Adverse Childhood Experiences

Pupil Wellbeing Survey 2026

Gloucestershire County Council

Contents

Introduction

It has been known for some time that adversity in childhood may have a profound effect on people. In 2015[1] the Welsh government published the first British study of Adverse Childhood Experiences (ACEs) and the effect they had on the adult population of Wales. The experiences that fall under this term include:

- Physical abuse
- Sexual abuse
- Verbal abuse
- Physical neglect
- Emotional neglect
- A family member who is depressed or diagnosed with other mental illness
- A family member who is addicted to alcohol or another substance
- A family member who is in prison
- Witnessing/being a victim of domestic abuse
- Losing a parent to separation, divorce or death

Research into ACEs continues, and further childhood experiences are being identified for inclusion in the scope.

ACEs can lead to a higher risk of poorer outcomes across the life course, impacting on future physical and mental health. There is evidence of an increase in the risk of certain health problems in adulthood, such as cancer and heart disease, as well as increasing the risk of mental health difficulties, violence and becoming a victim of violence[2].

Exposure to four or more ACEs has been shown to significantly increase the prevalence of health risks such as alcoholism, drug use, depression, and suicide attempts in adulthood[3].

The impact of ACEs on the future health and wellbeing of an individual is not inevitable, even for those who experience high levels of ACEs. Building resilience by developing personal skills, positive relationships, community support and cultural connections, and access to a trusted adult in childhood, supportive friends and being engaged in community activities, all help to reduce the risks of developing mental and physical ill health.

The Pupil Wellbeing Survey

The Pupil Wellbeing Survey (PWS) and Online Pupil Survey™ (OPS) is a biennial survey that has been undertaken with Gloucestershire school children since 2006. Students participate in Years 4, 5 and 6 in primary schools; Years 8 and 10 in secondary schools; and Years 12 and 13 in post-16 settings such as sixth forms and colleges. A large proportion of mainstream, special and independent schools, colleges and educational establishments take part, representing approximately 70.0% of students in participating year groups in 2026. The PWS asks a wide variety of questions about student's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2026 PWS was undertaken between January and April 2026.

Limitations and caveats of the survey

Not all children and young people who are resident in Gloucestershire attend educational establishments in the county and similarly not all students attending educational establishments in Gloucestershire are residents in the county. It is therefore important to remember this analysis is based on the student population not the resident population.

Gloucestershire is a grammar authority and has a number of notable independent schools, and several mainstream schools very close to the county's boundary; these all attract students from out of county. This results in the school/college population (particularly at secondary phase) having slightly different characteristics, especially ethnicity, to the resident young people's population. 12.3% of Gloucestershire's resident population (2021 Census)

[1] http://www.wales.nhs.uk

[2] https://mft.nhs.uk/rmch/services/camhs/young-people/adverse-childhood-experiences-aces-and-attachment/

[3] Associations Between Adverse Childhood Experiences, High-Risk Behaviors, and Morbidity in Adulthood - ScienceDirect

were estimated to be from diverse ethnic communities; however, 23.1% of Gloucestershire's student population were from diverse ethnic communities in January 2026 and 23.4% of the PWS cohort were students from diverse ethnic communities in the 2026 survey.

Although a large proportion of the county's educational establishments took part in the survey, some only had low numbers of students completing the survey; in contrast, others had high numbers. This this doesn't impact the overall county analysis, as demographics are represented as expected at this geography. However, analysis by district and education phase might only have certain demographic groups represented due to low student take-up (for example, low numbers completing the survey in Tewkesbury at post-16 phase). Where post-16 provision is situated also impacts the survey, as older students travel further to access post-16 provision.

Analysis of deprivation

Educational settings have been categorised into statistical neighbour groups which cluster settings with students of a similar socio-economic profile within the same type of setting (a similar level of deprivation, affluence or personal/family characteristics).

