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Adverse Childhood Experiences in Africa: Policy Gaps, Systemic Disparities, Practice and Counselling Implications

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Abstract

Adverse Childhood Experiences (ACEs) is a significant global public health issue, with enduring effects on mental health, education, and socioeconomic position. This paper discusses Adverse Childhood Experiences (ACEs) in the African setting, emphasising policy deficiencies, systemic disparities, and consequences for counselling practices. Adverse Childhood Experiences (ACEs) are more common in Africa and are exacerbated by poverty, conflict, displacement, and a lack of adequate child safety facilities. While attempts at mitigation are hampered by structural imbalances including health and educational inequalities, cultural practices both perpetuate and lessen adverse childhood experiences (ACEs). This discussion promotes a multisectoral approach to addressing Adverse Childhood Experiences (ACEs), emphasising the need for more finance, policy integration, and community engagement. The recommendations include investing in evidence-based research, improving mental health services, and establishing comprehensive frameworks.

Keywords: *adverse childhood experiences in Africa, policy gaps, systemic disparities, counselling*

Introduction

Adverse Childhood Experiences (ACEs) denote potentially traumatic events or conditions happening prior to the age of 18 that profoundly influence a child's development and long-term welfare (Herzog & Schmahl, 2018, Brown *et al.*, 2023). These encompass, but are not confined to, physical, emotional, and sexual abuse; neglect; exposure to domestic violence; parental substance abuse; mental illness; and familial disruption due to separation, divorce, or incarceration. Globally, Adverse Childhood Experiences (ACEs) have been acknowledged as critical determinants of health and social outcomes (Hampton-Anderson *et al.*, 2021, Webster, 2022). The number of Adverse Childhood Experiences (ACEs) was found to be significantly correlated with an increased risk of adverse health outcomes, such as cardiovascular diseases, mental health disorders, substance abuse, and premature mortality, according to the groundbreaking ACE Study conducted in the United States by Felitti *et al.* (1998) (Su *et al.*, 2015, Giovanelli & Reynolds, 2021). Subsequent global studies have validated these findings, indicating that ACEs surpass cultural and geographical limitations. Low- and middle-income countries (LMICs), where socio-economic and political instability exacerbate vulnerabilities, have a much higher prevalence of ACEs (Schilling *et al.*, 2008, Yount *et al.*, 2017, Kidman *et al.*, 2021, Gilbert *et al.*, 2024). Due to their widespread effects on public health, academic achievement, and socio-economic stability, international institutions such as the World Health Organisation (WHO) and the United Nations International Children's Emergency Fund (UNICEF) have emphasised the need for multi-sectoral approaches to address Adverse Childhood Experiences (ACEs) (Kidman *et al.*, 2020, Agbaje *et al.*, 2021, Rutter, 2021).

The prevalence of Adverse Childhood Experiences (ACEs) in Africa serves as an example of the serious problems that African children face. Due to socio-economic challenges, cultural norms, and political unrest that exacerbate their vulnerabilities, children are frequently exposed

to situations that negatively impact their mental, emotional, and physical well-being (Amene *et al.*, 2024, Gilbert *et al.*, 2024). According to 2022 UNICEF research, almost 50% of African children experience violence before they turn 18 (Akintayo, 2021, Charbit & Omrane, 2023). This violence frequently transpires inside familial, educational, or communal settings, where it is either normalised or disregarded due to cultural and structural influences. Physical violence is notably common, as corporal punishment continues to be a broadly endorsed disciplinary practice in numerous African countries, notwithstanding its enduring psychological and developmental repercussions (Larkin *et al.*, 2014, Naudin *et al.*, 2023).

Sexual assault substantially adds to Adverse Childhood Experiences (ACEs) across the continent. Disturbingly, one in four girls and one in ten boys in Sub-Saharan Africa endure sexual assault in their childhood (Yount *et al.*, 2017, Mitchell *et al.*, 2021). The cultural shame associated with these instances, along with insufficient reporting procedures, frequently results in unreported and unresolved crimes, depriving victims of justice and support (Barajas-Gonzalez *et al.*, 2021). Emotional abuse, encompassing verbal insults, humiliation, and threats, exacerbates the negative experiences of numerous youngsters, undermining their self-esteem and heightening the likelihood of future mental health issues.

