Adverse childhood experiences and mental health in adulthood

Initial findings from Next Steps at Age 32

Adverse childhood experiences (ACEs) are potentially distressing events in childhood. These may include experiences of poverty, bereavement, or violence in the home. Documenting the experiences children face is essential for understanding the scope and nature of disadvantage, which can inform policies aimed at reducing these inequalities.

Existing evidence has shown individuals who experience adversity in childhood are at heightened risk of stress-related physical and mental health issues across their lives[123]. Therefore, understanding how experiencing childhood adversity impacts people's health and wellbeing is of great importance to public health policy and planning.

This briefing note documents the proportion of adults aged 32 in England who experienced adversity in childhood and assesses whether there is an association between experiencing adversity and adult mental health[4].

The analysis was conducted on a sample of 7,279 Next Steps respondents, of whom 6,474 answered questions about their mental health. Our analyses are weighted, so the results are representative of the general population.

ABOUT THE DATA

Next Steps Age 32 Sweep

Next Steps follows the lives of around 16,000 people in England, born in 1989-90. The Age 32 Sweep took place between April 2022 and September 2023. Over 7,000 study members took part in a 60-minute survey, either online or with an interviewer. Data from this and previous sweeps of Next Steps are available to download from the UK Data Service.

"Financial hardship and parental unemployment in childhood were associated with increased risk of poor mental health in adulthood."

AUTHORS

Dr Tugba Adali
Professor Morag Henderson
Dr Charlotte Booth
Dr Alison Fang-Wei Wu

Key findings

- The most common ACE was parental separation or divorce (28%), followed by financial hardship (24%).
- While many people experienced no ACEs (54%), a quarter experienced one (25%), and a smaller proportion experienced either two (12%) or more (9%).
- Experiences of crime in childhood were associated with poor mental health in adulthood, specifically, those who faced violence in the home, or who had a close family member in prison.
- Financial hardship and parental unemployment in childhood were also associated with increased risk of poor mental health in adulthood.
- The more childhood adversities a person experienced, the higher their risk of reporting poor mental health in adulthood, suggesting a cumulative effect.

Results

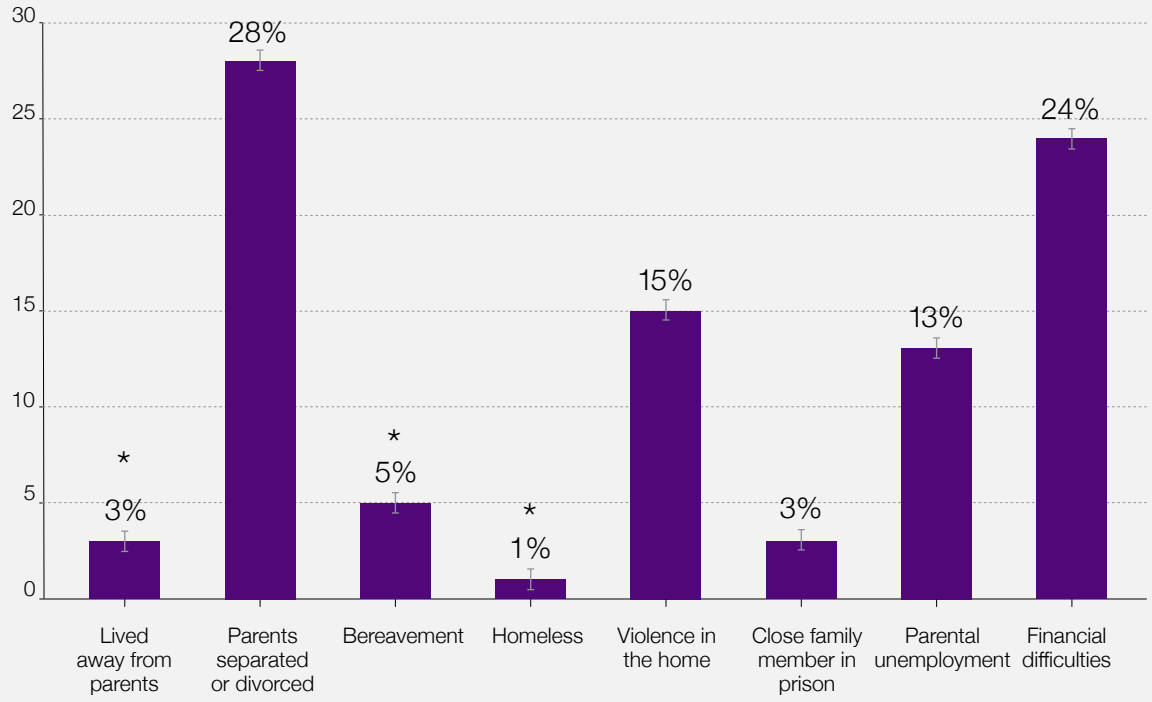
In the Age 32 Sweep, participants were asked to indicate whether they had experienced a specific adversity up to age 16, e.g. homelessness or violence in the home. Figure 1 shows the proportion of people who experienced these adversities.