We use Ministry of Housing, Communities and Local Government (MHCLG) Indices of Multiple Deprivation (IMD) to determine the relative deprivation of students. The IMD is based on the home postcode of students (collected in the School Census). This is aggregated to give an overall IMD score for the setting, reflecting the deprivation levels experienced by students. The settings are then split into quintiles based on their scores: quintile 1 is the most deprived and quintile 5 is the least deprived in Gloucestershire.

In addition:

- Grammar/selective schools are compared to other grammar/selective schools in their phase without reference to the IMD.
- Independent schools are compared to other independent schools in their phase without reference to the IMD.
- Post-16 only/Further Education (FE) colleges are compared to all other post-16 only colleges without reference to the IMD.
- Special schools are compared to all other schools of this type in the same phase without reference to the IMD.
- Vocational and alternative settings/schools are compared to other settings/schools in the same phase without reference to IMD.

Prevalence of ACEs in Gloucestershire

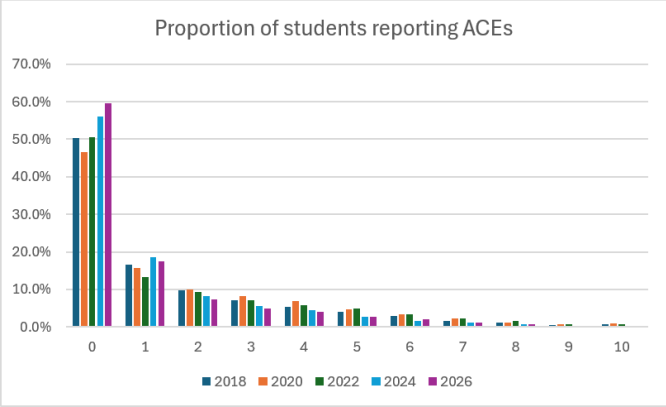
Key takeaways:

- In 2026 59.6% of students reported they had experienced 0 ACEs
- Around 1 in 10 students reported 4+ ACEs in both 2024 and 2026.
- While students in the least deprived group continue to report the lowest levels of ACEs. In the 2026 survey prevalence is relatively similar across the remaining deprivation groups.

The methodology for collecting information on the number of ACEs experienced by students changed in 2024. In the 2018, 2020 and 2022 surveys, students in Y12[4] were given a list of ACEs and asked to record the number they had experienced. From 2024, students in both post-16 settings and Y10[5] were asked to tick which ACEs they had experienced.

This change has impacted the number of ACEs students have reported and has given additional insight into which specific ACEs they have experienced.

In 2026 59.6% of students reported they had experienced 0 ACEs; this was an increase on previous surveys.

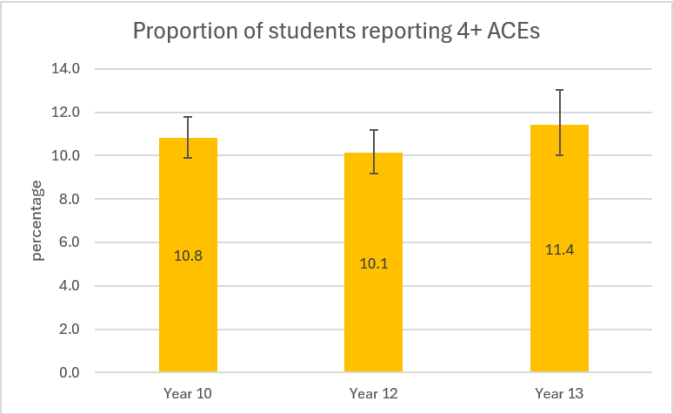


The 2025 My ACE Story study[6] found that compared to people with no ACEs, those with 4 or more ACEs are more likely to:

- frequently visit the GP
- develop anxiety/depression PTSD or chronic fatigue
- experienced domestic abuse
- engage in health-harming behaviours (high-risk drinking, smoking, drug use).

It is therefore important to recognise experiencing multiple ACEs as a significant factor in behaviours and lifestyle choices that contribute to non-communicable diseases.

