

# Adverse Childhood Experiences

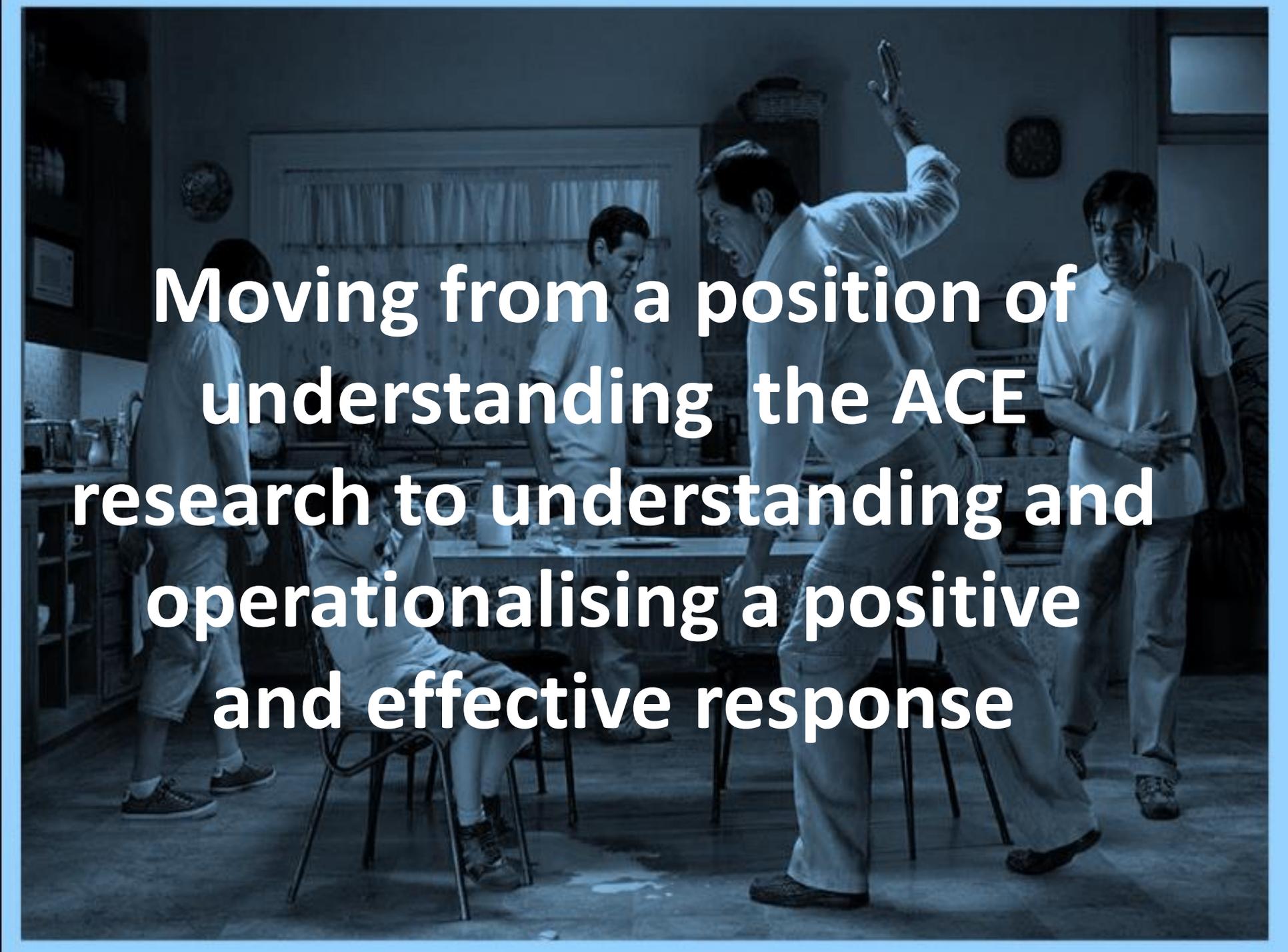
**Janine Roderick**  
**Programme Director**  
**Public Health and Policing in Wales**