The most common ACE was parental separation or divorce (28%). While this may be the best outcome for children in the case of a high-conflict situation, it is still considered an adversity. The next most common experience was financial hardship (24%), followed by experiencing violence in the home (15%). The least common experiences were homelessness of one month or more (1%), followed by having an immediate family member sent to jail or prison (3%).

For each of the following graphs the confidence intervals indicate the range of values that is likely to contain the true population mean with 95% certainty. Generally, the smaller the overlap between confidence intervals indicates a stronger likelihood that the differences between the groups shown do not just arise in the data by chance.

The most common adverse childhood experience was parental separation or divorce.

FIGURE 1: PROPORTION OF ADVERSE CHILDHOOD EXPERIENCES (%)



N=6,864. This sample is comprised of individuals who answered the ACE questions. Missing values are handled by using multiple imputation. All analyses are weighted.

*Lived away from parents - "Did you ever live in a children's home?"; "Did you ever live with a foster family or in a foster home?"; and "Were your grandparent(s) ever your primary caregivers?" were combined into one measure called "Lived away from parents".

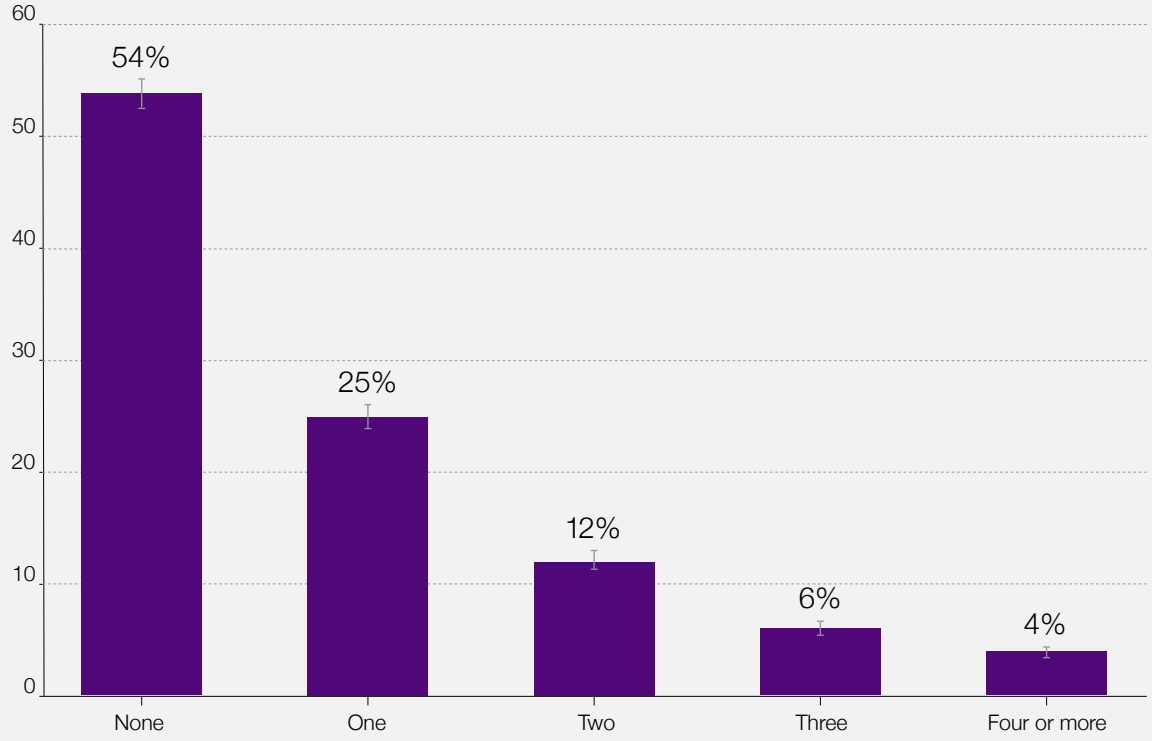
*Bereavement - "Did one or both of your parents die?" and "Did one or more of your siblings die?" were combined into one measure called "Bereavement".