In 2026 around 1 in 10 (10.7%) of students across all year groups reported they had experienced 4 or more ACEs, this was in line with the 2024 survey and reflects the change in methodology and is more in line with national adult estimates[7] (8.4% - 12.6%).

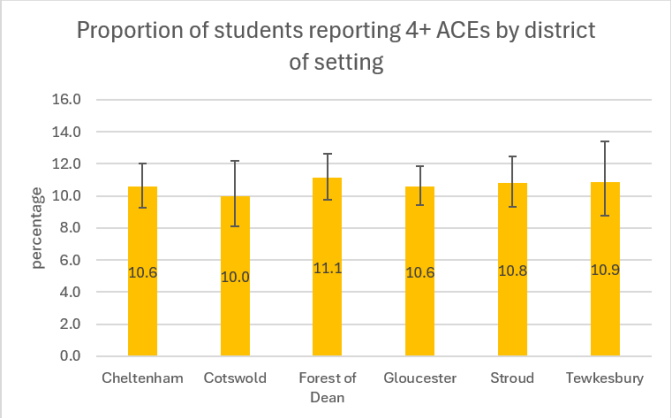


In 2026 there was no significant difference between the proportion of students reporting 4+ ACEs across the districts (see chart below). Although the proportion was highest in Forest of Dean. When looking at prevalence of ACEs by year group in each district, Forest of Dean students in Year 10 were significantly more likely to report 4+ ACEs, than most other districts (15.2%). This difference wasn't observed in either post-16 year group, this is likely because there is a difference in the cohorts between Year 10 (more likely to be from the local area) and

[4] N=2,652 in 2022 and 11,364 in the aggregate of all 3 survey years (2018, 2020 and 2022)
[5] 2024 Y13=1,733, Y12 N=3,406 and Y10 N=4,125 (9,264)

[6] My ACE Story : Adverse Childhood Experiences (ACEs) Report UK 2025
[7] https://bmjopen.bmj.com/content/10/6/e036374

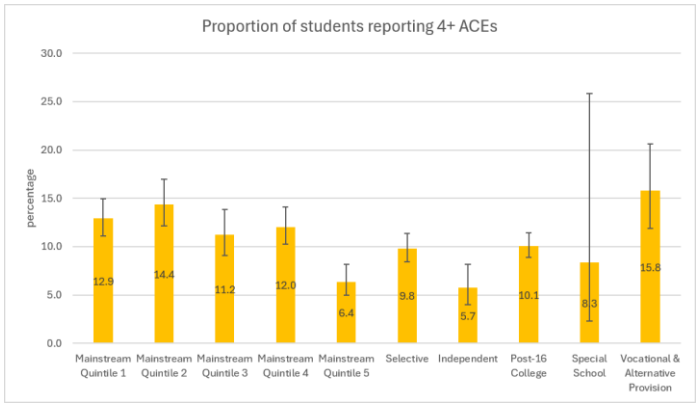
post-16 students (more likely to be from around the country.



Responses in 2026 shows whilst not a linear association, the 3 statistical neighbour groups likely to have the least deprived pupils have significantly lower proportion of pupils reporting 4+ ACEs than their more deprived peers.

Key Takeaways:

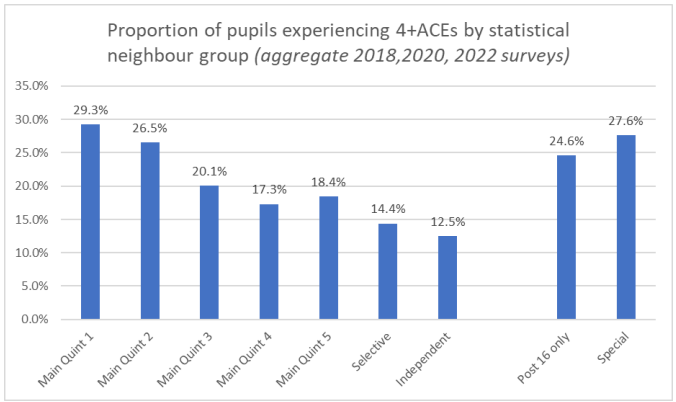
- ACEs are not evenly distributed across the student population.
- Students with existing vulnerabilities are more likely to report 4 or more ACEs.
- The strongest association was between low mental wellbeing and 4+ ACEs.
- The relationship between ACEs and mental wellbeing is likely bi-directional.