The incidence of ACEs is significantly heightened in areas impacted by armed conflict. Regions include the Sahel, the Horn of Africa, and the Great Lakes are characterised by pervasive violence, displacement, and familial disintegration (Bhutta *et al.*, 2023, Amene *et al.*, 2024). More than 70% of youngsters in these conflict zones indicate experiencing traumatic experiences, such as homicides, sexual violence, and the devastation of their residences. Many ends up in refugee settlements or internally displaced persons (IDP) camps, where they face increased risks like exploitation, interrupted education, and inadequate medical treatment (Kappel *et al.*, 2021, Amene *et al.*, 2024). Long-term exposure to these stressors causes toxic stress, which has a negative impact on social functioning, emotional control, and brain development.

The HIV/AIDS pandemic in Southern Africa has put youngsters in yet another difficult situation. According to estimates from the World Health Organisation (WHO), more than 14 million children in this region are orphans because one or both of their parents died of HIV/AIDS. These kids frequently experience abuse and neglect, whether they are in foster care or in overworked extended relatives that are unable to sustain them adequately (Lukelelo, 2023, Myers *et al.*, 2024). Orphaned children are more vulnerable to trafficking, forced labour, and sexual exploitation as a result of the financial burden on carers (Minor, 2023). The effects of ACEs in Africa extend beyond the immediate harm to individual children. Educational outcomes are severely impacted, as children exposed to violence, neglect, or trauma are more likely to drop out of school or perform poorly academically (Mitchell *et al.*, 2021, Zheng, 2024). Health consequences are equally dire, with ACEs linked to chronic illnesses such as hypertension, diabetes, and mental health disorders, placing additional strain on Africa's already fragile healthcare systems. Economically, the long-term effects of ACEs reduce productivity and increase healthcare costs, hindering individual advancement and overall societal development (Barajas-Gonzalez *et al.*, 2021, Peterson *et al.*, 2023). These troubling statistics underscore the urgent need for interventions tailored to Africa's unique socio-cultural and economic context

Although the global world increasingly recognises the importance of avoiding and managing ACEs, many African countries lack comprehensive and relevant policy frameworks. Existing policies are often poorly implemented due to limited resources, lack of political will, or insufficient stakeholder collaboration (Sawyer *et al.*, 2024, Puma *et al.*, 2024). Furthermore,

these frameworks frequently fail to account for unique challenges such as conflict-related trauma, displacement, and multi-generational poverty. For instance, children in conflict zones, such as the Democratic Republic of Congo or Northern Nigeria, experience trauma that existing policies do not adequately address (Bendavid *et al.*, 2021, Andersen *et al.*, 2022, Obor, 2023). Mental health and counselling services remain severely limited across Africa, particularly in rural and underserved areas. The stigma associated with mental health concerns inhibits numerous families from pursuing assistance, resulting in children lacking support to navigate trauma. Also, the deficiency of qualified mental health practitioners, along with insufficient infrastructure, restricts access to culturally appropriate counselling services (Brown *et al.*, 2023, Tzouvara *et al.*, 2023). Lack of trauma-informed care increases vulnerability for children affected by Adverse Childhood Experiences (ACEs), often leading to poorer academic performance, social isolation, and long-term mental health issues (Asmussen *et al.*, 2022).

This discourse aims to enhance the comprehension of the complex causes and effects of Adverse Childhood Experiences (ACEs) by contextualising theoretical frameworks within the African setting. It also seeks to connect global ideas with local realities to guide policies and practices that enhance resilience, reduce harm, and promote the well-being of African children affected by ACEs.

