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## ADVERSE CHILDHOOD EXPERIENCES: CAUSES AND IMPACT ON BEHAVIORAL ISSUES AND EMOTIONAL WELLBEING OF CHILDREN IN NIGERIA

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### Abstract

*The adverse childhood experiences, or ACEs, that children in Nigeria are exposed to have a significant influence on their behaviour and emotional health. This study investigates the prevalence of adverse childhood experiences (ACEs) in Nigeria and highlights the factors that contribute to their occurrence, such as poverty, socioeconomic inequality, and unhealthy family dynamics. The adverse impacts of adverse childhood experiences (ACEs) on children's behavioural issues, such as aggression, impulsivity, and problems with self-regulation, are investigated, as are the consequences on children's academic achievement, their social relationships, and the dangers of engaging in dangerous behaviours. The study also focuses on potential interventions that can be used to reduce the negative effects of adverse childhood experiences (ACEs). These interventions include increasing awareness, increasing access to child-friendly mental health services, strengthening social support systems, implementing child protection laws, promoting parenting programs, and integrating trauma-informed care. This paper recommends the urgent need for collaborative efforts and the prioritizing of children's well-being in order to build a caring environment where Nigerian children may thrive and overcome the problems associated with ACE.*

**Keywords:** Adverse, childhood, experiences, behavioural, emotional,

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### Introduction

Adverse childhood experiences also known as ACEs, refer to traumatic events that occur during childhood have been shown to have a significant bearing on children's behavioural problems and emotional well-being in Nigeria. The acronym ACE refers to adverse childhood experiences, which might include being abused, neglected, having a dysfunctional household, or

being exposed to violent situations. These events have the potential to leave a mark on a child's development that is not easily erased and can appear in a variety of ways that have a substantial impact on their lives. Children who have been exposed to ACEs are more likely to develop behavioural difficulties as a result of their experiences. They may also trouble with self-regulation, which can

manifest as aggressive or impulsive behaviour (Arainet *al.*, 2021). Their academic performance and their ability to interact socially might both suffer as a result of these behavioral issues, which in turn hinder their overall development. In addition to this, individuals may participate in risky behaviors such as drug misuse or criminal activity, which further exacerbates the problems they face (Boullier, 2018).

In Nigeria, there are a number of factors that contribute to the prevalence of ACEs as well as the influence that they have on the well-being of children. Children living in poverty and in communities where socioeconomic gaps exist are more likely to be subjected to a variety of traumatic experiences, including abandonment, physical or sexual abuse, and living in unsafe environments (Kazeem, 2020). The consequences of adverse childhood experiences (ACEs) on children's life are made worse when they lack access to resources and support networks. A child's sense of safety, stability, and emotional support can be severely disrupted when unhealthy family dynamics, such as domestic violence, substance misuse, or mental health difficulties in a parent, are present. This further contributes to the incidence of adverse childhood experiences (ACEs) (WHO, 2023).

The difficulties that children in Nigeria experience are made significantly worse by the country's inadequate provision of comprehensive care for mental health.

The adverse childhood experiences (ACEs) of Nigerian children have repercussions throughout their life, including the formation of their behavioural patterns and the testing of the resiliency of their emotional well-being (Israel & Aroyewun, 2023). The untold tales of these children contain the key to comprehending the great obstacles they encounter and unlocking the possibilities for healing and transformation. These stories have been kept hidden because they are too painful to share.

According to a recent survey, more than 58 percent of youngsters in Nigeria have been through some kind of traumatic experience, which can include everything from abuse and neglect to familial dysfunction and violence (Okedo-Alex *et al.*, 2021). Adverse Childhood experiences (ACEs) affect approximately six in ten children in Nigeria. This statistic shows huge obstacles that are facing young children as they seek to negotiate the repercussions of childhood trauma on their behavioural and emotional well-being.