When combining survey data from 2024 and 2026 any link with deprivation remains largely confined to the least deprived students being significantly less likely to report 4+ ACEs, students across the deprivation gradient quintiles 1 to 4 have no significance difference (where 1 is most deprived).

Due to the methodology change, 2024 and 2026 responses could not be added to the data from previous surveys.

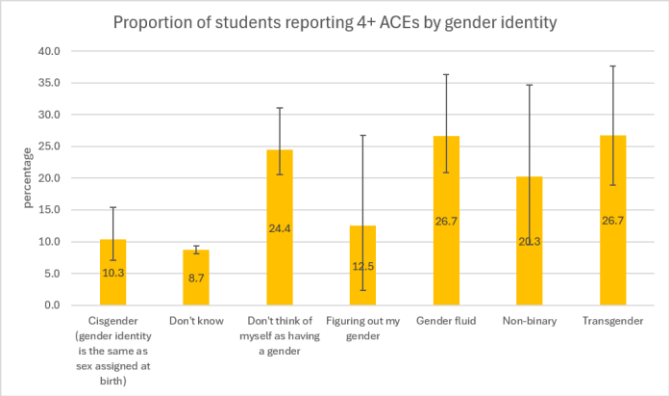
However, the aggregate of previous surveys results indicates experiencing 4+ ACEs did appear to have a linear link to deprivation, students in IMD quintile 1 settings were around two and a half times as likely to report 4+ ACEs than those at independent settings.



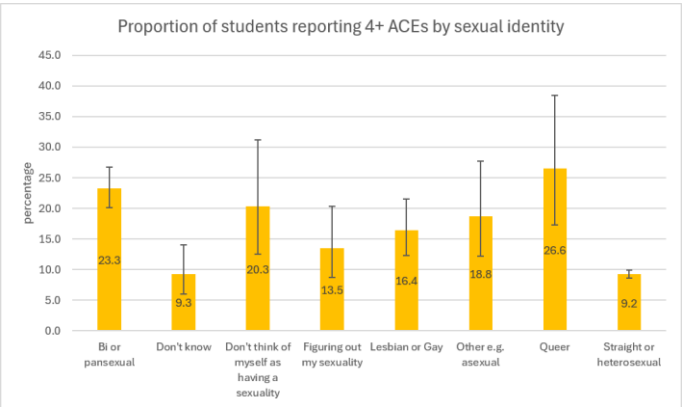
Although, recent global shocks are likely to have had impacts across socioeconomic groups so this could reflect an increase in experiencing ACEs by less deprived students in recent years.

Characteristics of students with 4+ ACEs

Females[8] were significantly more likely to report 4+ACEs than males. In 2026 14.9% of females reported experiencing 4+ACEs compared to 7.4% of males. Cis gendered students were significantly less likely to report they had experienced 4+ ACEs than those who are Transgender or gender fluid.



Pupils identifying as LGB were significantly more likely to report 4+ ACEs than heterosexual pupils.



Overall, there was no significant difference in reporting 4+ ACEs between students from diverse ethnic communities and their white British peers. However, students from mixed and other ethnic background were significantly more likely to report 4+ ACEs than their white British peers, all other ethnicities were in line.

Students with Low mental wellbeing[9] (LMW) were significantly more likely to report 4+ ACEs than those with average/high mental wellbeing (A/HMW) although this is likely to be bi-directional (23.4% vs. 6.9% respectively) i.e. Having multiple ACEs may increase the risk of poor mental wellbeing. It can also be said that poor mental wellbeing may also affect how people perceive, recall, or report their childhood experiences.

