ACE informed approach
to policing vulnerability

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What are ACEs?

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence)

Bellis et al 2016
Welsh ACE study - exposure

**CHILD MALTREATMENT**
- Verbal abuse: 23%
- Physical abuse: 17%
- Sexual abuse: 10%

**CHILDHOOD HOUSEHOLD INCLUDED**
- Parental separation: 20%
- Domestic violence: 16%
- Mental illness: 14%
- Alcohol abuse: 14%
- Drug use: 5%
- Incarceration: 5%
Welsh ACE study - prevalence

For every 100 adults in Wales, 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.

0 ACEs 53%
1 ACE 20%
2-3 ACEs 13%
4+ ACEs 14%

Figures based on population adjusted prevalence in adults aged 18-69 years in Wales.
ACEs – the impact
### ACEs – the increased risk

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 times more likely</td>
<td>to be a high-risk drinker</td>
</tr>
<tr>
<td>6 times more likely</td>
<td>to have had or caused unintended teenage pregnancy</td>
</tr>
<tr>
<td>6 times more likely</td>
<td>to smoke e-cigarettes or tobacco</td>
</tr>
<tr>
<td>6 times more likely</td>
<td>to have had sex under the age of 16 years</td>
</tr>
<tr>
<td>11 times more likely</td>
<td>to have smoked cannabis</td>
</tr>
<tr>
<td>14 times more likely</td>
<td>to have been a victim of violence over the last 12 months</td>
</tr>
<tr>
<td>15 times more likely</td>
<td>to have committed violence against another person in the last 12 months</td>
</tr>
<tr>
<td>16 times more likely</td>
<td>to have used crack cocaine or heroin</td>
</tr>
<tr>
<td>20 times more likely</td>
<td>to have been incarcerated at any point in their lifetime</td>
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</table>
ACEs – Mental Wellbeing

The prevalence of low mental well-being in adults increased with the number of ACEs suffered in childhood.

Mental well-being was measured using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) which includes seven questions to assess mental well-being over the last two weeks. Scores for these questions are combined to provide an overall mental well-being score ranging from 7 to 35. Individuals scoring below 20 were categorised as having low mental well-being.

*Low mental well-being was classified as >1 standard deviation below the mean overall mental well-being SWEMWBS score of all respondents (mean = 24.47, SD = 4.57, low <20).

Prevalence of low mental well-being in adults by the number of ACEs suffered in childhood:

- All adults: 19%
- 0 ACEs: 14%
- 1 ACE: 16%
- 2-3 ACEs: 23%
- 4+ ACEs: 41%

Adults with 4+ ACEs were five times more likely to have low mental well-being than those with no ACEs.

Over the past two weeks, compared to people with no ACEs, those with 4+ ACEs were also:

- 3 times more likely to have never or rarely felt relaxed
- 3 times more likely to have never or rarely felt close to other people
- 4 times more likely to have never or rarely been thinking clearly
- 5 times more likely to have never or rarely to have dealt with problems well
- 5 times more likely to have never or rarely been able to make up their own mind about things
- 6 times more likely to have never or rarely felt optimistic about the future
- 6 times more likely to have never or rarely felt useful
ACEs – Chronic disease & The Health Service Impact

Adverse Childhood Experiences, chronic disease and health service use in Wales

Adverse Childhood Experiences (ACEs) have harmful impacts on health and well-being across the life course. The Welsh ACE Study measured exposure to nine ACEs in the Welsh population and their association with chronic disease development and health service use in adulthood.

