

ADVERSE CHILDHOOD EXPERIENCES IN NIGERIA: CONCEPT, CHALLENGES, AND INTERVENTIONS

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Abstract

Stressful incidents known as Adverse Childhood Experiences (ACEs) seriously impair children's development and have long-term effects on social relationships, academic achievement, and mental health. The prevalence, effects, and interventions related to ACEs are examined in this analysis, focusing on problems such as a lack of data, cultural stigma, inadequate policies, and resource constraints. The suggestions include supporting research, integrating ACEs-focused approaches into national policy increasing public awareness, enhancing professional capacity, and encouraging multisectoral cooperation. Cognitive behavioural therapy and trauma-focused cognitive behavioural therapy are two trauma-informed counselling techniques that are emphasised as being essential for reducing the effects of adverse childhood experiences (ACEs). To prevent and lessen ACEs and promote stronger, healthier communities, this paper advocates for a comprehensive approach.

Keywords: *Adverse Childhood Experiences, ACEs, Mental health, Child protection, Resilience, Public health, Policy Integration.*

Introduction

Adverse Childhood Experiences (ACEs) are potentially traumatic events or circumstances that occur throughout childhood, usually before the age of 18, and substantially affect a person's growth and welfare. Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) conducted a groundbreaking study in the 1990s that popularised the hypothesis of ACEs. This important study demonstrated the prevalence of ACEs and their strong association with numerous detrimental life outcomes. ACEs are becoming more widely acknowledged as important occurrences that impact a person's developmental trajectory through interactions with biological and environmental factors. ACEs have a lasting effect on physical health, as seen by their strong correlation with chronic conditions like cancer, diabetes, and cardiovascular disease. People who have experienced ACEs are more likely to suffer from mental health conditions such as substance abuse, anxiety, depression, and post-traumatic stress disorder (PTSD) (Chenube, 2023) The challenges those impacted face are exacerbated by these occurrences, impairing emotional control and cognitive function.

At the societal level, ACEs hinder academic performance, reduce employability, and increase the likelihood of engaging in criminal activity. ACEs have significant financial repercussions, burdening social welfare programs, criminal justice systems, and healthcare systems (Zarse, et al., 2018). According to research conducted in Finland, Hungary and Central-Eastern Europe, the annual economic cost of outcomes linked to ACEs is billions of dollars. To Giovanelli and Reynolds (2021), ACEs are made worse in low- and middle-income countries

(LMICs) by sociocultural factors that make children more vulnerable, structural poverty, and poor governance.

ACEs affect many people, yet their presence and consequences are unequal. The differences are particularly noticeable in low- and middle-income nations, underscoring the need to place and address negative childhood experiences within specific geopolitical and cultural frameworks. Addressing ACEs in these domains is a strategic investment in public health, societal progress, and moral duty (Hampton-Anderson, et al., 2021). Nigeria, the most populous nation in Africa, faces unique and complicated problems that increase the dangers and consequences of ACEs. Kelly-Irving and Delpierre (2019) asserted that pervasive poverty, high unemployment rates, unstable politics, and a lack of social support services characterise the country's socio-economic structure. As a result of these factors, children are disproportionately exposed to adversity, making ACEs a serious public health concern. Cultural behaviours that increase the prevalence of ACEs in particular populations include child labour, early marriage, and gender-based violence. Furthermore, because of ongoing insurgencies, children in conflict-affected areas—particularly in the Northeast—face greater exposure to violence, displacement, and lack of parental care (Bhutta, et al., 2023). These factors not only increase the likelihood of experiencing ACEs, but they also worsen their impact on affected individuals and communities.

It is crucial to look at ACEs in Nigeria for several reasons, one of it is because policymakers and practitioners cannot create targeted and successful interventions due to the absence of thorough data on the nation's presence, trends, and consequences of ACEs (Giovannelli & Reynolds, 2021). Nigeria's unique structural and cultural context also needs tailored approaches that consider regional realities and difficulties (Ceccarelli et al., 2022; Chenube, 2024). Understanding the extent and impacts of ACEs can also help develop effective child protection policies, enhance the way existing frameworks are implemented, and foster cooperation among key stakeholders.