*Homeless - "Were you ever homeless for 1 month or more?" was called "Homeless".

Next, we looked at how many adversities the Next Steps participants experienced. We observed that 54% of the sample retrospectively reported none of the childhood adversities measured in the survey (Figure 2, opposite).

A quarter (25%) reported experiencing one adversity, and one in eight (12%) reported two adversities. The remaining 9% reported experiencing three or more adversities.

FIGURE 2: DISTRIBUTION OF ADVERSE CHILDHOOD EXPERIENCES FACED (%)



N=6,864. This sample is comprised of individuals who answered the ACE questions. Missing values are handled by using multiple imputation. All analyses are weighted. Figures may not sum to 100 due to rounding.

ACEs and mental health at age 32

To understand the relationship between each separate adversity and mental health in adulthood we ran regression analyses using a measure capturing whether the participant reported poor mental health at age 32 (see box). All analyses accounted for sex, ethnicity, highest qualification achieved and marital status at age 32.

Figure 3 (next page) shows that individuals who experienced any adversity in childhood tended to be more likely to report poor mental health at age 32. More specifically, those who reported neither parent being employed for several months or more were more likely to report poor mental health in adulthood compared to those who did not share this experience (39% v 28%). Relatedly, those whose families experienced financial hardship in childhood were more likely to report poor mental health in adulthood compared to those who did not (40% v 26%).

Similar differences were found for those who had an immediate family member who was sent to prison or jail compared to those who did not (44% v 29%); and for those who experienced violence in the home (41% v 27%).