**#earlyactiontogether**

Rhaglen ACEau yr Heddlu a Phartneriaid  
Police & Partners ACEs Programme



**Camau Cynnar**  
**gyda'n Gilydd**  
**Early Action**  
**Together**



**Moving from a position of  
understanding the ACE  
research to understanding and  
operationalising a positive  
and effective response**

# A Partnership Agreement:

Working Together to Build Resilience Through a Public Health Approach to Policing and Criminal Justice in Wales





**‘We cannot arrest our way  
out of this’**

# A Public Health Approach

## DEFINING A PUBLIC HEALTH APPROACH

'The Public Health Approach aims to provide the maximum benefit for the largest number of people. It involves a four-step process that is rooted in scientific method'

(Violence Prevention Alliance, World Health Organisation, 2017).

**Step 1: Define and Monitor the Problem** - Systematically collecting data to determine the "who", "what, "where," "when," and "how."

**Step 2: Identify risk and protective factors** - using research to determine the causes and correlates of issues, the factors that increase or decrease risk, and the factors that could be modified through interventions.

**Step 3: Develop and test prevention strategies** - finding out what works by designing, implementing and evaluating interventions.

**Step 4: Implementation** –monitoring impact on risk factors and target outcomes, and evaluating cost-effectiveness.

# Welsh ACEs study reports



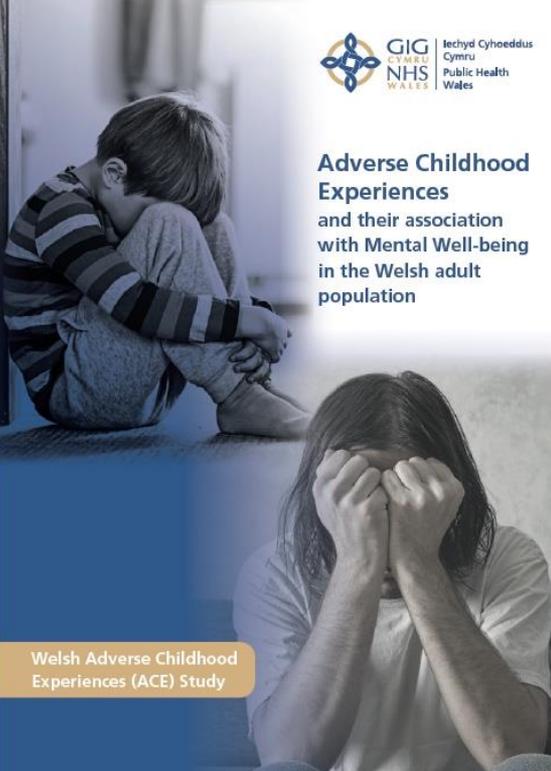
 Iechyd Cyhoeddus Cymru Public Health Wales

**Welsh Adverse Childhood Experiences (ACE) Study**

**Adverse Childhood Experiences**  
and their Impact on health-harming behaviours in the Welsh adult population



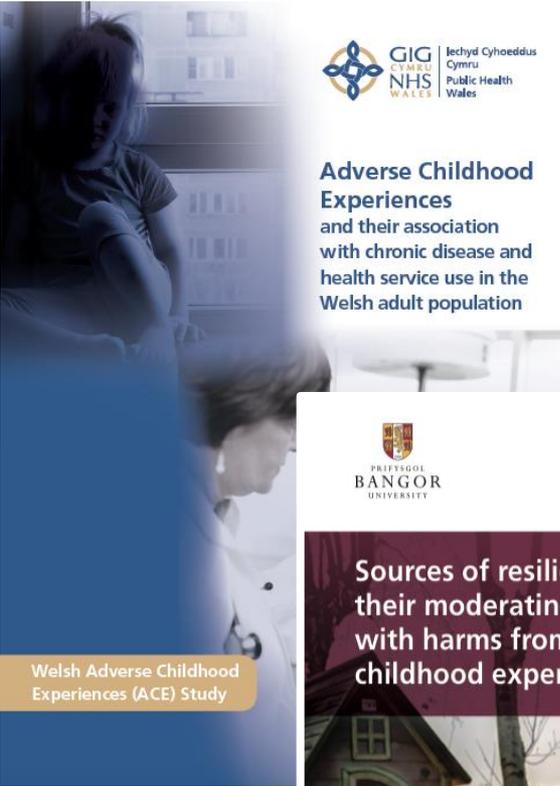
ALCOHOL USE, DRUG USE, VIOLENCE, SEXUAL BEHAVIOUR, INCARCERATION, SMOKING AND POOR DIET