This review therefore aims to evaluate existing literature on ACEs in Nigeria. This study attempts to synthesise available knowledge to clarify the prevalence, trends, and impacts of ACEs on children and society. Placing global perspectives on ACEs inside Nigeria's unique sociocultural and structural framework, it also aims to bridge the knowledge gap. This review is a starting point for improving scholarly discussion and directing real-world actions to address ACEs in Nigeria

Method of the Study

This discourse adopted a systematic review methodology to compile and analyse the most recent and relevant data on ACEs in Nigeria. This approach was chosen to ensure the process was both structured and replicable, allowing for an objective and comprehensive synthesis of existing research. The abundance of existing literature examining ACEs from various perspectives provided a solid foundation for this review. Integrating these diverse sources helped uncover gaps and inconsistencies in the literature while revealing emerging patterns and trends. To maintain rigor and relevance, inclusion and exclusion criteria were clearly defined. The review included studies that were published within the last 20 years, reflecting the contemporary understanding of ACEs. It also employed either qualitative or quantitative methods to explore the prevalence, effects, and contextual factors of ACEs. It excluded studies not published in English, research that did not explicitly focus on ACEs, and studies lacking methodological transparency. Data sources included academic databases such as PubMed, Scopus, and Google Scholar, using keywords like “Adverse Childhood Experiences,” “Nigeria,” “child abuse,” and “household dysfunction.” Grey literature from institutions such as UNICEF, WHO, and regional NGOs supplemented academic findings with contextual data specific to Nigeria.

Conceptual Framework

Numerous potentially traumatic events or persistent challenges that arise during childhood are referred to as Adverse Childhood Experiences (ACEs). Abuse, neglect, and dysfunction in the home are the three main categories into which these experiences are typically divided. Sexual, emotional, and physical abuse are all considered forms of abuse (Goddard, 2020). While emotional abuse involves actions that damage a child's mental health and self-esteem, physical abuse consists of the imposition of bodily pain. Any sexual act committed against a child is considered sexual abuse. There are two categories of neglect: emotional and physical. Physical neglect occurs when caregivers fail to provide basic needs, such as food, shelter, and medical treatment (Barajas-Gonzalez, et al., 2021). When children's emotional and psychological needs - such as love, support, and security - are disregarded, it is known as emotional neglect. Living in situations where there is parental separation or divorce, substance misuse, mental illness, a family member's incarceration, or exposure to domestic violence is referred to as household dysfunction (Larkin, et al., 2013). Such situations weaken a child's sense of security and stability.

Literature has extensive documentation on the impact of ACEs on long-term outcomes (Zarse, et al., 2018). Negative physical, behavioural, and social consequences arise from neurological, physiological, and emotional impairments caused by exposure to ACEs throughout critical developmental stages. (Deighton, et al., 2018). Three main mechanisms can be used to explain the relationships between ACEs and these outcomes, one, is the Pathways in Biology. The hypothalamic-pituitary-adrenal (HPA) axis is stimulated by prolonged stress from ACEs, which results in dysregulated stress reactions. The structure and function of the brain are altered by prolonged exposure to stress hormones like cortisol, particularly in areas linked to memory, decision-making, and emotional control. The second is the psychosocial routes; secure bonds and healthy coping strategies are often hindered by ACEs. This disturbance impairs social and interpersonal functioning and increases vulnerability to mental health conditions such as substance misuse, anxiety, and depression. The third is behaviour-based routes; as coping mechanisms, those who have had ACEs may take part in unhealthy habits, substance abuse, and unsafe sexual behaviour. Over time, these behaviours hurt one's physical and mental health (Jones, et al., 2018).

Prevalence and Patterns of Adverse Childhood Experiences in Nigerian Populations

The intricate interplay of Nigeria's social, cultural, and institutional factors exacerbates the incidence and consequences of ACEs (Fujiwara, 2022). Wiss and Brewerton (2020) posited that a significant portion of the population lives in poverty, which creates an environment where children are more vulnerable to abuse and neglect. Economic instability and high unemployment rates increase household stress, which commonly leads to dysfunctions such as domestic violence. Certain traditional cultural practices, such as child labour and early marriage, expose kids to harmful situations. Children, especially girls, are often vulnerable to abuse and neglect due to gender inequity and patriarchal norms. The stigma around mental health and the lack of public discussion about domestic violence make it difficult to identify and address ACEs (Petrucci, et al., 2019).