- 47% of adults in Wales suffered at least one ACE as a child and 14% suffered four or more

![Distribution of ACEs](image)

- Proportion of Welsh adults suffering each ACE
  - Verbal abuse: 23%
  - Physical abuse: 17%
  - Sexual abuse: 10%
  - Parental separation: 20%
  - Household domestic violence: 16%
  - Household mental illness: 14%
  - Household alcohol abuse: 14%
  - Household drug use: 5%
  - Household member incarcerated: 5%

Up to the age of 69 years, those with four or more ACEs were 2x more likely than those with no ACEs to be diagnosed with a chronic disease*

*For specific diseases they were:

- 4x more likely to develop Diabetes (Type 2)
- 3x more likely to develop Heart Disease
- 3x more likely to develop a Respiratory Disease

Levels of health service use were higher in adults who experienced more ACEs*

Over a 12 month period, compared to people with no ACEs, those with four or more ACEs were:

- 2x more likely to have frequently visited a GP**
- 3x more likely to have attended A&E
- 3x more likely to have stayed overnight in hospital
• In the first 2 years a baby’s brain grows from 25% to 80% of its adult size
• Development continues in childhood learning empathy, trust and community
ACEs – Impact on Parent-infant relationship

- Babies need a parent to be available for them, to be attuned to their needs, to see them as unique individuals with thoughts and feelings of their own. They need a parent to have space in their mind to wonder about them and their development.

- ACEs can overwhelm parents, and make them unavailable for their baby or child. How do we break the cycle or minimize the impact?
At Rest

Threat

Fight or Flight

Exhausted

Recovery

Chronic Stress from ACEs over-develop ‘life-preserving’ part of the brain.

Healthy response

Chemicals flood in

ACEs

Trauma response and the impact of ACEs on brain development

ACEs – Brain Development

Tau et al, 2010; Mercy, Butchart, Bellis et al, 2014

Allostatic load

Fixed
ACEs – young people

- Anxious
- Always prepared to fight or flee
- Poor learner
- Edgy, hot tempered
- Implusive
- Disengaged
- Hyper-vigilant
- Difficulty building relationships
Police statistics show that 89% of Police contact is public safety and welfare issues like mental health, missing people, domestic violence and families in crisis.

The police are usually the first point of contact with people in these situations, which puts them in an ideal position to offer early intervention and support.

At the moment, though, their processes and training don't always allow for them to respond effectively to these complex issues. Most of these incidents don't meet the threshold for other agencies to become involved, and they are just logged as areas of concern. No further action is taken, which leads to problems continuing and being transmitted down from generation to generation.
In one area of South Wales between 4th June 2015 and 18th November 2015 (24 weeks) 1,484 Public Protection Notifications were received by social services from the police.

89% (1,317) Public Protection Notifications logged and closed.

11% (167) Public Protection Notifications progressed.

Increase risk, adversity and harm.

- Sexual abuse
- Physical Abuse
- Domestic Violence
- Drug Use
- Incarceration
- Mental Health
- Alcohol Abuse
- Separation
- Verbal Abuse

Police and ACEs
ACEs – The Life Course

BIRTH

Developed from Felitti et al. 1998
What if we prevented ACEs

Preventing ACEs in future generations could reduce levels of:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Reduction</th>
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<tbody>
<tr>
<td>Heroin/crack cocaine use (lifetime)</td>
<td>by 66%</td>
</tr>
<tr>
<td>Incarceration (lifetime)</td>
<td>by 65%</td>
</tr>
<tr>
<td>Violence perpetration (past year)</td>
<td>by 60%</td>
</tr>
<tr>
<td>Violence victimisation (past year)</td>
<td>by 57%</td>
</tr>
<tr>
<td>Cannabis use (lifetime)</td>
<td>by 42%</td>
</tr>
<tr>
<td>Unintended teen pregnancy</td>
<td>by 41%</td>
</tr>
<tr>
<td>High-risk drinking (current)</td>
<td>by 35%</td>
</tr>
<tr>
<td>Early sex (before age 16)</td>
<td>by 31%</td>
</tr>
<tr>
<td>Smoking tobacco or e-cigarettes (current)</td>
<td>by 24%</td>
</tr>
<tr>
<td>Poor diet (current; &lt;2 fruit &amp; veg portions daily)</td>
<td>by 16%</td>
</tr>
</tbody>
</table>
ACEs can last a lifetime ......but they don’t have to!