The proportion of students with neurodiversity, known to social care, young carers, seriously bullied, eligible for FSM reporting 4+ ACEs was significantly higher than their less vulnerable peers.

Vulnerable characteristic	Odds ratio of 4+ ACEs
Low Mental Wellbeing	4.1
Disability	1.7
SEN/EHCP	1.5
Neurodivergent	2.2
Known to CSC	4.1
Young Carer	3.3
Bullied	2.5
Eligible for FSM	3.8

Behaviours of pupils with 4+ ACEs

Students experiencing 4+ ACEs were much more likely to engage in health harming behaviours.

Students reporting 4+ ACEs were:

- almost twice as likely to report having at least one isolation, suspension or exclusion (31.8% vs. 17.8%)
- around three time as likely to have been in trouble with the Police (6.6% vs. 1.9%)
- more than twice as likely to say they were regular[10] cigarette smokers (8.0% vs. 3.2%)
- more than twice as likely to vape regularly (27.7% vs. 9.7%)

[8] Where given as biological sex

[9] As measured using WEMWEBS – LMW aligns with NHS probable clinical depression

[10] Defined as - *Quite often (e.g. weekly)/Most days*

- significantly more likely to report being drunk regularly (12.9% vs. 7.4%)
- more than twice as likely to report trying illegal drugs (34.0% vs. 14.2%)
- significantly less likely to report eating '5 a day' (17.2% vs. 22.1%)
- significantly less likely to report doing the recommended hours exercise per week[11] (40.1% vs. 49.3%)
- significantly less likely to report getting the recommended hours sleep[12] the previous night (44.2% vs. 56.5%)

These were also observed in the aggregate of previous surveys 2018, 2020 and 2022 and in 2024.

Impact of experiencing 4+ ACEs

Students experiencing 4+ ACEs were significantly more likely to report LMW than those with less than 4 ACEs (61.4% vs. 28.0%), they were also more than twice as likely to report self-harm (59.6% vs. 16.8%).

Students who report 4+ ACEs appear to have less academic achievement and future aspirations.

Students reporting 4+ ACEs were significantly less likely to report they *Often achieved top grades* (31.2% vs. 38.9%). Students in Year 10 with 4+ ACEs were more likely to say they planned to do nothing after Year 11, post-16 students with 4+ ACEs were also more likely to say they planned to do nothing after post-16 education. Post-16 students with 4+ ACEs were also less likely to say they planned to go to university and more likely to say they didn't know what they were going to do after post-16 education.

Students with 4+ ACEs were also significantly less likely to say they were confident about their future than those with less than 4 ACEs (52.0% vs 79.5%).

Specific ACEs experienced

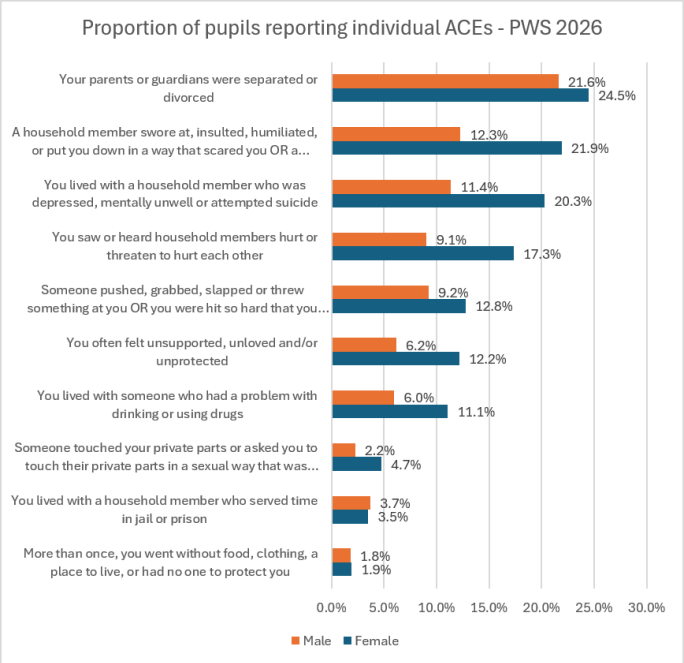
Key takeaways:

- Parental separation/divorce is the most common ACE, affecting around 1 in 5 students.
- Household mental ill health is a common adversity across all backgrounds.
- Students in Vocational and Alternative Settings face higher levels of adversity.
- ACEs often occur together, particularly domestic abuse, emotional harm and household mental illness.

Since 2024 students have been asked to indicate specific ACEs they had experienced. The most frequently reported ACE across all students was *Your parents or guardians were separated or divorced* reported by 22.7% of all students. This was the same for both sexes and all year groups.

[11] NHS recommends 1 hour per day = 7+hrs per week

[12] NHS recommends 7+ hours per night for adults



Most ACEs were experienced by a significantly higher proportion of females than males (except *living with a household member who had been in prison* and *More than once, you went without food, clothing, a place to live, or had no one to protect you*).

Where students reported experiencing more than 4 ACEs the most commonly reported ACE was *A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt*, 86.2%.

The most commonly reported ACE by statistical neighbour group was *Your parents or guardians were separated or divorced* for all groups (around 1 in 5) except students at Independent or Selective grammar schools, where the most commonly reported ACE was *A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt*. 1 in 3 students at Vocational and Alternative settings said their parents or guardians were separated or divorced, the highest of all groups.

The second and third most commonly experienced ACEs also show an interesting picture; in all statistical neighbour groups *You lived with a household member who was depressed, mentally unwell or attempted suicide* was either the second or third most common ACE reported and ranged from 1 in 10 in Independent setting students to 1 in 5 in quintile 2 students. This suggests there is a high prevalence of exposure to poor parental mental health for young people across all socio-economic groups.

Students from Vocational & Alternative settings had significantly higher odds of experiencing *You lived with a household member who served time in jail or prison (OR 2.7), Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable (OR 2.1), More than once, you went without food, clothing, a place to live, or had no one to protect you (OR 2.8)* and *You often felt unsupported, unloved and/or unprotected* (*OR 2.1*) than all other groups. Overall, the odds of experiencing any individual ACE was slightly higher in more deprived settings and slightly lower in less deprived settings, but not statistically significantly so.

Around three quarters of students who had experienced 4+ ACEs had experienced being humiliated or afraid they would be physically hurt; seen domestic abuse; and have a person in their house with mental illness.

Proportion of students reporting individual ACEs by number of ACEs reported in total (0-3 ACEs and 4+ ACEs)		
	4+ ACEs	**0-3 ACEs**
A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt	86.2%	8.4%
You saw or heard household members hurt or threaten to hurt each other	79.6%	4.7%
You lived with a household member who was depressed, mentally unwell or attempted suicide	73.0%	8.3%
Your parents or guardians were separated or divorced	72.8%	16.7%
Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks	61.1%	4.8%
You often felt unsupported, unloved and/or unprotected	52.6%	3.5%
You lived with someone who had a problem with drinking or using drugs	52.0%	3.1%
You lived with a household member who served time in jail or prison	23.9%	1.1%
Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable	20.6%	1.3%
More than once, you went without food, clothing, a place to live, or had no one to protect you	14.6%	0.4%

This suggests these are most often seen together, and that abuse is likely to extend to all family

members. This highlights the importance of providing support to young people experiencing domestic abuse either directly or indirectly.

Resilience and coping with experience of ACEs

Key Takeaways:

- ACEs do not determine outcomes – some young people remain resilient despite multiple adversities.
- Trusted adults are a key protective factor for positive mental wellbeing.
- Healthy behaviours, especially good nutrition, support resilience.
- Families, schools and communities play a vital role in building resilience.
- Poverty and disadvantage should be considered alongside ACEs when planning support and prevention.