Nigeria's varied and complex social terrain shapes the unique Nigerian context and its implications for ACEs. Children in areas plagued by conflict, like the Northeast, face unique difficulties, such as being uprooted, losing parental supervision, and being exposed to violence firsthand (Hampton-Anderson et al., 2021). Slums have proliferated as a result of urbanisation and congestion in cities, putting children at higher risk of abuse and neglect. Rariden, et al. (2020) opined that ACEs are made worse by Nigeria's structural problems, which include inadequate child protection frameworks, limited access to high-quality healthcare and education, and

inefficient implementation of anti-child abuse laws. Despite efforts to address these problems, progress is hampered by the lack of thorough data and culturally sensitive approaches. Developing effective and long-lasting solutions requires an understanding of the unique Nigerian setting.

There are very few empirical studies in Nigeria on ACEs. Recent research highlight the widespread prevalence of ACEs in Nigerian children, adolescents, and young adults. Okoro, et al., (2024) discovered that, among secondary school students in Ebonyi State, experiences of abuse and familial dysfunction were significant predictors of feelings of alienation, but socio-economic status had no notable moderating influence. Adeoye and Omotoso (2023) revealed that in Lagos, merely 17.2% of assessed young adults indicated no depressive symptoms, revealing a statistically significant relationship between accumulated ACEs and increased depressed inclinations. Nnaji, et al. (2023) found that 86.7% of undergraduate students polled had encountered at least one ACE, with those reporting four or more ACEs demonstrating an elevenfold increase in the probability of psychological distress. This pattern corroborates studies in other situations, emphasising the dose–response link between ACE exposure and detrimental mental health effects. In another University setting, Olaleye and Ayodele (2024) revealed that 40.8% of preclinical medical students at the University of Ibadan had encountered at least one ACE, with such exposure significantly correlating with diminished self-esteem and inferior psychosocial functioning. These findings indicate troubling consequences for student mental health and academic achievement, underscoring the necessity for mental health services in higher education institutions. Ogunyemi and Ilesanmi (2024) showed that over 90% of tertiary-level students in Southwest Nigeria experienced at least one ACE, with cumulative ACEs significantly predicting involvement in risky sexual behaviours.

In addition to the student demographic, ACEs have been associated with reproductive health and maternal welfare. Eze, et al. (2024) discovered that first-time moms with elevated ACE exposure experienced significantly increased emotional suffering and diminished satisfaction with motherhood, with gender dynamics revealing greater distress among mothers of female offspring. Adegboye and Ogunleye (2023) identified a distinct correlation between ACEs and suicide ideation in pregnant women in Lagos, highlighting the intergenerational dangers of unaddressed childhood trauma. Okeke, et al. (2025) advanced this discussion by investigating the relationship between ACEs and Intimate Partner Violence (IPV) in infertile women. Their findings indicated elevated rates of both emotional and physical intimate partner violence, with a history of adverse childhood experiences exacerbating vulnerability, particularly among women from lower socio-economic backgrounds.

Although these studies offer significant empirical insights, contemporary conceptual assessments, such as Chenube (2025), have emphasised the culturally ingrained nature of detrimental parenting practices in Nigeria, which sustain cycles of misfortune. The review advocated for the incorporation of trauma-informed counselling interventions, community-based psychoeducation, and culturally responsive parenting programs to tackle these systemic issues. Notwithstanding the increasing evidence about the frequency and impact of ACEs in Nigeria, current research is predominantly geographically scattered and primarily cross-sectional. There is an urgent necessity for nationally representative surveys and longitudinal cohort studies to establish causal relationships between ACEs and subsequent life outcomes. Moreover, limited intervention studies have evaluated the efficacy of trauma-informed models in Nigerian educational institutions, maternal health facilities, or reproductive health settings. Researchers continually promote the formulation of policies that integrate systematic ACE screening, training for educators and parents, and community-based support frameworks (Chenube, 2025; Olaleye & Ayodele, 2024).

Challenges in Addressing Adverse Childhood Experiences (ACEs)

One of the biggest challenges in addressing Adverse Childhood Experiences (ACEs) is the lack of comprehensive, high-quality, and localised data. The vast, national-level data commonly used in research on ACEs may not accurately represent the complex realities of specific groups or locations. The development of customized solutions that could more effectively address the unique needs of different places, cultures, or at-risk people is hampered by the absence of locally relevant data. ACEs statistics are frequently scarce or nonexistent in many low- and middle-income countries, particularly in rural or marginalized areas. Policymakers and practitioners cannot accurately assess the prevalence of ACEs, understand their overall impact, and develop effective responses due to the lack of localized data.