### **Concept and Forms of ACEs**

Adverse Childhood Experiences or ACEs refers to traumatic experiences that take place throughout a person's childhood and have a long-term, detrimental effect on their physical, mental, and emotional well-being. The first study on ACEs, which was carried out jointly by the Centres for Disease Control and Prevention (CDC) and Kaiser Permanente, uncovered 10

distinct categories of ACEs (Strine *et al.*, 2012), including the following:

- **Physical abuse** – is the use of physical force or violence against a child by a caregiver who is an adult or by another person in a position of power.
- **Sexual abuse** – are sexually explicit interaction that takes place between an adult and a child, whether or not physical contact takes place.
- **Emotional abuse** – the infliction of mental anguish on a child, typically in the form of verbal insults, threats, rejection, or isolating the youngster.
- **Physical Neglect**– failure to give a child proper food, shelter, medical care, or supervision, which is referred to as physical neglect.
- **Emotional neglect** – failure to address a child's emotional needs by, for example, offering love, support, or attention. This type of neglect occurs when a child's emotional needs go unmet.
- **Household dysfunction** – a child's exposure to household members who struggle with substance addiction, mental illness, or incarceration is included
- **Separation or divorce of the child's parents:** The

separation or divorce of a child's parents can have negative effects that are long-lasting and have an effect on the child's mental health and well-being.

- Children are more likely to experience traumatic events as a result of witnessing or experiencing domestic violence between adults living in the same family.
- **Substance abuse** – exposure to a parent who is abusing substances or who is addicted to substances in the family.
- Children who have a parent who is serving time in jail or prison can face a variety of difficulties and sources of stress as a direct result of their parent's incarceration.

The more adverse childhood experiences (ACEs) a person has, the higher their risk is for poor outcomes such as mental health disorders, substance abuse, and chronic health conditions. ACEs can occur separately or in combination with one another (Lee, Kim & Terry, 2020).

### **Prevalence of Adverse Childhood Experiences Across the World and in Nigeria**

The rate of occurrence of adverse childhood experiences varies considerably between nations and regions. The ground-breaking study on ACEs conducted by the Centres for Disease Control and Prevention (CDC)

in the United States demonstrated that ACEs are ubiquitous across a variety of socioeconomic backgrounds (Champagne, 2020). According to the findings of the study, roughly two-thirds of the individuals had at least one adverse childhood event (ACE), and 12.5% reported having experienced four or more ACEs. Global School-based Student Health Survey (GSHS) of the World Health Organization (WHO): WHO GSHS survey indicate that ACEs are commonplace all over the world. For instance, the incidence of physical violence by a caregiver ranged from 3.6% all the way up to 36.7% in a study that included 26 different countries from different areas, and the prevalence of sexual assault ranged from 0.8% all the way up to 15.6% (Basileet *al.*, 2020). The European Union Agency for Fundamental Rights (FRA) undertook a comprehensive study on violence against women, which included experiences of adverse childhood experiences (ACEs) (Till-Tentschert, 2017). According to the findings of the study, 22% of European Union women claimed having experienced sexual abuse in childhood, while 29% reported having experienced physical abuse.

**Multiple Indicator Cluster Surveys (MICS):** MICS is a global household survey program that collects data on a variety of variables relevant to the health and safety of children. This information is compiled by the United Nations Children's Fund (UNICEF). One of the things that are measured is adverse childhood experiences

(ACEs), which can include both physical and emotional abuse (Haq& Abbas, 2022). The results of MICS surveys conducted in a number of countries, including Jordan, Colombia, and Cambodia, have uncovered alarmingly high rates of ACE prevalence. In Jordan, for instance, 31% of children aged 1-14 reported having experienced severe physical punishment at some point in their lives (Loizillon, 2017)

According to the findings of Global Burden of Disease study, the global prevalence of childhood sexual abuse is 7.9% among girls and 3.8% among boys, whilst the prevalence of childhood physical abuse is 22.6% among females and 29.1% among males. WHO carried out national surveys on violence against children in numerous countries, providing vital data on the prevalence of adverse childhood experiences (ACEs) (Sánchez *et al.*, 2019). For instance, in Eswatini, 65 percent of children aged 13 to 17 reported having been subjected to at least one form of violence throughout their youth. This may have taken the form of emotional, sexual, or physical abuse.