- Healing can occur
- Safe, stable, nurturing relationships and other protective factors heal
- The cycle can be broken
ACEs – Breaking the cycle

Protective Factors
The building blocks of resilience

One or more stable, caring child-adult relationship
Equipped to manage your behavior and emotions

Feel you can overcome hardship and guide your destiny
Involved and connected
A way of being.....

Celebrate with a compliment or by applauding their efforts

Comfort by staying calm and patient

Listen and show an interest in their passions

Collaborate by asking their opinions

And inspire with new ideas
Strategic perspective: how can we respond?

- Ensure ACE informed organisations, staff and practice
- Develop a **universal and proportionate approach** to identifying and responding to ACEs – recognising prevalence, escalating response with higher ACE score
- Steer investment towards **first 1000 days of life**
- Increase the focus on **parenting** as a universal support
- Promote **resilience and emotional literacy** across the lifecourse
- Encourage broader engagement with all stakeholders to work towards an **ACE informed society**
Integrate routine ACE enquiry into existing assessments

Consider ACE history of parents, in addition to assessing risk of exposure to the child

Consider impact of ACEs in non-specific symptoms or behaviour – in adults and children

Identifying and maximising local system assets and protective factors

Providing responsibility and permission to act, not just refer

Take an ACE informed lens to your service – and how it supports the core protective factors
Applying an ACE lens

- First 1000 days
- Housing
- Schools
- Social Care
- Criminal Justice
- NHS
ACE lens – what can we do

Spread the word - ACE informed Professionals, Politicians and Public

Address the root causes not the symptoms

Identify ACEs, promote protective factors, increase resilience
3 Strategic Objectives

Objective 1: Understanding the current systems and processes for responding to ACE related issues and the opportunities for change from a wider perspective than just police

Objective 2: Intervening earlier using the opportunities and evidence identified for prompt, positive action that is efficient and effective

Objective 3: Preventing the root causes of crime in collaboration with key partners
ACE lens for policing vulnerability

Key deliverables

- **Research and Recommendations** on how we can remodel systems, practices and processes to be ACE informed when dealing with vulnerability

- **Support delivery of evidence based practice** for interventions and responses to ACEs across policing and partners in a systematic way

- **Training programme** for the police and key partners that will raise their awareness of ACEs and provide them with the right skills, knowledge and tools to identify, respond to and intervene - fast time and slow time

- **ICT decision support tool** for the police to support professional judgement

- **ACE co-ordinator** role
Long Term Benefits

• Police contact and response to vulnerable people is appropriate to their needs

• Increased Police capacity to intervene and prevent reoccurring incidents and reduce offending

• Reduction in anti social behaviour and offending

• Reduction in the offender population

• That future generations have equal access to life opportunities
The ACE lens and housing

- Recognise how housing providers can intervene earlier and identify opportunities in current systems, assessments.
- Understand the prevalence of ACEs for those at risk of homelessness and how this can be prevented using an ACE approach.
- Develop and test training and tools which provide staff with the skills and knowledge to enquire, intervene and respond to prevent the transmission of ACEs to the next generation.
There are examples of where a whole school trauma informed approach has been successfully adopted in response to ACEs, Walla Walla, Washington State.

In Wales, efforts to support the mental health and well-being of children and young people are being strategically aligned; from the First 1,000 days of life and the early years programmes, through the refreshed criteria for the Welsh Network of Healthy Schools Scheme and a renewed focus on wellbeing in the school curriculum.

A comprehensive NHS Wales-led programme considering the services that support the mental health and wellbeing of children and young people - *Together for Children and Young People*

Opportunities to enhance this support for those that have experienced or are likely to experience ACEs, through this test of ACE informed whole school approach.
Next steps in using an ACE lens for policing vulnerability

• Test and trial recommendations

• Explore all Wales collaboration with new ACE support hub

• Further collaboration and share learning with College of Policing and NPCC