Conceptual and Theoretical Framework

A strong basis for comprehending the ways in which ACEs affect developmental paths and long-term results is offered by a number of recognised theories. From the immediate family to larger societal and environmental contexts, the Ecological Systems Theory suggests that an individual's development takes place inside a nested network of interrelated systems (Guy-Evans, 2024). A child's life is disrupted by Adverse Childhood Experiences (ACEs) on several levels. The first is the family setting, where neglect, domestic abuse, or parental conflict can negatively impact the child's emotional and mental well-being. Through bullying, acts of communal violence, or a lack of assistance, interactions between systems, including communities and schools, can make ACEs worse. Systemic vulnerabilities that increase the likelihood of trauma, exploitation, neglect, and displacement are also influenced by broader socio-economic issues, such as poverty, political unpredictability, and cultural norms (Tzouvara *et al.* 2023, Sawyer *et al.*, 2024).

Trauma theory, which has its roots in psychology research, looks at how exposure to negative experiences during critical developmental periods affects brain growth and function. Long-term exposure to Adverse Childhood Experiences (ACEs) causes toxic stress, which hinders the growth of important brain areas related to memory, decision-making, and emotional control (Cruz *et al.*, 2022, Tzouvara *et al.*, 2023). Reduced cognitive function and academic success are associated with long-term stress exposure. Mental health conditions like anxiety, depression, and post-traumatic stress disorder (PTSD) are more common among people who have had adverse childhood experiences (ACEs). Additionally, they could develop harmful coping strategies like substance misuse and aggressive conduct that last throughout adulthood. Resilience theory, in contrast to trauma theory, emphasises the protective elements that enable people to overcome the negative effects of ACEs. These include social and cultural support networks, where communal living and extended family networks offer essential material and emotional assistance (Suslovic & Lett, 2024). In order to build resilience and hope, many African communities also turn to spiritual and religious traditions, which provide a framework for healing and coping. Also, having access to education and career training can be extremely important in reducing the negative impacts of ACEs and giving children the tools and resources, they need to succeed in the future. For children who are unfortunate, the community

traits of African communities can offer support in situations where biological parents are not available, communal care systems can provide resources and emotional support. Nonetheless, these identical structures can sustain detrimental cultural practices, including child marriage, female genital mutilation (FGM), and forced labour, which are substantial factors contributing to adverse childhood experiences (ACEs) (Abebe *et al.*, 2020, Ayenew, *et al.*, 2024).

Policy Gaps in Addressing ACEs in Africa

The policy framework for Adverse Childhood Experiences (ACEs) in Africa is marked by substantial deficiencies that impede effective responses to childhood adversity. These deficiencies manifest at multiple levels, ranging from the lack of comprehensive national frameworks to insufficient implementation and monitoring mechanisms, all of which compromise the capacity to safeguard children from harm and alleviate the long-term consequences of Adverse Childhood Experiences (ACEs) (Giovannelli & Reynolds, 2021, Webster, 2022, Tzouvara *et al.*, 2023). An analysis of the strategies implemented in several African nations indicates a disjointed and inconsistent strategy for tackling ACEs. Despite the existence of many international and regional frameworks for child protection, the absence of cohesive and comprehensive state policies impedes advancement.

Numerous African nations have ratified significant international treaties designed to safeguard children's rights, including the United Nations Convention on the Rights of the Child (UNCRC). This international accord underscores the entitlement of every child to be safeguarded from abuse, neglect, and exploitation. African governments have affirmed their dedication to protecting children's rights by adhering to these international criteria (Akinyayo, 2021, Charbit & Omrane, 2023). Nonetheless, the execution of these frameworks frequently exhibits inconsistency and is deficient in the requisite legal and institutional infrastructure to guarantee substantive results. At the regional level, instruments like the African Charter on the Rights and Welfare of the Child (ACRWC) provide specific guidelines adapted to the African context (Sindayigaya, 2024, Jones & Manion, 2024). The ACRWC tackles issues that disproportionately impact African children, such as child marriage, detrimental cultural practices, and the repercussions of armed conflict. The Charter establishes a significant policy framework; yet, its execution frequently fails due to inadequate institutional capacities and insufficient political will in certain member states. Notwithstanding these challenges, regional instruments are essential for informing policy development and serve as a foundation for countries to formulate their national strategies (Ndayisenga & Sindayigaya, 2024, Jones & Manion, 2024).