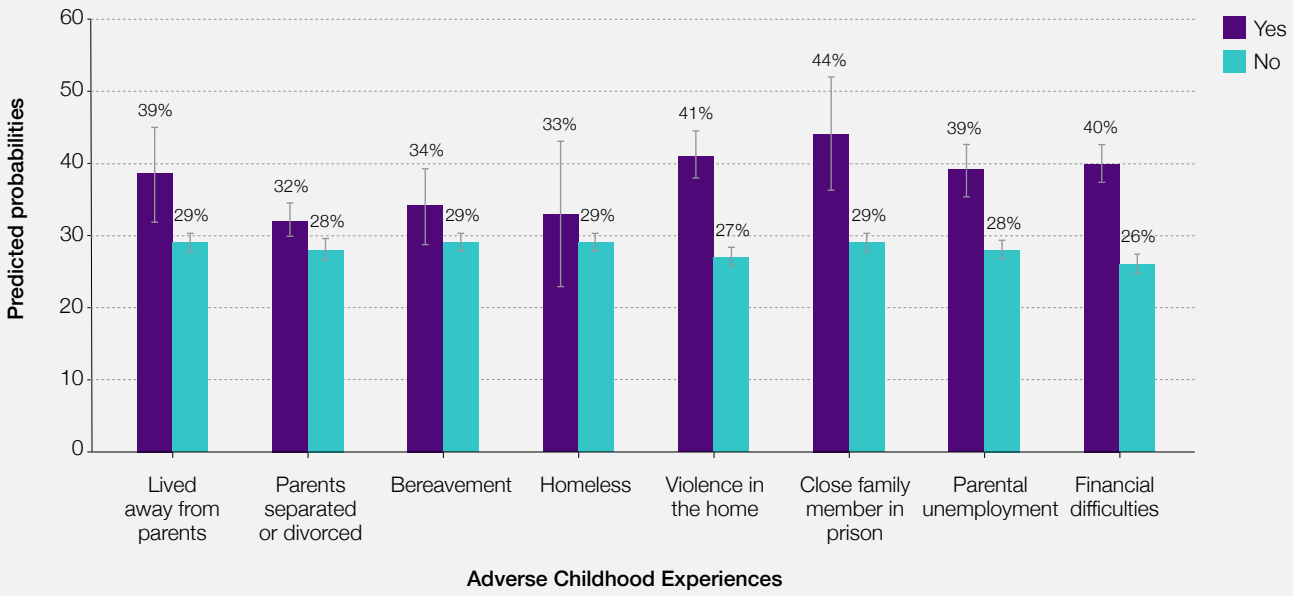
Smaller differences were found between those who lived away from their parents (either with a grandparent, in a children's home or with a foster family) whereby those who lived away had a higher probability of poor mental health in adulthood (39% v 29%); those whose parents separated or divorced had a higher likelihood of poor mental health (32% v 28%) and those who were homeless for one month or more during childhood had a higher probability of poor mental health (33% v 29%). These differences were all statistically significant.

12% of millennials experienced two adverse childhood experiences.

Mental health measures

Psychological distress encompasses emotional symptoms of depression and anxiety. This study uses the General Health Questionnaire (GHQ-12)[5] to assess the extent to which someone is experiencing stress, anxiety, depression, or other emotional difficulties. Scores range between 0-12, with higher scores indicating higher psychological distress. Following standard practice, a binary variable was created whereby a threshold of 'four or more' signals poor mental health.

FIGURE 3: PREDICTING POOR MENTAL HEALTH AT AGE 32 BY ADVERSE CHILDHOOD EXPERIENCES



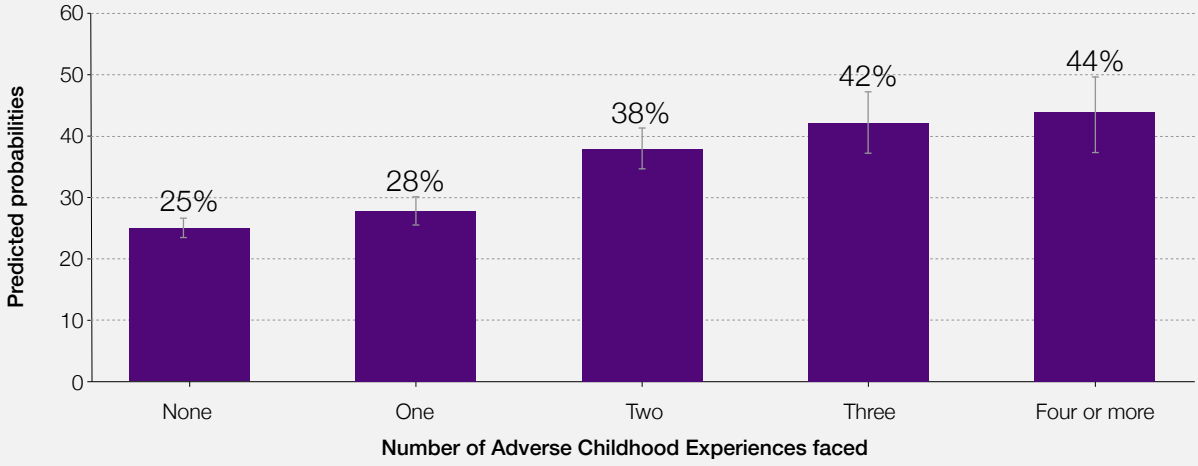
Models included each ACEs separately and accounted for sex, ethnicity, highest educational qualification and marital status as age 32. This sample comprised all individuals who responded to the mental health battery, 89% of the overall responding sample. Missing values were handled using multiple imputation. All analyses were weighted. N=6,474. When all ACEs were included in the same model, violence in the home, parental unemployment and financial difficulty remained statistically significant.