Social and cultural barriers significantly impact the recognition and treatment of ACEs. The concept of ACEs may not be fully recognized or understood in many civilizations, particularly in non-Western cultures, because trauma may not be immediately recognized as a serious problem. The significance of childhood abuse, neglect, or parental dysfunction may be trivialized or denied as a result of cultural norms, conventional beliefs, and societal expectations. There may be strong social stigma associated with discussing abuse or trauma in some cultures, where family isolation is highly valued. Children who experience ACEs may be reluctant to speak up for fear of rejection, shame, or more harm. Parents and carers may also be affected by this stigma, and they may choose not to seek help out of fear of rejection or condemnation. Furthermore, because some cultural frameworks may not view some forms of physical punishment or domestic abuse as harmful, social norms that support these practices may hinder efforts to resolve ACEs (Barnes, et al., 2019).

Structural and policy flaws significantly hamper effective ACE mitigation. One major problem is the insufficient implementation of child protection policies (Hamby, et al., 2021). Even though many nations have laws intended to protect children from abuse and neglect, these laws are often not adequately enforced due to a lack of funding, corruption, or political will (Narayan, et al., 2021). Authorities' capacity to look into and handle abuse reports is hampered in some places by underfunded or understaffed child protection services (Merrick, et al., 2019). Also, in many areas, there is a lack of coordination between the various agencies and organizations responsible for protecting children, such as the police, social services, medical professionals, and the courts (Portwood, et al., 2021). Responses to childhood trauma are fragmented and inconsistent as a result of this lack of coordination. Due to shortcomings in service delivery, children affected by ACEs may go unnoticed and receive insufficient care or support.

Initiatives to address ACEs are significantly hampered by resource constraints, particularly in settings with few resources. The development and implementation of successful programmes are usually hindered by a lack of funding and inadequate infrastructure (Bhutta, et al., 2023). Financial limitations impede many nations, particularly those in South Asia and sub-Saharan Africa, from providing comprehensive early intervention programmes, mental health treatments, or child protection initiatives (Goddard, 2020). The problem is made worse by inadequate infrastructure, which includes a lack of qualified specialists, limited access to mental health services, and subpar facilities for children in need of protection (Leitch, 2017). As a result, many communities cannot get the assistance and resources necessary to lessen the effects of ACEs.

Also, funding for preventing and treating ACEs is still scarce. In contrast, funding is usually allocated to other health and social issues like infectious diseases or economic development (Tidmarsh, et al., 2022). Advocacy campaigns are crucial to raising awareness of the importance

of addressing ACEs and the long-term benefits of early intervention, which can ultimately reduce future strains on the economy, social services, and healthcare.

Addressing Adverse Childhood Experiences (ACEs)

Improving research and data collection efforts presents an opportunity to address ACEs globally and in Nigeria particularly. It is essential to create thorough and high-quality datasets that provide a more in-depth understanding of ACEs' prevalence, traits, and outcomes to address their effects effectively (Sperlich, et al., 2017). Using well-known research models, including the ACEs study Pletcher, et al. (2019) provides a solid foundation for improving international ACE data collection efforts. These frameworks can be customised to local circumstances to ensure that data is relevant and representative of diverse populations. Improving research projects to include longitudinal studies is crucial for understanding ACEs' long-term effects and evaluating treatments' effectiveness, particularly in underrepresented regions and marginalised populations .

A thorough grasp of the impacts of ACEs on people and communities can also be facilitated by advanced data analysis and the integration of many data sources, including medical records, social services data, and educational outcomes. The effectiveness and reach of ACEs monitoring can be increased by developing specialised data systems for ACEs and using digital tools for real-time data collection. The evidence foundation needed to formulate policies and interventions can be strengthened by funding research infrastructure and encouraging partnerships between universities, governments, and international organisations. Furthermore, data collected can be ensured to accurately reflect the lived experiences of people who have experienced ACEs using community-based participatory research approaches that involve impacted communities in the study process (Forkey, et al., 2021).

