Integration Joint Board

6\textsuperscript{th} December 2019

This Report relates to
Item 11 on the Agenda

Adverse Childhood Experiences, Trauma and Resilience

\textit{(Paper presented by Lillian Cringles)}

For Approve

<table>
<thead>
<tr>
<th>Approved for Submission by</th>
<th>Lillian Cringles, Chief Social Work Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Vikki Binnie, Community Justice Partnership Manager</td>
</tr>
<tr>
<td>List of Background Papers</td>
<td>Polishing the Diamonds Report</td>
</tr>
<tr>
<td>Appendices</td>
<td>Appendix 1 – Adverse Childhood Experiences and Justice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direction Required to Council, Health Board or Both</th>
<th>Direction to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Direction Required</td>
<td>X</td>
</tr>
<tr>
<td>2. Dumfries and Galloway Council</td>
<td></td>
</tr>
<tr>
<td>3. NHS Dumfries and Galloway</td>
<td></td>
</tr>
<tr>
<td>4. Dumfries and Galloway Council and NHS Dumfries and Galloway</td>
<td></td>
</tr>
</tbody>
</table>
1. Introduction

1.1 The purpose of the report is to provide the Board with information in relation to Adverse Childhood Experience, Trauma and Resilience and how this links to the strategic areas of Community Justice, Alcohol and Drug Partnership and Violence against Women.

2. Recommendations

2.1 The Integration Joint Board is asked to:

- Note the content of the report,
- Consider a seminar to further explore this issue

3. Background

3.1 ‘A very wise, experienced Health Visitor used the analogy, when talking about children that they are like diamonds: their potential is inherent, but they need to be polished with care and attention. Sadly, not all of our children in Scotland are currently being ‘polished’ with enough care and attention, with a significant number being subjected to Adverse Childhood Experiences (ACEs)’.

3.2 Adverse Childhood Experiences (ACEs) refer to stressful events occurring in Childhood (between 0 to 18 years), however the impact of these events can be felt throughout the life course. These lifelong impacts on health and behaviour are relevant to all sectors and involve all of us in society. We all have a part to play in preventing adversity and raising awareness of ACEs. Resilient communities have an important role in action on ACEs. More information on ACEs from a Scottish perspective can be accessed via Health Scotland’s dedicated ACE pages (link).

4. Main Body of the Report

---

4.1 ACEs fall into three categories; abuse, neglect and household dysfunction, as seen below. It is clear from this that work to address or indeed prevent ACEs has to take place on a multi-agency basis. ACEs are highlighted within the Justice Strategy2, Public Health Priorities for Scotland and Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy3; clearly a priority for Scottish Government.

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Neglect</th>
<th>Household Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual</td>
<td>Emotional</td>
<td>Domestic violence</td>
</tr>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Substance misuse</td>
</tr>
<tr>
<td>Emotional/verbal</td>
<td></td>
<td>Separation/Divorce</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Imprisonment of a relative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental health issues</td>
</tr>
</tbody>
</table>

4.2 ACEs help us to recognise and make a connection between needs and future vulnerability. Research shows that if you have experienced four or more ACEs you are fifteen times more likely to have committed violence against another person in the last year, sixteen times more likely to have used crack cocaine or heroin, and twenty times more likely to have been in prison at some point in your life. It is important, however, to note that ACEs cannot be used to predict future behaviour, resilience and the presence of strong, connected relationships makes a huge difference. ACEs are common, yet very few people go on to become involved in offending or substance misuse, but when we look at these vulnerable groups of people, they have suffered significantly more ACEs than the general population.

4.3 To help raise awareness of and highlight the impact of ACEs and trauma a programme of multi-agency Trauma Informed Practice training has been taking place across Dumfries and Galloway. This has been supported and coordinated by the Community Justice Partnership (CJP) and delivered by partners in health; to date over 200 people have taken part in this. The CJP has also purchased the license for the film Resilience: The Biology of Stress & the Science of Hope. This award-winning documentary investigates the science of Adverse Childhood Experiences (ACEs) and the proven detrimental impact that toxic stress can have on health in childhood and beyond. The film follows original controversial research which revealed the most important public health findings of a generation. It showcases pioneering individuals who looked at the ACEs research and the emerging science of Toxic Stress and asked, “Why are we waiting?” The messages within the film underpin the importance of policies to support children and families and have implications for practice e.g. trauma/adversity informed practice. Screenings will be followed by an opportunity to discuss the issues around adverse childhood experiences with a multi-agency panel and provide an opportunity to reflect on current work and explore opportunities for the future. A short trailer for the film can be found [here](https://www.gov.scot/publications/rights-respect-recovery/). To date a public screening and discussion has taken place in Robert Burn Theatre, Dumfries and the film was used to support colleagues in education at their recent Head Teachers Conference. Colleagues from Police Scotland and Scottish Fire and Rescue Service have also purchased licenses for the film and all staff are being encouraged to access this and undertake trauma training.