National policies targeting ACEs in Africa frequently exhibit restricted breadth. Although certain nations possess specific laws and regulations targeting child labour, sexual abuse, or trafficking, these policies typically lack a comprehensive, integrated strategy that encompasses all forms of adverse childhood experiences (ACEs) (Middleton *et al.*, 2024). Numerous countries have enacted legislation banning corporal punishment in educational institutions; however, enforcement is inadequate and societal perceptions of physical discipline endure (Hampton-Anderson *et al.*, 2021). Also, national policies seldom consider the mental health requirements of children impacted by adverse childhood experiences (ACEs), overlooking the significance of trauma-informed care and the enduring psychological effects of childhood adversity.

Despite the existence of policies, significant deficiencies in implementation and monitoring undermine their efficacy (Brown *et al.*, 2023). The existing gaps impede governmental efficacy in addressing ACEs, rendering children susceptible to maltreatment and neglect. A key obstacle to efficient policy formulation is the lack of dependable, complete data regarding the

prevalence and effects of ACEs throughout the continent. Numerous African nations lack adequate data collection methods to monitor the extent of childhood hardship (World Health Organization, 2018, Amene *et al.*, 2024). In the absence of this data, accurately evaluating the extent of the issue or formulating evidence-based interventions is unfeasible. The absence of national surveys or rigorous research necessitates that policymakers depend on anecdotal data, which may not accurately represent the complete scope of the issue.

In many African countries, funding for child protection services is consistently inadequate. Governments frequently give child welfare programmes very little funding, which restricts the capacity of organisations to offer assistance or address incidents of violence, abuse, or neglect (Arthur-Ewusie, 2024, Mbaegbu & Nakayiza, 2024). In order to handle the complicated nature of ACEs, social workers and child protection agents are often underpaid, overworked, and untrained. Also, insufficient funding frequently leads to the dearth of essential infrastructure, such as child safe houses, and the restricted accessibility of specialised services, like trauma counselling and mental health care (Brown *et al.*, 2019). The lack of co-operation across the different child protection agencies is another important problem. Health, education, justice, and social protection are just a few of the sectors that work independently rather than together in many African nations (Yokobori *et al.*, 2023). This disjointed strategy results in gaps in service delivery, inefficiencies, and duplication of effort. For example, one organisation might respond to physical abuse, another to the scholastic needs of affected children, but none of them might collaborate with mental health organisations to offer comprehensive care.

Inadequate governance processes, political instability, corruption, and other institutional and socio-cultural impediments make it difficult to address adverse childhood experiences (ACEs) in Africa. (Ceccarelli *et al.*, 2022, Okunade *et al.*, 2023). The lack of political will and accountability at the highest levels results in insufficient allocation of resources to child welfare programs, leaving vulnerable children without access to essential services and support (Ceccarelli *et al.*, 2022, Prince *et al.*, 2023). Displacement brought on by political unrest and violence greatly raises the risk of ACEs and makes it more difficult to provide adequate assistance (Nelson *et al.*, 2020, Ceccarelli *et al.*, 2022, Prince *et al.*, 2023)

In many African communities, cultural behaviours that lead to ACEs are strongly ingrained and resistant to alter. Practices such as child marriage, female genital mutilation (FGM), and physical punishment are commonly considered as customary or obligatory, making it difficult to enforce protective laws and regulations. These activities may be justified by cultural or religious beliefs, and opposing them requires overcoming strong societal resistance. The highly rooted character of these practices hampers the establishment of policies that effectively address the core causes of ACEs.