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**Adverse Childhood Experiences**  
and their association with Mental Well-being in the Welsh adult population

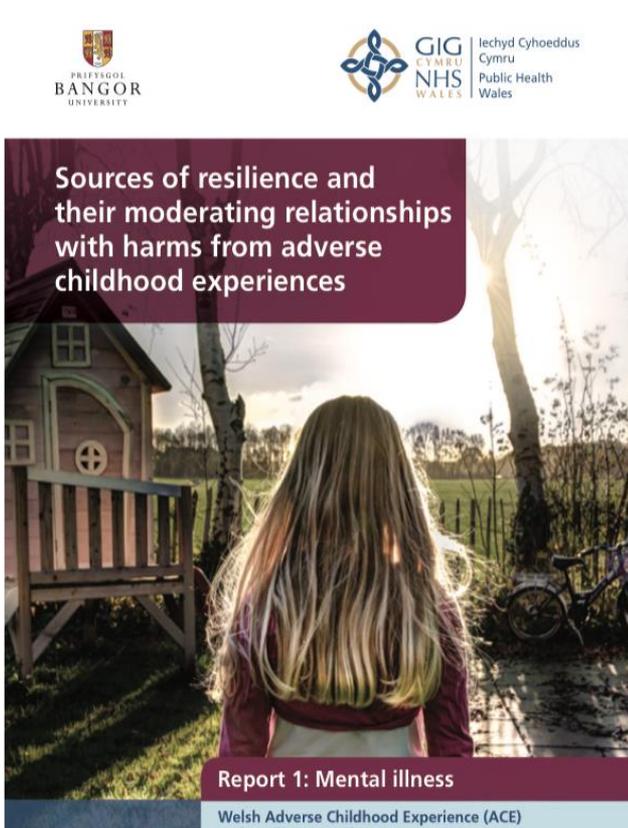
Welsh Adverse Childhood Experiences (ACE) Study



 Iechyd Cyhoeddus Cymru Public Health Wales

**Adverse Childhood Experiences**  
and their association with chronic disease and health service use in the Welsh adult population

Welsh Adverse Childhood Experiences (ACE) Study



 PRESTIGE BANGOR UNIVERSITY

 Iechyd Cyhoeddus Cymru Public Health Wales

**Sources of resilience and their moderating relationships with harms from adverse childhood experiences**

Report 1: Mental illness

Welsh Adverse Childhood Experience (ACE) and Resilience Study

# Welsh ACEs Study

## CHILD MALTREATMENT



Verbal abuse  
23%



Physical abuse  
17%



Sexual abuse  
10%

## CHILDHOOD HOUSEHOLD INCLUDED



Parental  
separation  
20%



Domestic  
violence  
16%



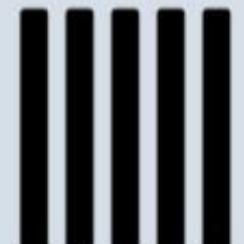
Mental  
illness  
14%



Alcohol  
abuse  
14%



Drug  
use  
5%



Incarceration  
5%

# Welsh ACEs study 2017



Verbal  
abuse  
**20%**



Physical  
abuse  
**16%**



Sexual  
abuse  
**7%**



Parental  
separation  
**25%**



Mental  
illness  
**18%**



Domestic  
violence  
**17%**

Neglect was  
measured for the  
first time in 2017.  
Most people  
who reported  
neglect had  
multiple ACEs.