5. Conclusions

5.1 In conclusion it is important that Dumfries and Galloway continues to become more ACE Aware and Trauma Informed. This will help to provide a consistency of approach and a recognition of the impact of previous adversity on current health and behaviours. Work around ACEs can be is seen as preventative whilst taking a trauma informed approach helps to create resilience.
SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1 The content of this report will have no financial impact.

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1 The content of this report is in line with the National Health and Wellbeing Outcomes for Health and Social Care.

8. Legal & Risk Implications

8.1 As per 4.1.

9. Consultation

9.1 This is a procedural report and the appropriate consultation has been undertaken.

10. Equality and Human Rights Impact Assessment

10.1 As this report does not propose a change in policy/strategy/plan/project, it is not necessary to complete an Impact Assessment.

11. Glossary

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE</td>
<td>Adverse Childhood Experiences</td>
</tr>
<tr>
<td>CJP</td>
<td>Community Justice Partnership</td>
</tr>
</tbody>
</table>
Dumfries and Galloway Integration Joint Board

**DIRECTION**

*(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Title of Direction and Reference Number</td>
</tr>
<tr>
<td>2.</td>
<td>Date Direction Issued by Integration Joint Board</td>
</tr>
<tr>
<td>3.</td>
<td>Date from which Direction takes effect</td>
</tr>
<tr>
<td>4.</td>
<td>Direction to</td>
</tr>
<tr>
<td>5.</td>
<td>Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)</td>
</tr>
<tr>
<td>6.</td>
<td>Functions covered by Direction</td>
</tr>
<tr>
<td>7.</td>
<td>Full text of Direction</td>
</tr>
<tr>
<td>8.</td>
<td>Budget allocated by Integration Joint Board to carry out Direction</td>
</tr>
<tr>
<td>9.</td>
<td>Desired Outcomes</td>
</tr>
<tr>
<td>10.</td>
<td>Performance Monitoring Arrangements</td>
</tr>
<tr>
<td>11.</td>
<td>Date Direction will be Reviewed</td>
</tr>
</tbody>
</table>
What have ACEs got to do with Justice?

Everything. This paper sets out a summary of the evidence on the links between childhood adversity and victimisation and criminality in adulthood. It makes a strong case for preventing crime by targeting those most at risk of experiencing adverse childhoods, and supporting people in the Justice System whose lives have been affected by adverse childhood experiences (ACEs) in order to reduce reoffending and prevent intergenerational crime and victimisation. It argues that this will require a coordinated and collaborative effort across government.

Most of the recognised ACEs (and other adversities) impact on the Justice System.

Children and adults with experience of ACEs may come into contact with the criminal justice system - both as victims or witnesses and perpetrators of crime. They may also interact with the civil justice ‘family law’ system.

The justice system therefore has a key role in preventing and, in particular, mitigating the impact of ACEs.

Preventing ACEs could provide a significant opportunity to reduce crime in Scotland. Some studies have estimated that preventing ACEs could halve violence perpetration and incarceration. (Bellis et al., 2014)

Research consistently shows a strong association between ACEs and crime. People who experience multiple ACEs are more likely to engage in risk-taking behaviours which are harmful to health and – significantly for Justice – sometimes associated with criminal behaviour. The Welsh ACEs Study (Public Health Wales NHS Trust, 2015) reported that compared with people with no ACEs, those with 4+ACEs were:

- 14 times more likely to be a victim of violence in the last 12 months
- 15 times more likely to be a perpetrator of violence in the last 12 months
- 20 times more likely to have been incarcerated in their lives

How can a harsh childhood lead to criminal behaviour?