The findings of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Provide light on the incidence of ACEs around the world. For instance, over half of the children who participated in a survey in 18 different nations across Asia, Africa, and the Americas reported having been victims of some kind of physical abuse. Also, the Australian Institute of

Health and Welfare (AIHW) estimated that around 22% of Australian adults had experienced some form of physical abuse during their childhood, while 12% of adults in Australia had experienced some form of sexual abuse. National Society for the Prevention of Cruelty to Children (NSPCC) carried out a survey on child abuse in the United Kingdom. The results of the poll revealed that 10% of young adults suffered physical abuse during childhood, while 4% experienced sexual abuse.

Although research on the prevalence of adverse childhood experiences (ACEs) in Nigeria is scarce, the studies that have been conducted show that it is a substantial problem. Over eighty percent of the people who took part in a survey that was carried out in the state of Lagos in 2016 said that they had been subjected to at least one form of childhood trauma, which may have taken the form of emotional abuse, physical abuse, or neglect. In a different study that was carried out in Jos, which is located in the state of Plateau, the researchers found that 47 percent of the participants claimed having suffered some form of physical abuse throughout their childhood, while 41.9% reported suffering some form of emotional abuse. These studies provide evidence that ACEs are common in Nigeria and call attention to the necessity of conducting additional research to properly comprehend the magnitude of the problem.

### **Factors in Nigeria that Contribute to the Incidence of Adverse Childhood Experiences**

The incidence of adverse childhood experiences (ACEs) can be attributed a number of three major blocks (socioeconomic, familial, and societal dynamic) into which these components might be placed (Maurya&Maurya, 2023). Nigeria is plagued by significant poverty and socioeconomic disparities, both of which are contributors to the incidence of adverse childhood experiences (ACEs) (Salawu&Owoaje 2020). The inability of low-income families to satisfy their fundamental requirements, such as securing adequate nutrition, housing, and medical care, can lead to elevated levels of stress and a diminished capacity to fulfill parental responsibilities. The incidence of adverse childhood experiences (ACEs) is increased when families are forced to struggle financially since this increases the likelihood of neglect, physical abuse, and dysfunctional households.

Adverse childhood experiences (ACEs) in Nigeria can be partially attributed to family dynamics, such as parents' mental health, substance addiction, and domestic violence (Idowuet *al.*, 2018). The presence of parental stressors in the home, such as unemployment, marital strife, or untreated mental health concerns, might contribute to the development of an atmosphere that fosters an increased risk of child abuse and traumatic experiences. Substance misuse within a family can reduce the

caregiver's ability to provide care and can also raise the likelihood of neglect or abuse occurring. Cultural and social norms in Nigeria have the potential to have an effect on the incidence of adverse childhood experiences (ACEs). There may be a correlation between traditional attitudes about discipline, gender roles, and hierarchical family systems, which may lead to harsh parenting techniques and an increased risk of abuse (Lawal&Abdulmalik, 2020). It is possible that the stigma associated with mental health and the reluctance to seek professional assistance will impede families who are going through difficult times from receiving timely intervention and support.

#### **Likely Behavioural Issues of Children Who Experienced Aces**

Children who have been exposed to ACEs, frequently display a variety of behavioral disorders, including concerns with aggression, impulsivity, and self-regulation. Children who have been exposed to ACEs may exhibit violent behavior as a means of coping with the negative experiences they have had or as a reaction to those events. They may have picked up aggressive patterns of conduct as a means of self-protection or as a means of asserting control in situations that were either chaotic or scary (Turney, 2020). These children's histories may include exposure to violence or neglect, both of which might contribute to an increased probability of violent conduct.