Systemic Injustice, ACEs, and Disparities in Africa

A complex interaction of socio-economic, political, and environmental factors affects the occurrence and consequences of Adverse Childhood Experiences (ACEs) in Africa. (Kostić *et al.*, 2019 (UNICEF)). Three important systemic factors that increase the risks of early trauma include poverty, violence, and displacement. According to Save the Children (2017), poverty is a pervasive structural imbalance that affects children in Africa and makes them more vulnerable to ACEs. Because poverty raises the risk of child labour, neglect, exploitation, and abuse, it exacerbates ACEs (ILO, 2017, Tadeo, 2024). Children living in poverty frequently do not have access to essential resources like food, medical care, and education. Another important structural factor contributing to higher ACEs in Africa is armed conflict. Children living in war

areas are more likely to be victims of trauma, displacement, and violence (UNHCR, 2020, Bendavid *et al.*, 2021, Obor, 2023).

Efforts to reduce Adverse Childhood Experiences (ACEs) in Africa are severely hampered by disparities in the healthcare and educational systems. The prevention and treatment of childhood adversity are hampered by entrenched socio-economic gaps, inadequate infrastructure, and restricted access to high-quality services (UNICEF, 2019, Okunade *et al.*, 2023). Education plays a critical role in breaking the cycle of ACEs by giving children the necessary abilities, information, and chances to overcome hardship. However, reducing the effects of ACEs is significantly hampered by educational disparities across Africa. Early detection and treatment of childhood trauma are severely hampered by Africa's frequently poor and insufficient healthcare system. The stigma associated with mental illness in many African communities exacerbates the underfunding and underdevelopment of mental health services (World Health Organisation, 2020). Lack of access to adequate psychosocial support networks or trained mental health specialists may have long-lasting negative impacts on the emotional and psychological well-being of children affected by ACEs (Herzog & Schmahl, 2018, Tzouvara *et al.*, 2023, Yokobori *et al.*, 2023). Also, ACE reduction is significantly hampered by healthcare disparities, particularly for children who live in remote or underprivileged areas.

Implications for Counselling

The emotional, psychological, and social well-being of children is greatly impacted by adverse childhood experiences, or ACEs. Effective counselling interventions are crucial in Africa, where socio-economic instability, violence, and cultural traditions may exacerbate adverse childhood experiences (ACEs) (Rieder *et al.*, 2019, Sindyigaya, 2024, Suslovic & Lett, 2024). However, there are still many challenges facing the counselling industry in Africa today, including a lack of funding, underqualified professionals, and culturally insensitive methods. A comprehensive approach is required to address these issues, one that includes developing culturally sensitive counselling methods, improving counsellor education, and incorporating innovative, locally successful solutions.

The necessity for culturally attuned counselling methodologies in Africa is paramount. African societies are fundamentally anchored in traditions, beliefs, and community living, which influence individual responses to trauma and emotional suffering. Traditional healing approaches are often favoured over Western therapeutic paradigms because of their familiarity, accessibility, and congruence with local customs (Lorenc *et al.*, 2020, Chibwana *et al.*, 2024). Counselling interventions must be tailored to the cultural context to guarantee efficacy. Western treatment methodologies, however beneficial in many instances, frequently neglect the distinctive social, familial, and spiritual aspects that impact the lives of African children.

Culturally sensitive counselling must honour and integrate the values and practices significant to the local community. Numerous African tribes underscore the significance of familial and communal bonds in the healing process. Counsellors assisting children who have encountered ACEs should acknowledge these social ties by including family members into therapy, thereby guaranteeing that the healing process is collective rather than individualistic. The significance of spirituality and religion in numerous African civilisations is essential for comprehending how individuals manage trauma. Counsellors should be receptive to employing spiritual frameworks in their interventions when suitable, and incorporate traditional beliefs in a manner that honours the patient's worldview (Chibwana *et al.*, 2024).

