et al.*, 1998). While research links cumulative ACEs to poorer health and social outcomes (Hughes *et al.*, 2017), the framework has been criticised for oversimplifying experiences and promoting deterministic thinking (Finkelhor, 2018; Lacey and Minnis, 2020). In Wales, ACEs are recognised as a public health concern, particularly in deprived communities, where social inequality plays a significant role (Welsh Government, 2022; Marmot *et al.*, 2020).

Understanding trauma requires balancing medical perspectives, which focus on diagnosis and brain impact, with social models that emphasise structural inequality and lived experience. This poster explores trauma, diagnosis, barriers to support, and trauma-informed care.

Diagnosis Process

Diagnosing trauma and ACE-related difficulties is complex because symptoms vary and overlap with other conditions. Trauma cannot be identified through a single test; it requires holistic assessment of psychological, social, and environmental factors (NICE, 2018). This challenges biomedical approaches that prioritise standardised criteria and measurable symptoms.

Clinical interviews and psychosocial assessments are central, allowing exploration of personal histories. However, disclosure may be limited by stigma or fear, increasing risk of underdiagnosis (Hughes *et al.*, 2017). ACE screening tools provide structure but may oversimplify trauma and overlook resilience (Finkelhor, 2018; Lacey and Minnis, 2020). Diagnostic frameworks such as DSM-5 and ICD-11 emphasise symptoms rather than causes (Sweeney *et al.*, 2018). Misdiagnosis is common, especially in children, where trauma-related behaviours may be labelled as ADHD (Ford *et al.*, 2018). A social model perspective reframes these behaviours as adaptive responses to adversity, highlighting the need for contextual understanding.

Barriers to Identification and Support

1. Stigma and Disclosure

Stigma is a key barrier to identifying and supporting individuals affected by trauma and ACEs, operating at internalised, social, and structural levels (Hughes *et al.*, 2017). Internalised stigma involves shame and self-blame, discouraging disclosure, while social stigma reflects fear of judgement. Structural stigma includes institutional barriers such as concerns about confidentiality or social services involvement. In Wales, stigma contributes to underreporting and leaves many individuals unsupported (Public Health Wales, 2019). This delays diagnosis and access to early intervention (NICE, 2018). From a social model perspective, stigma is shaped by societal attitudes and service structures, requiring systemic rather than individual-focused change (Thomicroft, 2016).

2. Lack of Professional Awareness

A lack of professional awareness is another major barrier to effective support. Many practitioners lack sufficient understanding of trauma-informed approaches, increasing the risk of misinterpretation (Sweeney *et al.*, 2018). Behaviours such as withdrawal or aggression are often viewed as misconduct rather than adaptive responses to trauma (Ford *et al.*, 2018), reflecting the dominance of the medical model. Although Wales has introduced trauma-informed policies, implementation remains inconsistent (Welsh Government, 2022). This can lead to re-traumatisation and ineffective interventions (DeJong, 2019). However, these issues are shaped by structural factors such as workload pressures and limited resources (Timimi, 2017; NHS Wales, 2021), highlighting the importance of systemic change.

Support Strategy: Trauma-Informed Care (TIC)

Trauma-informed care (TIC) is a key strategy for responding to trauma and ACEs, involving recognition of trauma's impact and the adaptation of services to promote safety, trust, collaboration, and empowerment (SAMHSA, 2014). Its core principles safety, trustworthiness, collaboration, empowerment, and cultural sensitivity aim to create supportive environments that reduce re-traumatisation. In Wales, these principles are embedded within national policy frameworks (Welsh Government, 2022). Research suggests TIC can improve outcomes, including increased service engagement and better emotional regulation (Sweeney *et al.*, 2018; Berger, 2019). In educational settings, it has been linked to reduced exclusions and improved pupil wellbeing (Public Health Wales, 2020). However, much of this evidence is observational, limiting the ability to establish clear causation (Maynard *et al.*, 2019).

Despite its strengths, TIC has limitations. Implementation varies due to differences in resources, training, and organisational commitment (Welsh Government, 2022). There is also a risk of superficial adoption as a "tick-box" exercise (Sweeney *et al.*, 2018).

Crucially, TIC does not address wider social determinants, highlighting the need for integrated approaches.

Conclusion

Trauma and ACEs are major public health issues, but outcomes are not deterministic, as resilience and social context influence development. Diagnosis is complex due to overlapping symptoms and reliance on medical models that may overlook context. Stigma and limited awareness further hinder identification. While the medical model supports treatment and the social model highlights inequality, both have limitations. Trauma-informed care is valuable but inconsistent, requiring integration with broader social changes addressing poverty, inequality, and access to support.



Trauma and ACE diagnostic chart