Children who have experienced adverse childhood experiences (ACEs) may also struggle with impulsivity, or the tendency to act without first considering the effects of their actions (Shin *et al.*, 2018). This impulsivity can present itself in a variety of ways, including participating in risky actions, having difficulties following rules or directions, and making hasty decisions. The inability to maintain self-control and think about the effects of one's actions on the long term may be linked to growing up in surroundings that are not consistent or loving. Children who have been through traumatic experiences could have trouble controlling their feelings and expressing them in an acceptable manner. They may display emotional dysregulation, going through intense and unpredictable mood swings, and have difficulty calming themselves down after being provoked by reminders of their traumatic events (Pérez *et al.*, 2017). They may also have issues communicating their feelings to others.

These behavioural issues are tied to the disruption in the child's neurodevelopment that is induced by adverse childhood experiences (ACEs). Early adversity can have a negative effect on the development of the brain, particularly in regions that are involved in the regulation of emotions, the control of impulses, and executive functions (Short &Baram 2019). It is possible for the brain's systems that respond to stress to become dysregulated, which can result in increased reactivity as well as issues

in self-regulation. Even while the majority of children who have been exposed to ACEs will develop some form of behavioral issue, this is not always the case because characteristics such as resilience and protection can play a big part in reducing the negative effects of ACEs (Borjaet *al.*, 2019).

### **The Influence that Students' Behavioural Concerns on Academic Performance and Relationships with Others**

Children who have experienced ACEs may display behavioural disorders that can have a substantial impact on their academic achievement as well as their interactions with other people (Musa *et al.*, 2018). Behavioural issues that stem from adverse childhood experiences (ACEs) can hinder a child's academic performance in several ways, such as attention and concentration difficulties (Sheridan, 2020): Children who struggle with behavioural issues may have trouble focusing and concentrating in the classroom, which makes it difficult for them to engage in learning activities and effectively absorb information. They may also have behaviours that are disruptive, behaviours that are aggressive or impulsive have the potential to disrupt the learning environment for both the child and their peers, which can have an effect on the overall dynamics of the classroom. This can lead to lost teaching time as well as challenges in developing constructive relationships with both teachers and peers (Zhao & Zhao, 2020).

Children who have trouble regulating their emotions on their own may have problems managing their time effectively, staying organized, and finishing their schoolwork. They may also have difficulty adapting to the routines of the classroom and obeying directions given to them. Children who have experienced ACEs may have heightened emotional discomfort, which can lead to challenges in controlling their feelings while at school (Wursteret *al.*, 2020). This can make it difficult for them to concentrate, which in turn hinders their capacity to take part in and engage in learning activities. These educational obstacles can lead to reduced academic achievement, decreased motivation, and an increased chance of dropping out of school, which perpetuates a cycle of disadvantage for children who have experienced ACEs.

ACEs can also have an effect on the social interactions and relationships that a child has (Panisch *et al.*, 2020). Children who struggle with aggression, impulsivity, and self-regulation may find it difficult to develop healthy relationships with their classmates. They may struggle with social skills, have difficulty resolving conflicts in a peaceful manner, or exhibit habits that alienate them from their friends. All of these things could contribute to their troubles. They may have trouble building solid bonds and trusting the people around them. Their ability to form and maintain healthy relationships may be negatively

impacted by their exposure to traumatic events in the past, which may have an effect on their social interactions both inside and outside of the classroom. Behavioural problems can lead to social isolation, in which children may be excluded or rejected by their peers as a result of their disruptive or aggressive behaviours (Lynn *et al.*, 2017). This can make their already challenging social and emotional lives even more difficult, which in turn can contribute to feelings of isolation and low self-esteem. They may also be at a greater risk of being mistreated or bullied by their classmates. Because of their susceptibility, they may have difficulty advocating for themselves, and they may have impaired social skills. This can make them targets for bullying behaviors, which can result in negative social experiences and emotional discomfort. These difficulties in social interaction can have an effect on a child's overall well-being, as well as their self-confidence and sense of belonging, further exacerbating the detrimental impacts that adverse childhood experiences have on a child's development.