Integrating cultural sensitivity entails recognising the influence of social institutions, including gender norms, class disparities, and ethnic identity, on children's experiences of Adverse Childhood Experiences (ACEs) (Camacho & Henderson, 2022). Gendered expectations frequently determine the forms of abuse children may endure, with girls being more susceptible to sexual abuse or detrimental practices such as female genital mutilation. Culturally sensitive counselling should adopt a gender-responsive approach that acknowledges the distinct needs and vulnerabilities of both boys and girls, while also addressing the societal norms that sustain such violence (Abebe, *et al.*, 2020, Ayenew *et al.*, 2024).

Counsellors need to be aware of how stigmatised mental health is in the majority of African nations. Many people believe that seeking help for emotional problems is a sign of weakness or that mental health issues are caused by moral or spiritual failings (Rieder *et al.*, 2019, Lorenc *et al.*, 2020). In order to reduce stigma and encourage people to seek help for psychological trauma without fear of social rejection, counsellors must conduct awareness campaigns and community education.

Counsellors dealing with ACE-affected persons in Africa face severe training and resource constraints that hinder successful intervention. Even while the value of mental health therapy is becoming more widely acknowledged, particularly in post-conflict and post-crisis contexts, many African nations still lack adequate counsellor training. There is a dearth of mental health training in some places, and many counsellors are not equipped with the knowledge and skills necessary to address the complex needs of children who have had Adverse Childhood Experiences (ACEs) (Lorenc *et al.*, 2020, Ceccarelli *et al.*, 2022, Naicker, 2023). Even when training programmes are offered, they usually do not take into account the unique social, cultural, and economic circumstances of the populations they are intended for.

The lack of qualified mental health professionals is a major worry. Many African countries have a disproportionately low number of psychologists and counsellors compared to their populations, with some having less than 1,000 qualified professionals to serve millions of people (Bhatia, 2024). Because access to mental health care is naturally limited in rural areas, this gap is more noticeable there., children who have experienced ACEs in these areas often do not receive the help they need to cope with trauma and build resilience (Lorenc *et al.*, 2020, Bhutta *et al.*, 2023). Also, the majority of mental health professionals in many African countries are found in urban regions, which exacerbates the disparity in access to counselling services between urban and rural groups.

Even though there are mental health professionals, many lack the resources and skills necessary to provide successful therapies. Counselling centres usually operate with outdated materials, inadequate space, and little funding. The lack of resources compromises the sustainability and quality of counselling services, making it more difficult for therapists to meet the requirements of those who have experienced ACEs. Counsellors may find it difficult to provide trauma-informed treatment, which is necessary for helping children who have experienced abuse, neglect, or other adversities, if they lack the necessary training and resources (Tzouvara *et al.*, 2023).

Despite the challenges, innovative and successful counselling interventions are being implemented across Africa, providing valuable information for upcoming projects. These projects demonstrate the possibilities of community-based approaches, teamwork, and combining conventional healing methods with modern therapeutic approaches. The introduction of community-based counselling programmes, which use local networks to

provide mental health care, is a noteworthy innovation (Woods-Jaeger *et al.*, 2021). Respected people including religious leaders, local elders, and traditional healers are unofficially providing therapy and support in many African civilisations. In response, some organisations have partnered with local leaders to create support networks and provide mental health training for children who have had adverse childhood experiences (ACEs) (Bhutta *et al.*, 2023). These programmes can link informal community-based care with professional mental health treatments, making counselling more approachable and culturally relevant.

Digital mental health platforms, which are being used to engage young people in remote areas, provide another example of success. Particularly in places where access to in-person treatments is limited, mobile phone-based mental health therapies—such as text messaging services and applications—have proven effective in providing emotional support and counselling. (Okunade, 2023). These platforms lessen the stigma associated with asking for help by allowing children to obtain therapy services privately and at their own speed. Also, by adapting to regional languages and cultural contexts, these digital platforms can become more relevant and accessible to a larger audience.