- ACEs theory is consistent with theories of crime which have proven links between childhood factors and adulthood criminality and victimisation (e.g. Agnew, 1985; Farrington et al, 2006)
- Prolonged exposure to stress in childhood disrupts healthy brain development. This can manifest as emotional and conduct problems in childhood, and risk-taking and criminal behaviours in adulthood. (Levenson et al, 2016)
- The more ACEs someone experiences the more detrimental the effect on their well-being (known as a ‘graded dose-response’). (Centers for Disease Control and Prevention, 2015)
- ACEs have been linked to many ‘criminogenic’ risks (factors that increase risk of offending) including substance and alcohol abuse, deprivation, poor educational attainment, and mental health problems. (Centers for Disease Control and Prevention, 2015)

The evidence does not prove causality. Not all children who experience multiple ACEs become victims or perpetrators of violence in adulthood, but they are statistically more likely to than people with no ACEs.

What is predictable is also preventable.

(Dr. R. Anda)
What do we know about the childhoods of justice ‘users’?

Although Scottish data is limited, international evidence consistently shows high levels of childhood trauma and maltreatment in adult perpetrators and victims of certain crimes. Both criminality and victimisation can be intergenerational which points to the need to support families at the earliest stage possible. The list of 10 ACEs which is used in many ACEs studies does not cover all childhood factors associated with crime. There may therefore be merit in policy responses aimed at reducing crime to consider a wider range other childhood adversities.

People who offend are more likely to experience traumatic childhoods than the general population. US studies report a higher incidence of ACEs in various offending groups (Leitch, 2017). Whilst equivalent research does not exist in the UK, prison surveys in the UK and in Scotland report high rates of childhood abuse, family violence, experience of being in care and school exclusion in people in prison. (MOJ, 2012; SPS, 2015)

Having a convicted family member and being excluded from school have been reported as risk factors for reoffending in adulthood. (MOJ, 2012)

Did you know that in Scotland...

45% Adult prisoner survey respondents reported that they had been physically abused in their home as a child.

61% Adult prisoner survey respondents had been bullied at school or somewhere else.

56% Young people in custody said they had been sworn at, humiliated, or put down by an adult in their home.

People who experience multiple ACEs are more likely to be a victim of violence in adulthood than people who have no ACEs. Research shows that people who are abused as children are more likely to be abused as an adult. As ACE scores increase, so too does adult sexual victimisation (Ports et al, 2016). People who experience child abuse or witness domestic violence in childhood are more likely to be abused by a partner in adulthood than those who did not experience abuse/witness violence, particularly women. (CSEW, 2017)

These studies point to the importance of understanding the role of childhood maltreatment in preventing and addressing victimisation in adulthood.

Did you know that in Scotland...

- 45% Adult prisoner survey respondents reported that they had been physically abused in their home as a child.
- 61% Adult prisoner survey respondents had been bullied at school or somewhere else.
- 56% Young people in custody said they had been sworn at, humiliated, or put down by an adult in their home.

ACEs and childhood risk factors for Criminality

COMMUNITY / SCHOOL

- School violence (bullying perpetration)
- Poor school attainment
- Community violence

INDIVIDUAL

- Low impulse control
- Low intelligence
- Neurological deficits
- Brain injury

Poverty / Social Deprivation

- Maltreatment
  - Physical abuse
  - Verbal abuse
  - Sexual abuse
  - Physical neglect
  - Emotional neglect

Parental Separation

- Domestic violence
- Mental illness
- Substance abuse
- Alcohol abuse
- Imprisonment

Bereavement / loss

Disturbed attachment

- Poor parental supervision
- Lack of family stability & warmth
- Harsh discipline
- Experience of being in care

FAMILY

- ACEs
- Other risk factors

Many childhood adversities, including those not included in the standard ACEs framework, tend to co-exist which makes it hard to identify which risk factors best predict criminality - some risk factors may be the result of early childhood trauma e.g. neurological deficits. However, some ACEs research has drawn links between specific ACEs (e.g. child sexual abuse) and specific types of crime (e.g. sex offending).

Further research is needed to understand the causal mechanisms between childhood adversity/trauma and different types of criminality and victimisation in adulthood.

 Points for Reflection

Much less is known about the incidence and effect of childhood trauma on male offenders and victims.

Given that men are more likely to be a victim of violent crime and that the rate of conviction is higher for men, further research is needed.
**Why are some children more resilient than others?**

Not all people who experience adverse or traumatic childhoods become victims and/or perpetrators of crime. Understanding why some children do well despite early adverse experiences is crucial. Identifying which buffers, or ‘protective factors’, can mediate the effects of childhood adversity and trauma can inform policy and practice to help more children reach their full potential and reduce crime and victimisation.