Experiencing ACEs clearly has a wide-ranging effect on young people and their outcomes, arguably most profoundly on their mental wellbeing. There are a small proportion (1.9%) of pupils experiencing 4+ ACEs who have high mental wellbeing.

Reducing the effects of significant adversity on children's healthy development is essential to the progress and prosperity of any society. Some children develop resilience, or the ability to overcome serious hardship, while others do not. Understanding why some children do well despite adverse early experiences is crucial, because it can inform more effective policies and programs that help more children reach their full potential.

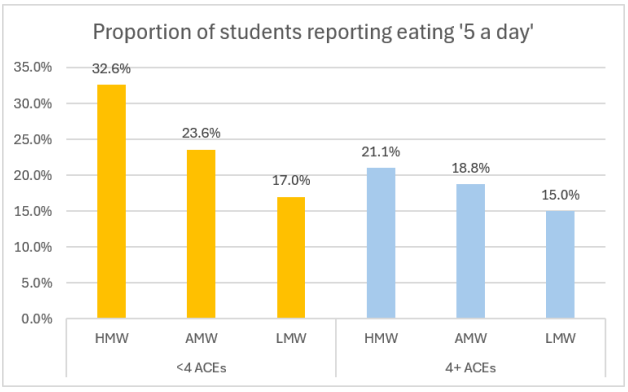
A systematic review[13] identified several features that contributed to resilience, especially in those who had experienced trauma and/or hardship. These included;

- emotional self-regulation
- self-esteem
- positive outlook
- trusted adult
- feeling loved and cared for
- academic engagement
- supportive school community
- high community social cohesion
- religiosity of family/spirituality

Some research[14] suggests the most effective factor to promote resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult.

Those children who had experienced 4+ ACEs who had HMW were significantly more likely to say they had a trusted adult to go to when they were worried about something than those with LMW (94.7% vs. 68.8%). Whilst this is also the case with those who experience <4 ACEs the gap is much smaller between those with HMW and LMW for this group.

Good nutrition and exercise also contribute to resilience after experiencing ACEs. Students with high mental wellbeing (HMW) have significantly higher rates eating 5 a day than those with low mental wellbeing (LMW) no matter how many ACEs they experience. However, the gap in eating 5 a day between those with HMW and LMW is more than twice as big where pupils have experienced 4+ ACEs (15.6 percentage points vs. 6.0 percentage points).



[13] https://bmjopen.bmj.com/content/9/4/e024870

[14] https://developingchild.harvard.edu/science/key-concepts/resilience/

More investigations could be undertaken to establish if there is a clear rank of resilience features that leads to higher mental wellbeing/better outcomes in students who have experienced ACEs.

Other adverse childhood experiences

Poverty and economic disadvantage can also have a significant impact on childhood experiences and is often observed alongside other ACEs. A separate report *Experience of Free School Meal Eligible students* explores this in more detail and is available at: https://www.gloucestershire.gov.uk/inform/children-and-young-people/pupil-wellbeing-survey-formerly-online-pupil-survey/

Conclusion

Students who report 4 or more ACEs face a notably more challenging lived experience than their peers, with poorer mental wellbeing, higher incidence of self-harm, greater exposure to exclusion, suspension or contact with the police, and increased likelihood of health-harming behaviours such as smoking, vaping, alcohol use and drug use. They are also less likely to report strong academic outcomes, clear future plans or confidence about their future, suggesting that adversity can affect both immediate wellbeing and longer-term aspirations. However, these outcomes are not inevitable. The findings indicate that resilience can be strengthened where young people have access to stable and trusted adults, supportive relationships, a sense of being loved and cared for, positive school and community connections, and opportunities to build self-esteem, emotional regulation and healthy routines such as good nutrition, exercise and sleep. Support for students with multiple ACEs should therefore focus not only on reducing harm, but on actively building the protective relationships, environments and coping skills that enable young people to recover, participate and thrive.