Emotional neglect  
**7%**



Physical neglect  
**4%**



Alcohol abuse  
**13%**

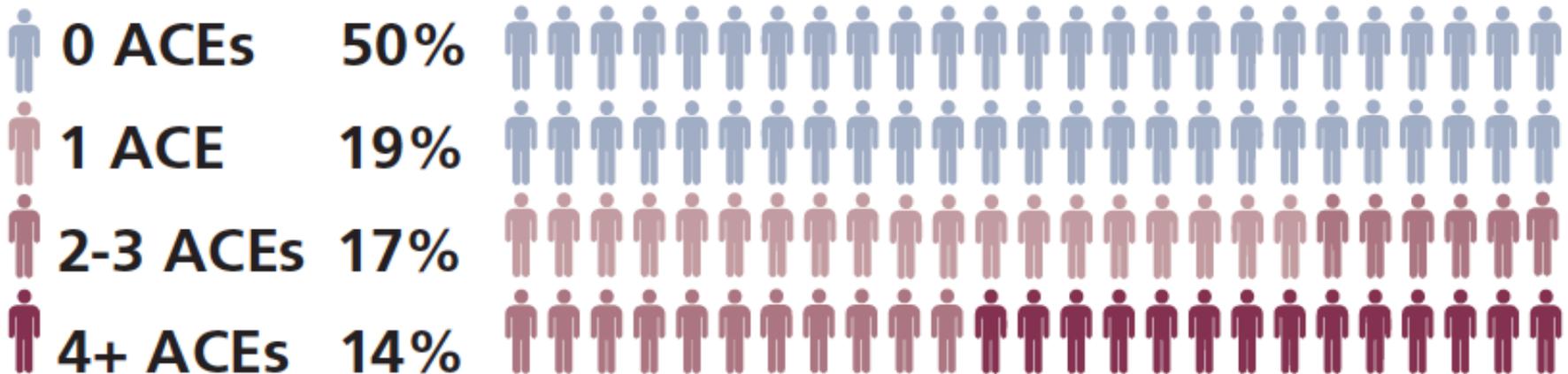


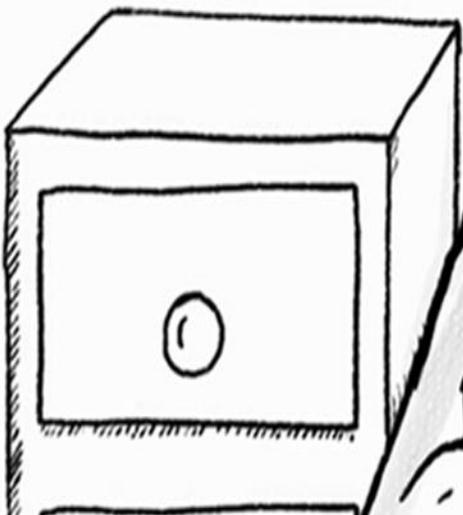
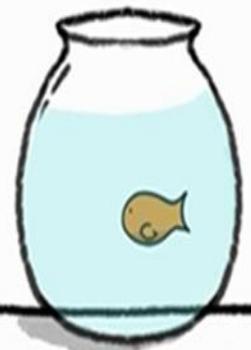
Drug abuse  
**6%**