### **Risks of Engaging in Risky Behaviours**

Children who have been exposed to ACEs may likely have a higher probability of engaging in potentially harmful activities such as substance misuse and criminal activity (Craig *et al.*, 2019). The influence of ACEs on a person's growth and sense of well-being can make them more susceptible to these hazards. It is possible that they

will engage in dangerous activities as a means of coping with the emotional anguish, stress, or feelings of helplessness that they are experiencing. Abuse of substances, such as drugs and alcohol, may offer a person with momentary relief or an escape from their problems, despite the fact that this behavior has negative repercussions.

The experience of ACEs may likely make an individual develop emotional and mental health conditions later in life, such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Karatekin, 2018). These children may turn to the usage of substances as a type of self-medication in order to reduce the emotional discomfort they are experiencing or to numb the memory of their unpleasant experiences. They may also be more prone to being influenced negatively by their peers, particularly if they do not have a solid support structure or positive role models in their lives. Peer pressure to participate in risky behaviors, such as experimenting with substances or engaging in criminal activities, can be especially powerful for young children.

ACEs have been shown to interfere with the proper development of the executive functions of the brain, such as the ability to make decisions and to regulate one's impulses (Lund *et al.*, 2022). This deficiency can lead to impulsive decision-making, which increases the possibility of participating in behaviors that provide



short-term gratification but have severe repercussions in the long run.

ACEs are frequently linked to socioeconomic inequalities and disadvantages. Children who originate from families with low incomes or who live in marginalized communities may have an even harder time gaining access to resources, opportunities, and supportive social networks (Camacho & Clark, 2022). This can contribute to an increased risk of engaging in dangerous behaviors as a result of inadequate support systems and limited exposure to good alternatives. This can be a contributing factor because it can contribute to an increased risk of participating in risky behaviours. Children who have already been victims of ACEs may be at a greater risk of being abused or exploited in the future (Turney, 2020). Their vulnerability to engaging in criminal conduct as a way of self-protection or means of surviving as a result of their exposure to traumatic experiences and hostile situations can make them more likely to engage in such actions. A vicious cycle of victimization and conduct that invites risk is so maintained.

### **Comprehensive Strategies for prevention and handling of ACEs**

#### **Educating Relevant Stakeholders on the Need of Limiting Children's Exposure to Adverse Childhood Experiences**

Education and training programs constitute a significant component of the overall strategy for increasing

awareness on ACEs (Bachmann & Bachmann 2018). These programs can educate parents, caregivers, teachers, and members of the community about adverse childhood experiences (ACEs), teach them to recognize the indicators of trauma, and encourage positive parenting and caregiving behaviors. There will be the need for Community Workshops and Public Campaigns, they are something that will need to be done, and they are closely tied to the Education and Training Program that will be implemented. Local leaders, community organizations, and relevant stakeholders will need to be encouraged to work together to promote dialogue and disseminate information regarding adverse childhood experiences (ACEs). A larger variety of media outlets, such as radio, television, social media, and activities held in the local community should be used.

Increasing awareness also can be accomplished through the implementation of school-based programs. Awareness and prevention programs of ACEs should be incorporated into the curricula of schools and into the training of teachers (Walsh *et al.*, 2019). In order to build classrooms that are trauma-informed, educators will need to be trained on the warning signs of ACEs and equipped with strategies. There should be the incorporation of programmes that build resilience into the academic curriculum of schools in order to provide students with the necessary tools to deal with hardship.