Trauma-focused group counselling programmes have been effective in assisting children and families affected by displacement and violence in conflict-stricken regions. These initiatives, frequently conducted by NGOs and municipal entities, utilise group therapy to establish a secure environment for children to articulate their experiences, process their trauma, and cultivate social support networks (Rieder *et al.*, 2019). Group counselling assists young people in recognising their shared problems, so cultivating a sense of solidarity and resilience. These programmes have proven especially beneficial in regions impacted by armed conflict, such as the Sahel, where children face significant violence and relocation (Ceccarelli *et al.*, 2021).

Moreover, there are instances of amalgamating old healing methods with contemporary therapeutic techniques. In certain African communities, mental health practitioners have partnered with traditional healers to develop hybrid counselling programmes that honour local norms while delivering trauma-informed care (Kumar *et al.*, 2018). Hybrid models can effectively diminish resistance to mental health care and cultivate trust within communities that may be apprehensive about Western therapeutic interventions (Brown *et al.*, 2023).

Implications for Policy and Practice

The response to Adverse Childhood Experiences (ACEs) in Africa is impeded by a complicated interaction of policy deficiencies and institutional inequalities. Despite the existence of frameworks at both national and regional levels recognising the significance of addressing childhood adversity, the absence of integration and implementation among these frameworks considerably undermines their efficacy. Policy deficiencies predominantly manifest as disjointed initiatives that do not comprehensively tackle Adverse Childhood Experiences (ACEs). Even though many African countries have ratified international treaties like the United Nations Convention on the Rights of the Child (UNCRC), their commitment is occasionally undermined by weak institutional capacity and enforcement systems (Hampton-Anderson *et al.*, 2021, Charbit & Omrane, 2023, Sindyigaya, 2024). Furthermore, rather than creating a comprehensive framework that covers the full spectrum of ACEs, including neglect, emotional abuse, exposure to violence, and displacement, national programmes aimed at ACEs usually focus on specific components, such as child labour or sexual abuse (Loveday *et al.*, 2022).

These policy shortcomings are exacerbated by systemic injustices, particularly in countries that experience political unrest, socio-economic disparity, and conflict. The prevalence of ACEs is

facilitated by structural inequalities such as poverty, limited access to high-quality education, and inadequate healthcare facilities. These disparities are greatly worsened in rural and conflict-affected areas, making children more vulnerable to many types of harm. Successful projects are hampered by a lack of coordination between community-based organisations, NGOs, and government entities. Coherent, well-funded policy frameworks that are sensitive to the unique challenges faced by vulnerable groups—particularly those living in poverty or those affected by violence and displacement—are desperately needed (Bendavid *et al.*, 2021, Obor, 2023).

ACEs (adverse childhood experiences) do not happen alone. Larger socio-economic problems including poverty, armed conflict, displacement, gender inequality, and inefficient governance systems are all intrinsically tied to them. The relationship between these challenges and Adverse Childhood Experiences (ACEs) highlights the complexity of the issue and the need for an all-encompassing strategy to address childhood adversity (Ceccarelli *et al.*, 2022). One of the most pressing social issues is still poverty. Millions of children live in abject poverty across the African continent, with limited access to safe housing, healthcare, and education. Adverse Childhood Experiences (ACEs) are both caused by and exacerbated by poverty, which makes children more susceptible to various types of exploitation, abuse, and neglect (Prince *et al.*, 2023). Also, poverty often prevents children from receiving the psychological support they need to lessen the long-term effects of Adverse Childhood Experiences (ACEs), which feeds the cycle of disadvantage. Poverty is a problem that needs to be addressed because it creates a vicious cycle where children who experience trauma are more vulnerable to socioeconomic deprivation, which results in long-term developmental deficits.