There is a great chance to address this issue by raising public knowledge of the incidence and effects of ACEs. Campaigns for public awareness can successfully inform the public about the substantial impact of childhood trauma on long-term social and health outcomes (Bunting, et al., 2019). Through raising awareness of ACEs, these campaigns can change how society views them, lessen stigma, and inspire people to seek help and support. Also, these programmes can teach community leaders, educators, healthcare providers, and caregivers how to recognise the signs of ACEs and react appropriately. To reach a wide range of people, these awareness campaigns can be promoted via various media platforms, including print magazines, radio, social media, and television. Information sharing and promoting candid discussions around ACEs can be greatly aided by educational institutions and community organisations (Strait & Bolman, 2016). These campaigns must highlight the importance of early intervention and prevention since doing so empowers people and communities to take proactive steps to safeguard the welfare of children. Furthermore, overcoming cultural barriers and involving marginalised people can be facilitated by collaborating with regional influencers and cultural leaders to raise awareness of ACEs in ways that are relevant to their culture. Raising awareness of ACEs via concerted efforts can help create a more informed society that is better equipped to protect children and support those who have experienced trauma.

There is a significant chance to integrate ACEs-focused solutions using current frameworks and policies. Child safety, education, healthcare, and mental health laws have been implemented in many countries; these laws can be changed to include remedies specific to ACEs (Bunting et al., 2019). The integration of trauma-informed care principles and frameworks for identifying and addressing ACEs can improve national child protection programs. ACEs and support networks for traumatised adolescents can be included in existing school safety and mental health frameworks in the educational field.

Also, treatments focused on ACEs may be included in public health frameworks, especially in maternal health, family support services, and early childhood development. National health policy may support universal ACE screening, ensure trauma-informed care training for healthcare workers, and improve mental health services for ACE-affected children and families (Woods-Jaeger, et al., 2018). It is helpful to align ACEs-focused approaches with existing rules to create more integrated and efficient care systems that successfully address the needs of children and families impacted by ACEs.

A significant opportunity to address ACEs on a broader scale exists by promoting cooperation and partnerships between governments, non-governmental organisations (NGOs), and international organisations. To create a more unified response to ACEs, collaborative projects might pool resources, expertise, and networks (Spratt & Kennedy, 2020). To prevent, treat, and recover from ACEs, governments and NGOs can work together to develop and implement policies and programmes that are comprehensive, culturally relevant, and available to everyone who needs them. International organisations such as the World Bank, UNICEF, and the World Health Organization (WHO) can substantially contribute to national efforts to address ACEs by providing financial resources, technical assistance, and advice on best practices. These organisations can support the development of evidence-based treatments and improve information sharing between countries, particularly those with limited resources. To effectively meet the unique requirements of various demographics and regions, the involvement of grassroots organisations and local communities is essential.

Counselling and Policy Implications in Addressing Adverse Childhood Experiences (ACEs)

The psychological, emotional, and behavioural effects of ACEs, such as anxiety, hopelessness, anger, and difficulties forming healthy relationships, can be addressed by counselling therapies for both adults and children (Narayan, et al., 2021). People with ACEs benefit greatly from trauma-informed counselling approaches, which acknowledge the impact of past trauma on current behaviour (Barajas-Gonzalez, 2021). These approaches strongly emphasise resilience building, empowerment, safety, and trust building—all of which are essential for helping people process and move past their traumatic experiences.

Common therapeutic approaches for children include play therapy, cognitive-behavioural therapy (CBT), and art therapy, which promote emotional expression and the growth of coping mechanisms (Giovanelli, 2021). Interventions including trauma-focused cognitive behavioural therapy (CBT), psychodynamic therapy, and narrative therapy may help adults who have experienced ACEs reduce long-term effects like PTSD, emotional dysregulation, and interpersonal difficulties (Hamby, et al., 2021). Peer support groups and group counselling provide an important forum for people to share experiences, get support from others who have had similar challenges, and reduce feelings of isolation.

Counselling must be integrated into community and educational systems to provide early and easily available support to individuals affected by ACEs. Children spend a significant amount of their lives in schools, so these settings are especially important for identifying and addressing ACEs (DeLisi, et al., 2017). In addition to providing individual and group counselling services, school counsellors trained in trauma-informed practices can collaborate with educators to support students' emotional and behavioural needs. Counsellors can collaborate with social workers, medical professionals, and local authorities to create support systems for ACE-affected families in community settings. Psychoeducational programmes that transmit the necessary information and skills to develop emotionally healthy children and successfully handle trauma in a supportive way can be offered by educational institutions and communities to parents and caregivers.

Improving child protection laws is an important policy recommendation to reduce the prevalence and consequences of ACEs. Numerous countries have laws intended to protect children from exploitation, abuse, and neglect. However, these laws are often not adequately enforced due to a lack of political will, corruption, or resources (Portwood, et al., 2021). Improving these laws requires obtaining adequate money, punishing abusers severely, and creating clear guidelines for child safety organizations to follow when handling ACEs. Furthermore, in light of contemporary family patterns, child protection laws need to be updated to handle concerns like neglect, bullying, and online abuse.