Incarceration  
**4%**

**For every 100 adults in Wales,  
50 had at least one ACE and 14 had four or more**





# The impact



Compared with people  
with no ACEs, those with  
4+ ACEs

11

times more likely to have smoked  
cannabis

14

times more likely to have been a  
victim of violence

15

times more likely to have  
committed violence

16

times more likely to have used  
crack cocaine or heroin

20

times more likely to have been  
incarcerated in their life

3x



more likely to have  
attended A&E

2x



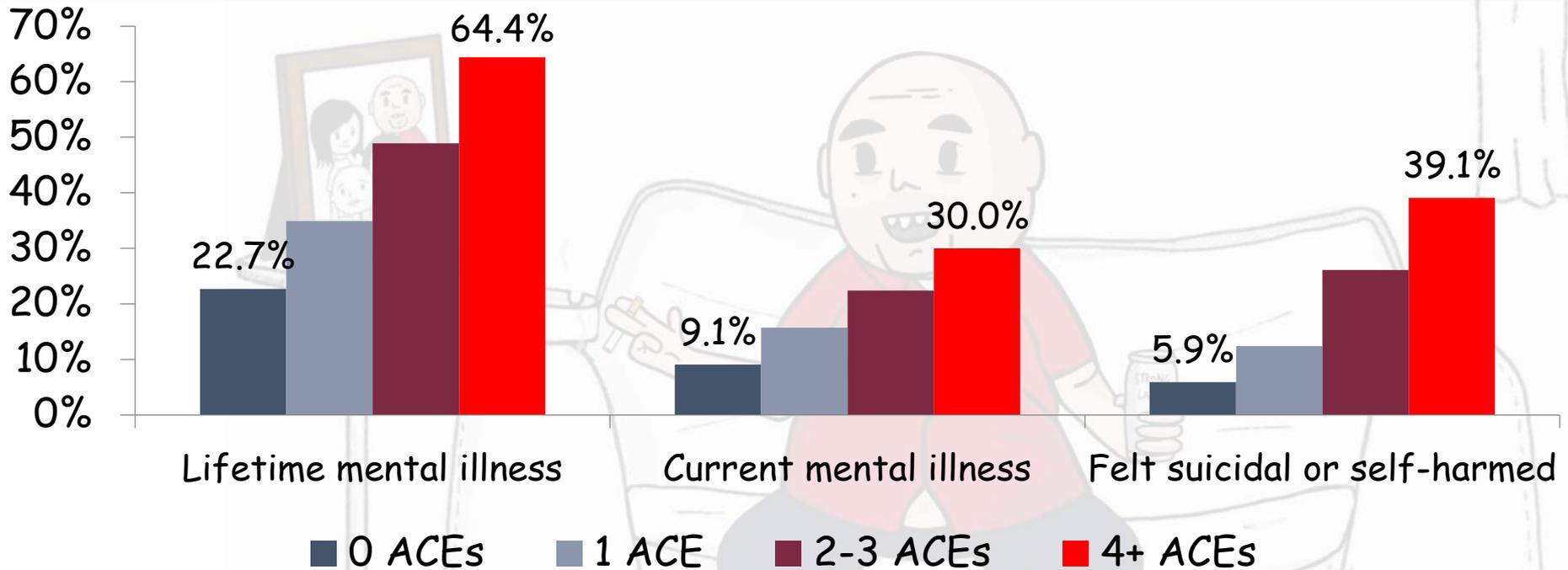
more likely to have  
frequently visited a GP\*\*

3x



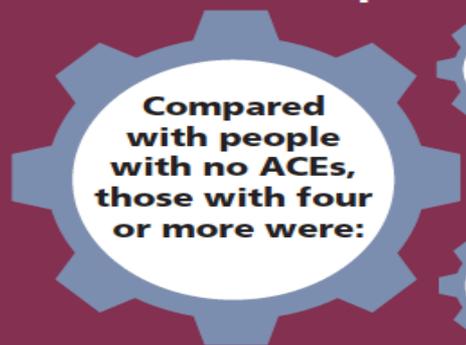
more likely to have stayed  
overnight in hospital

# ACEs and Mental Health in Wales



## ACEs substantially increased risks of mental illness

1 in 3 adults reported having ever been treated for a mental illness



3.7

times more likely to **currently be receiving treatment for mental illness**

6.1

times more likely to **have ever received treatment for mental illness**

9.5

times more likely to **have ever felt suicidal or self-harmed**



# ACEs, Child Health and School Absenteeism

Compared with individuals with no ACEs, those with four or more ACEs were:



**2x** more likely to  
have childhood  
**allergies**



**3x** more likely to  
have childhood  
**headaches**



**3x** more likely to  
have childhood  
**asthma**



**4x** more likely to  
have childhood  
**digestive  
problems**



**5x** more likely  
to report  
**poor childhood  
health**



**7x** more likely  
to report  
**frequent school  
absenteeism<sup>b</sup>**

The Welsh ACE and Resilience Study interviewed approximately 2,500 adults (aged 18-69 years) across Wales in 2017. We are grateful to everyone who voluntarily gave their time to participate.