These programs may place an emphasis on fostering good self-esteem, the ability to solve problems, social skills, and the ability to regulate one's emotions. The effectiveness of these types of programs can be improved via the involvement of parents and other community organizations in addition to the schools

### **Expanding Access to Mental Health Therapies**

Early intervention is necessary in improving access to child-friendly mental health services. This is essential for treating the impact of Adverse Childhood Experiences (ACEs) and boosting the emotional well-being of children in Nigeria (Agbajeet *al.*, 2021). One of the options for early intervention is the integration of mental health services into pre-existing healthcare systems, particularly those that are geared toward providing care for children. Collaborating with those who offer medical treatment, those who create public policy, and those who have a stake in the matter can help guarantee that child-friendly mental health services are accessible and readily available. This involves the establishment of child psychiatry or psychology departments inside hospitals, the education of medical personnel on child mental health, and the allocation of funding for initiatives that are centered on the mental health of children.

The creation of community-based mental health programs that offer early

intervention and support for children who have been impacted by adverse childhood experiences (ACEs). These initiatives may be carried out in community health clinics, educational institutions, and nongovernmental organizations (NGOs) located in the local area. The identification of children who are considered to be at risk, the provision of counseling services, and the implementation of evidence-based interventions that are adapted to meet the requirements of the children should be their primary focus. Training for mental health professionals (such as psychologists, therapists, and counselors) to provide them with the information and abilities necessary to handle the specific requirements of children who have been exposed to adverse childhood experiences (ACEs). For the benefit of both children and their families, training should place an emphasis on trauma-informed care, culturally sensitive approaches, and interventions supported by evidence.

It is important to ensure that children have access to support within their educational settings, and this can be accomplished by establishing school-based mental health services. Working together with school administrators, teachers, and counselors, establish mental health screening, provide counseling services, and facilitate referrals to specialized care when necessary are all important goals that should be pursued (Hoover & Bostic, 2020). Children who have been exposed to adverse childhood experiences (ACEs) may benefit

greatly from having early intervention services provided at their schools. Utilization of telehealth and other digital platforms to broaden people's access to mental health care, particularly in places that are currently underserved (Woodard et al., 2019).

### **Laws, Policies and Protection of Children against ACES**

To prevent Adverse Childhood Experiences (ACEs) and ensuring the health and safety of children, it is absolutely necessary to put into practice and strictly enforce child protection laws and regulations (Afifiet al., 2020). The enactment of comprehensive child protection legislation that address a wide range of concerns, such as the abuse, neglect, exploitation, and violence of children must be advocated. In a nation like Nigeria, there must be the creation of unmistakable meanings of the terms "child maltreatment" and "child maltreatment," "relevant authorities," and "legal consequences for offenders," and so on. The government must increase the effectiveness with which child protection institutions, such as social welfare agencies, police units, and court systems, respond to situations of child abuse and neglect by providing additional resources and training. It is important to strengthen the investigation, reporting, and prosecution processes; therefore, specific training should be provided for professionals working in these domains; standard operating procedures should be established; and resources should be allocated.

It is also imperative to develop and implement early intervention and preventive programs with the goals of identifying and addressing the risk factors linked with adverse childhood experiences (ACEs). Parenting education, community awareness campaigns, and support services for families that are at risk should all be included in these initiatives (Lange *et al.*, 2018). By placing an emphasis on prevention and early intervention, the goal will be to reduce the number of adverse childhood experiences (ACEs) and give the essential support to families before problems become more severe.

- i. There should also be the creation of reporting systems for situations of child abuse and neglect that are easily accessible and confidential, and promote their use. Children, parents, caregivers, and members of the community are informed of how to report suspected occurrences of abuse as well as where to report them (Lee & Kim, 2018). Protocols must be established for appropriate recording and follow-up procedures, as well as providing training to professionals and volunteers working in a variety of fields, such as education, healthcare, and social services, on how to identify and report instances of child abuse. Increasing the level of collaboration between various groups, such as

government agencies, law enforcement, healthcare professionals, educators, non-governmental organizations (NGOs), and community organizations, in order to successfully handle issues pertaining to child safety. To develop a complete and coordinated response to adverse childhood experiences (ACEs), it is important to promote the exchange of information, cooperative activities, and coordination of services.