Is there a cumulative effect of ACEs on mental health?

Next, we examined whether there is a cumulative relationship between ACEs and mental health in adulthood, controlling for sex, ethnicity, highest educational qualification and marital status as age 32.

Figure 4 shows the predicted probability of reporting poor mental health at age 32 by the number of adversities faced in childhood. The results show that those who experienced no adversities during childhood had a 25% probability of reporting poor mental health in adulthood, while those who experienced one ACE had a 28% probability. As the number of adversities increased, so did the risk of reporting poor mental health as an adult, where those who experienced two ACEs had a predicted probability of 38%, three ACEs 42% and four or more ACEs 44%. This finding supports previous evidence which found a 'dose-response' of ACEs and mental health outcomes[6], whereby the greater the number of ACEs a person is exposed to, the greater the risk of reporting poor mental health in adulthood.

FIGURE 4: PREDICTING POOR MENTAL HEALTH AT AGE 32 BY NUMBER OF ADVERSE CHILDHOOD EXPERIENCES



Model accounted for sex, ethnicity, highest educational qualification and marital status as age 32. This sample comprised all individuals who responded to the mental health battery, 89% of the overall responding sample. Missing values were handled using multiple imputation. All analyses were weighted. N=6,474.

Considerations for policymaking

This evidence shows that adverse childhood experiences play a critical role in shaping mental health in adulthood. As such, childhood represents a key intervention point for effective mental illness prevention.

The results show that those who had an immediate family member in prison or who experienced violence in the home were at greatest risk of poor mental health in adulthood. Protecting children whose family members come into contact with the criminal justice system should be a priority in order to support better mental health over the long term.

The Next Steps generation grew up under a Labour government which saw both absolute and relative measures of income poverty fall among children[7]. There was also an increase in employment during this period which resulted in a reduction in the proportion of children living in workless families. There is a concern that children today may experience an even higher proportion of adverse experiences, given that rates of childhood poverty have increased since then[8].

The Resolution Foundation has predicted an extra 1.5 million people - including 400,000 children - will experience relative poverty after housing costs by 2029/30[9]. This suggests that there may be further pressure on child and adult mental health services in the coming years.

Several policy actions could help to decrease childhood financial adversity, including securing parental employment; reducing housing costs and the costs of living[10]; and adapting the child benefit offer[11]. These interventions may prevent worsening mental health for future generations.

Opportunities for future research

Here we focused on childhood adversity specifically, rather than looking at how adversities may accumulate across the whole life course. Future research could explore how adversities experienced in adulthood also affect mental health. In addition, future research could explore the association between adversities and a broader range of outcomes, including physical health, health behaviours, and other measures of wellbeing. Researchers could also identify protective factors that reduce the risk of poor mental health outcomes in adulthood, for example having good experiences at school or supportive friendships.