<sup>a</sup> Adjusted to population demographics. Based on full sample, see: <http://www.wales.nhs.uk/sitesplus/888/page/94697>;

<sup>b</sup> Missing >20 days per year during secondary school.

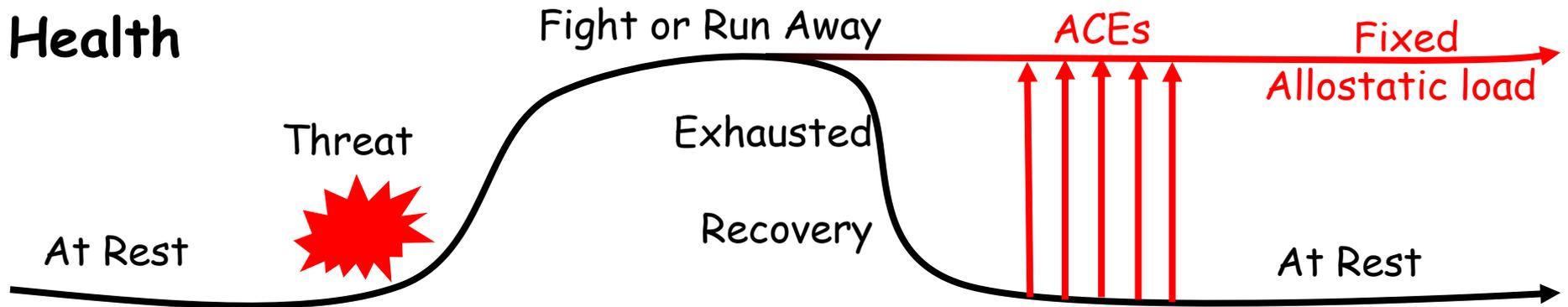


Policy, Research and International Development Directorate,  
Public Health Wales, Clwydian House,  
Wrexham Technology Park, Wrexham, LL13 7YP.