The problem is made more difficult by armed conflict and displacement. In nations like the Sahel, the Horn of Africa, and the Great Lakes region, ongoing conflicts have destroyed family units, uprooted millions of people, and subjected children to unspeakable levels of pain and brutality. Children are also impacted by conflict and displacement in Northern Nigeria, where they are more likely to experience violence, exploitation, and abuse. Many are compelled to leave their homes and seek safety in overcrowded and inadequately equipped camps (Barajas-Gonzalez *et al.*, 2021). Displacement-related trauma and disruption can have long-lasting effects on young kids' mental, emotional, and physical health, making them more susceptible to adverse childhood experiences (ACEs) (Rutter, 2021, Webster, 2022, Bhutta *et al.*, 2023). The systematic violence and instability that children experience in these war areas exacerbate ACEs, which are not only the result of isolated incidents. Particularly, displacement puts children in situations where they are cut off from their families, are more vulnerable to human trafficking and exploitation, and have less access to healthcare and educational resources (Bendavid, 2021, Giovanelli & Reynolds, 2021, Obor, 2023). This intersection of ACEs with displacement and armed conflict demands immediate attention and calls for solutions that address children's long-term psychological and social needs in addition to protecting them from harm now.

Another significant factor that interacts with ACEs is gender inequality. Girls are disproportionately affected by cultural norms and practices like child marriage, female genital mutilation (FGM), and gender-based violence in many African communities, which exposes them to higher rates of ACEs. Girls are particularly vulnerable because they are often denied equal access to economic, educational, and healthcare opportunities due to gender inequality. Girls are more likely to experience ACEs as a result of the cultural undervaluation of their lives and futures, which perpetuates cycles of gender-based violence and injustice (Abebe *et al.*, 2020, Alhowaymel *et al.*, 2020, Ayenew *et al.*, 2024). In order to overcome ACEs, it is

necessary to question ingrained gender stereotypes and guarantee that girls have equal access to protection, education, and empowerment.

Also, corruption and inadequate governance frameworks support the upkeep of ACEs. Unstable institutions and governance systems in many African nations fall short in providing children with enough protection and aid (Giovannelli & Reynolds, 2021, Prince *et al.*, 2023). Children's rights are frequently violated when there is a lack of political will, poor law enforcement, and inadequate funding for social services, and those responsible bear little accountability (Brown *et al.*, 2019, Brown *et al.*, 2023, Sidayigaya, 2024, Jones & Manion, 2024). Improving governance structures and creating robust, open, and responsive child protection institutions for disadvantaged groups are essential for successful interventions. Solutions must be multi-sectoral and interdisciplinary because of the complex interactions between ACEs and general social problems. It is imperative that governments, civil society organisations, and international agencies work together to address the root causes of ACEs and create environments that protect children from harm and support their recovery.

Conclusion

The discourse of policy gaps, systemic disparities, therapy, and the repercussions of policy and practice on adverse childhood experiences in Africa are all covered in this paper. Africa's sociopolitical and economic circumstances, including poverty, armed conflict, gender inequality, and systemic governance problems, are closely related to Adverse Childhood Experiences (ACEs). The current policies on ACEs are insufficient and fragmented, with no integration between the social welfare, mental health, and child protection sectors. The impacts of ACEs are exacerbated by systemic injustices, such as unequal access to mental health, healthcare, and education resources. The counselling and policy implications are exhaustively discussed .

Recommendations

Based on this discourse in the paper, the following suggestions are recommended:

- Policymakers need to develop all-encompassing plans that tackle how poverty, conflict, and inequality are linked to Adverse Childhood Experiences (ACEs). These tactics must prioritise prevention, protection, and rehabilitation, focusing on vulnerable groups such as children living in conflict zones and those who are prone to harmful behaviours. Legislators must strengthen child protection laws, ensure that international commitments are fulfilled, and provide adequate financing for mental health and child protection programmes.
- Incorporating trauma-informed education into curricula would enable teachers to recognise signs of Adverse Childhood Experiences (ACEs) and understand how trauma affects learning
- Health professionals should regularly test for ACEs in healthcare facilities. Avoiding long-term effects requires prompt identification and management.
- Community leaders and civil society groups should support neighborhood-based programmes that engage local leaders. These methods can link traditional traditions and official mental health care. In order to empower communities to support children in need, community leaders should support grassroots initiatives that increase awareness of ACEs and build community resilience.

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