About Next Steps

Next Steps, previously known as the Longitudinal Study of Young People in England, follows the lives of around 16,000 people in England born in 1989-90. The study has followed cohort members since secondary school, collecting information about cohort members' education and employment, economic circumstances, family life, physical and emotional health and wellbeing, social participation and attitudes. Next Steps began in 2004 when cohort members were aged 13/14, and was originally managed by the UK Department for Education. Since 2015, the study has been managed by the UCL Centre for Longitudinal Studies and funded by the Economic and Social Research Council.

How to cite this briefing paper

Adali, T., Henderson, M., Booth, C., Fang-Wei Wu, A. (2025) Adverse childhood experiences and mental health in adulthood: Initial findings from Next Steps at Age 32. London: UCL Centre for Longitudinal Studies.

Acknowledgements

The Economic and Social Research Council funds the UCL Centre for Longitudinal Studies (CLS) Resource Centre (ES/W013142/1), which provides core support for the Next Steps study. These initial findings, and the future research these data will enable, would not be possible without the invaluable contributions of the Next Steps cohort members over many years. We are very grateful for their ongoing commitment to the study. This research was also supported by the Economic and Social Research Council under grant ES/S012583/1.

References

1. Chang, X., Jiang, X., Mkandarwire, T., Shen, M. (2019). Associations between adverse childhood experiences and health outcomes in adults aged 18–59 years. *PLoS ONE*, 14(2): e0211850. https://doi.org/10.1371/journal.pone.0211850.
2. Nelson, C.A., Bhutta, Z. A., Burke Harris, N., Danese A., Samara, M. (2020). Adversity in childhood is linked to mental and physical health throughout life *BMJ*, 371:m3048. https://doi.org/10.1136/bmj.m3048.
3. Taylor, S. E., Way, B. M., Seeman, T. E. Early adversity and adult health outcomes. (2011). *Development And Psychopathology*, 23(3):939-54. https://doi.org/10.1017/S0954579411000411. PMID: 21756443.
4. University College London, UCL Social Research Institute, Centre for Longitudinal Studies. (2024). *Next Steps (also known as the Longitudinal Study of Young People in England)*. [data series]. 11th Release. UK Data Service. SN: 2000030. http://doi.org/10.5255/UKDA-Series-2000030.
5. Goldberg, D. P., Gater, R., Sartorius, N., Ustun, T. B., Piccinelli, M., Gureje, O., & Rutter, C. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine*, 27(1), 191–197. https://doi.org/10.1017/S0033291796004242.
6. Felitti V. J., Anda R. F., Nordenberg D., et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4):245-258. https://doi.org/10.1016/S0749-3797(98)00017-8.
7. Joyce, R. and Sibieta, L. (2013). *Labour's record on poverty and inequality* [Comment] IFS. Available at: https://ifs.org.uk/articles/labours-record-poverty-and-inequality (accessed: 21 August 2025).
8. Vizard, P., Obolenskaya, P., & Treebhoohun, K. (2023). *Going backwards? The slowdown, stalling and reversal of progress in reducing child poverty in Britain during the second decade of the 21st century, and the groups of children that were affected*. Available at: https://sticerd.lse.ac.uk/dps/case/spdo/spdorp14.pdf.
9. Clegg, A. & Corlett, A. (2024). *The Living Standards Outlook 2024, Resolution Foundation.* Available at: https://www.resolutionfoundation.org/app/uploads/2024/08/Living-Standards-Outlook-2024.pdf (accessed: 21 August 2025).
10. Cabinet Office (2024). *Tackling Child Poverty: Developing Our Strategy (HTML)*. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/tackling-child-poverty-developing-our-strategy/tackling-child-poverty-developing-our-strategy-html.
11. Joseph Rowntree Foundation. (2025). *Three policies to reduce child poverty this parliament*. [online] Available at: https://www.jrf.org.uk/child-poverty/three-policies-to-reduce-child-poverty-this-parliament.

Contact

clsdata@ucl.ac.uk
www.cls.ucl.ac.uk
@CLScohorts
UCL Centre for Longitudinal Studies

Economic and Social Research Council

Published in November 2025