To lessen the long-term effects of childhood trauma, health and education initiatives must include ACE prevention and intervention. Procedures may be implemented in the healthcare industry to screen for ACEs in children and families during normal checkups, particularly in maternity, mental, and pediatric health contexts. Incorporating ACEs screening into medical practice, healthcare professionals can identify children who are experiencing or at risk of experiencing trauma, allowing for early interventions to prevent further injury. To guarantee that children receive counselling and therapy support as soon as ACEs are identified, mental health services must be widely accessible and available.

In education, ACE-focused tactics ought to be included in school safety programmes, focusing on creating trauma-informed settings. This could entail incorporating social-emotional learning (SEL) classes within educational institutions, encouraging positive behavioural support systems, and educating educators and administrators on recognizing trauma indications. Also, school policies should promote cooperation between teachers, counsellors, and outside support organizations to create a cohesive support system for students affected by ACEs.

Building the ability of educators, medical professionals, and social workers' ability is crucial to improving the response to ACEs. These professionals' ability to recognise, assess, and treat trauma is vital since they are often the first to interact with children and families affected by ACEs. Implementing training programs that equip teachers with trauma-informed techniques and approaches is essential. These programmes ought to concentrate on identifying signs of childhood trauma, providing emotional support to children, and creating secure learning environments that foster resilience.

Specialized training in trauma-informed treatment is necessary for healthcare professionals, including pediatricians, nurses, and mental health specialists. The impact of ACEs on psychological and physical health, as well as techniques for conducting trauma-informed evaluations and providing appropriate therapies, should be included in this course (Rariden, et al., 2020). In addressing ACEs, social workers are also essential, particularly regarding intervention, family support, and child welfare. They require education on recognizing the broad social determinants of health, such as substance abuse, poverty, and domestic violence, which often co-occur with ACEs. Also, creating support networks for these professions should be a part of capacity building. Peer support groups, ongoing professional development opportunities, and regular supervision can all help practitioners feel less emotionally burdened while working with individuals affected by ACEs. Improving their abilities, we ensure that professionals from various sectors are equipped to handle the complex needs of children and families affected by ACEs.

One way to implement a multisectoral approach is to establish cooperative frameworks that enable frequent gatherings of experts from different sectors to discuss issues, share resources, and plan solutions. Educational institutions, child protection organizations, and healthcare professionals can collaborate to ensure that children affected by ACEs receive a holistic solution that satisfies their emotional, academic, and physical needs. Collaborations across sectors can help identify service

gaps, improve the effectiveness of service delivery, and promote the sharing of best practices. Governments, NGOs, and international organizations are essential in fostering global collaboration to address ACEs. These organizations can support a unified worldwide response to ACEs, particularly in regions with limited resources, by sharing information, resources, and expertise. Multisectoral collaboration requires adequate funding and political commitment because these efforts require a significant investment in both financial and human resources.

Conclusion and Suggestions

The substantial and long-lasting impacts of ACEs on people are highlighted in this review, especially their role in the development of mental health disorders, academic difficulties, and social difficulties. ACEs are prevalent in many communities and can have long-lasting effects on an individual's emotional well-being, interpersonal connections, and overall life outcomes. Improving data collection, raising public awareness, integrating ACEs-focused solutions into existing legislation, and encouraging multisectoral collaboration are all necessary to increase the efficacy of addressing ACEs. Improving counselling therapies is essential for reducing the psychological and emotional impacts of ACEs, particularly trauma-informed approaches like Cognitive Behavioural Therapy and Trauma-Focused Cognitive Behavioural Therapy.

Based on the discourse in this paper, the following are suggested:

- Comprehensive, high-quality, and localised data on ACEs are urgently needed.
- Governments should incorporate ACE prevention and intervention strategies into national policy, especially in healthcare, education, and child protection.
- Governments, non-governmental organisations, and other interested parties should fund educational initiatives that highlight the long-term effects of childhood trauma and the importance of early intervention.
- Training programmes must be implemented to help educators, medical professionals, social workers, and community leaders recognise the signs of ACEs and understand their consequences
- Government, non-governmental organisations, and international organisations should collaborate to develop a comprehensive, cross-sectoral approach.

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