To mitigate the effects of adverse childhood experiences (ACEs) and boosting the overall health and happiness of children in Nigeria, it is essential to encourage the development of parental programs and initiatives that build resilience (Hughes *et al.*, 2019). The implementation of parenting education programs that aim to provide parents and other caregivers with the information and abilities necessary to effectively foster healthy parenting practices. These programs may include lessons on a variety of subjects, including but not limited to child development, effective communication, methods of discipline, stress management, and nurturing attachment. It is possible to reach a wide variety of parents and caregivers through the utilization of programs such as home visiting, support groups, and workshops. This includes making sure that young children have access to high-quality early childhood

education, chances for learning via play, and healthcare services that cater to the children's physical, cognitive, and emotional requirements. Incorporating trauma-informed techniques into parenting programs, acknowledging the possible influence ACEs can have on children, and putting an emphasis on the significance of providing safe and supportive environments are all important steps. Children who have been exposed to ACEs should have their parents and other primary caregivers trained to recognize the symptoms of trauma, develop skills to regulate their emotions, and use tactics that will promote healing and resilience in these children.

A method known as "trauma-informed care" is one that acknowledges the frequency of traumatic experiences and the effect they have on an individual's health and well-being. It entails making surroundings that are safe and supportive for people who have experienced trauma, such as adverse childhood experiences (ACEs), so that they can heal and recover from their experiences (Gerber, 2019). Professionals can better recognize the needs of persons who have experienced adverse childhood experiences (ACEs) and respond to those needs if trauma-informed care is incorporated into the healthcare, educational, and social service systems. This can result in improved health outcomes, more resilience, and better general functioning for those who are affected by the condition. Some examples of

trauma-informed behaviours include prioritizing safety and trust in interactions with those who have suffered trauma, offering chances for survivors of trauma to exercise choice and control, and using language that is sensitive to the experiences of those who have survived traumatic events (Isobel *et al.*, 2020).

### Conclusion

Children in Nigeria have a higher risk of developing behavioural problems and poor emotional health as a result of ACEs. Children who are exposed to ACEs as result of poverty, family dysfunction, and a lack of access to mental health treatments have a greater likelihood of developing behavioural difficulties such as aggression, impulsivity, and problems with self-regulation. These concerns can have a severe impact on academic achievement and social interactions, resulting to further emotional distress and even potentially harmful behaviours such as delinquency and substance addiction. There are several different measures that can be implemented in order to reduce the negative consequences of ACEs. Some of these include increasing awareness about ACEs among parents, caregivers, educators, and communities; expanding access to child-friendly mental health services and early intervention programs; strengthening social support systems; implementing and enforcing child protection laws and policies; promoting parenting programs and resilience-building initiatives; and integrating trauma-informed care into

healthcare, education, and social service systems. It is possible to lessen the influence of adverse childhood experiences (ACEs) on the behavioural issues and emotional well-being of Nigerian children and to promote positive outcomes for those who have been impacted by these experiences. This can be accomplished by addressing the variables that contribute to the occurrence of ACEs and by putting these techniques into practice.

### Recommendation

In light of the discussion presented in this paper, the following suggestions are recommended:

- There is an immediate requirement to broaden accessibility to child-friendly mental health treatments as well as early intervention programs. This involves expanding the number of skilled mental health specialists that are available, creating child-friendly places for counselling and treatment, and integrating mental health assistance into the healthcare and educational systems that are already in place.
- The government should make investments in the development of strong social support systems, such as community centres, and support groups, in order to be able to offer aid and resources

to children and families who  
have been impacted by ACE

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