### Protective factors against offending.

#### LOW LEVELS OF POVERTY & SOCIAL DEPRIVATION
- Live in safe neighbourhoods with opportunities for positive activities
- Low neighbourhood economic deprivation
- Higher family socioeconomic circumstances

#### BEHAVIOUR & COPING MECHANISMS
- Low hyperactivity & impulsivity
- Pro-social behaviour
- Good social skills

#### POSITIVE ATTITUDES & SELF-ESTEEM
- Positive / hopeful about the future
- Good self-esteem
- Pro-social attitudes
- Positive school attitude
- Religion

#### EDUCATION / INTELLIGENCE
- Resilient young people tend to be more intelligent & flexible
- Higher level of school attainment

#### POSITIVE PEERS & NEIGHBOURHOOD CONNECTIONS
- Connections with pro-social peers
- Involvement in positive organisations, activities, sport
- Low social isolation

#### TRUSTED ADULT & EFFECTIVE PARENTING
- Strong attachment with parent/carer
- ‘Always available adult’
- Stable family structure
- Parental supervision
- Parental interest in education
- Parental style/discipline (non-harsh)

Research suggests that resilience is built at an individual, family and community level. Policy responses should target all three domains to be most effective.

Research is limited in some areas. There is a lack of ACEs population studies which examine resilience in the context of offending and/or victimisation. Criminological research on resilience tends to focus on youth offending. That being said, resilience factors identified in ACEs research (in relation to mental health) and criminological research are remarkably similar. For example, social support is consistently identified as a protective factor for mental health, offending and victimisation.

One of the criticisms of trauma-informed care is an over-emphasis on risks. It is argued that ACE-informed practice and research could be enhanced by identifying protective or strength-based factors in people’s lives.

Some protective factors fall out with the reach of the justice system. Policy responses will therefore need to be cross-government.
A call for compassion? How to build resilience to reduce crime.

Building resilience in children and young people, and their families and communities, is crucial to reducing crime and victimisation. Cross-cutting policies are needed to identify and support children and their families at risk of early adversity at the earliest stage possible. The justice system is well placed to identify such families, and support victims and people who offend to promote their resilience and well-being, and reduce reoffending. There is an emerging body of evidence pointing to the value of trauma-informed approaches which advocate a more compassionate and strengths-based justice system.

Trauma-informed Care in Youth Justice
Common themes from US approaches to young people in custody

- **ACEs screening** - All children in custody are screened for ACEs.
- **Highly skilled professional staff** - trauma-informed training for staff (intensive training & input from psychologists).
- **Family engagement** - children and their families are involved in the treatment planning process.
- **Caring culture** - shift from a sterile approach to a humane one.
- **Partnership working** with child welfare, education and health.
- **New custodial environments** - some states have replaced traditional prisons with ‘group homes’.

A trauma-informed approach asks ‘What happened to you?’ not ‘What is wrong with you?’

Trauma-informed approaches in other countries tend to target women and young people in the justice system. Examples include ACEs screening in probation, community police hubs (similar to the Whole Systems Approach), trauma-informed case management for young offenders, problem-solving courts and trauma recovery programmes. Although there is strong support for a trauma-informed approach in justice settings, there is a lack of robust evaluations and limited empirical evidence of its effectiveness, particularly in relation to men who offend.

What works to build resilience in children:
- Facilitating supportive adult-child relationships.
- Building a sense of self-efficacy and perceived control.
- Providing opportunities to strengthen coping skills and self-control.
- Mobilizing sources of faith, hope, and cultural traditions.

(Stanford Center of the Developing Child)

This evidence summary was undertaken by Tamsyn Wilson of Justice Analytical Services, Scottish Government between Nov 17-Jan 18. Evidence is drawn from a range of academic disciplines including criminology, health and psychology academic databases. Full references are available on request. Justice Analytical Services, Scottish Government, Victoria Quay, Leith, EH6 6QQ.

- JusticeAnalysts@gov.scot

What works to reduce crime

The most successful programmes for preventing youth offending are early intervention preventative programmes which focus on the family. These include:

- **Parenting programmes** that focus on early parenting methods to improve children’s self-control (e.g. effective discipline), and to increase parental involvement in children’s education.
- **School-based programmes** aimed at addressing truancy and exclusions, and improving self-control and social skills.
- **Home-visiting and pre-school education programmes** which target at-risk children.

**POINTS FOR REFLECTION**

Although building resilience should be done at the earliest opportunity, it is never too late to support people affected by childhood adversity.

We need to test out approaches and build our evidence about ‘what works’ in relation to a trauma-informed justice system.

“It changes how you look at a person – whether you look at them as just a criminal or someone who had trauma in their background”

(acesnochhigh.com)