# The Brain Science



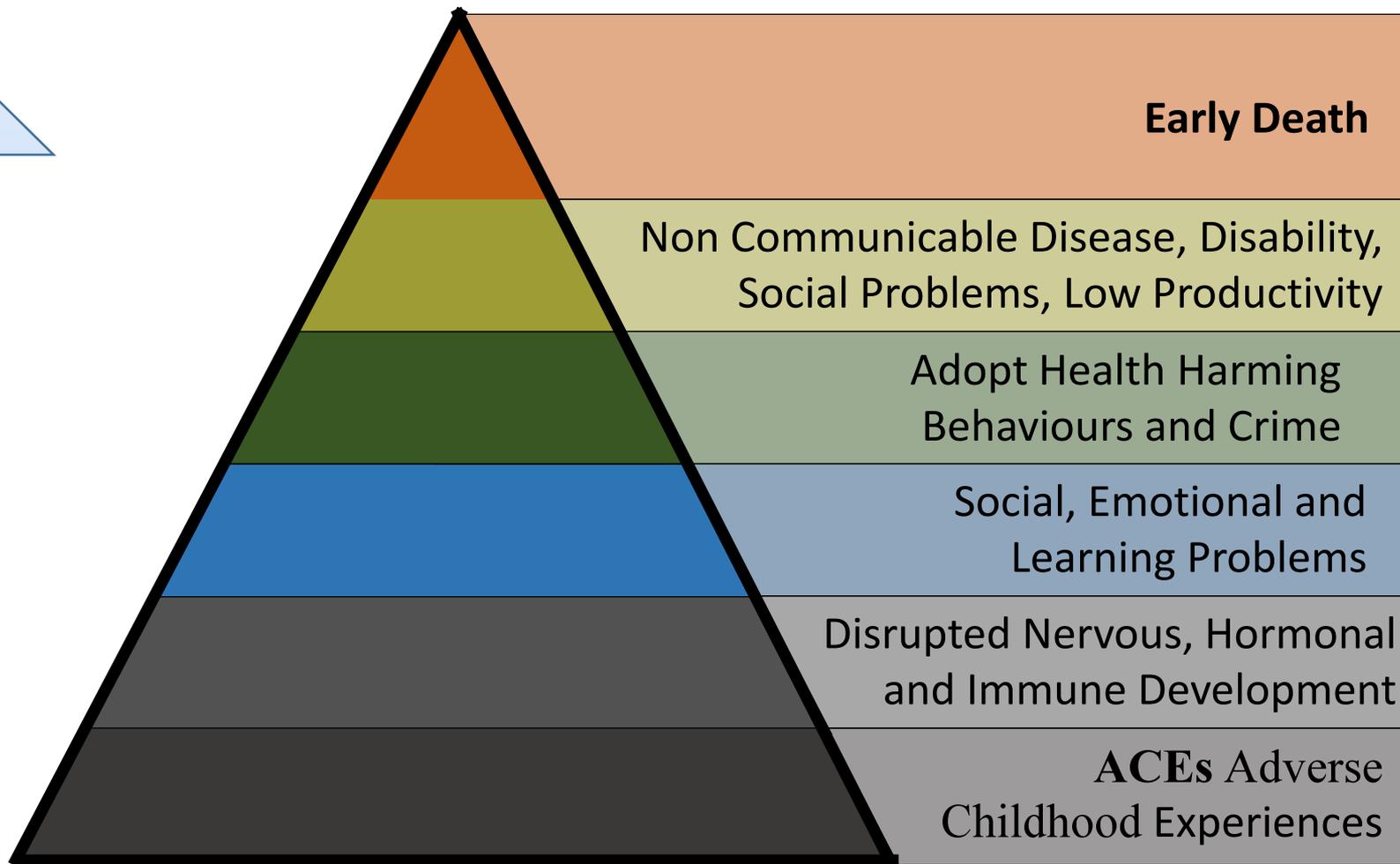
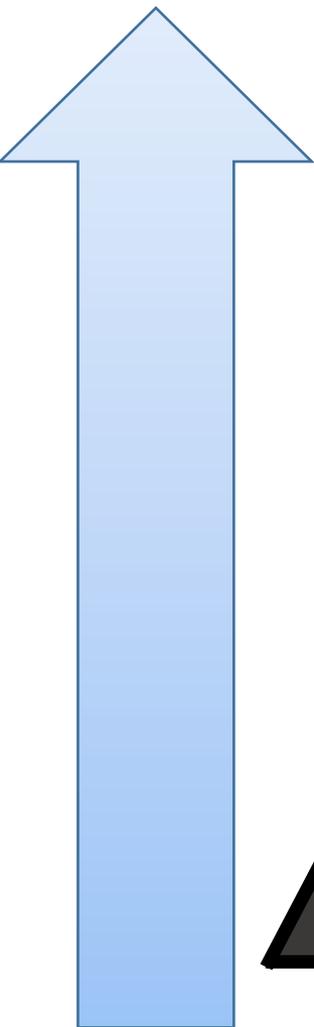
Health



**NEUTRAL CUES LOOK THREATENING**

# ACEs Across the Life Course

DEATH



BIRTH

ACES  
THE REAL DANGER  
IS HIDDEN

REPEATED  
ACES  
SHORTENS  
LIFE



# ACES and School Exclusions

**ANXIOUS**

**ALWAYS PREPARED TO FIGHT OR FLEE**

**IMPULSIVE**

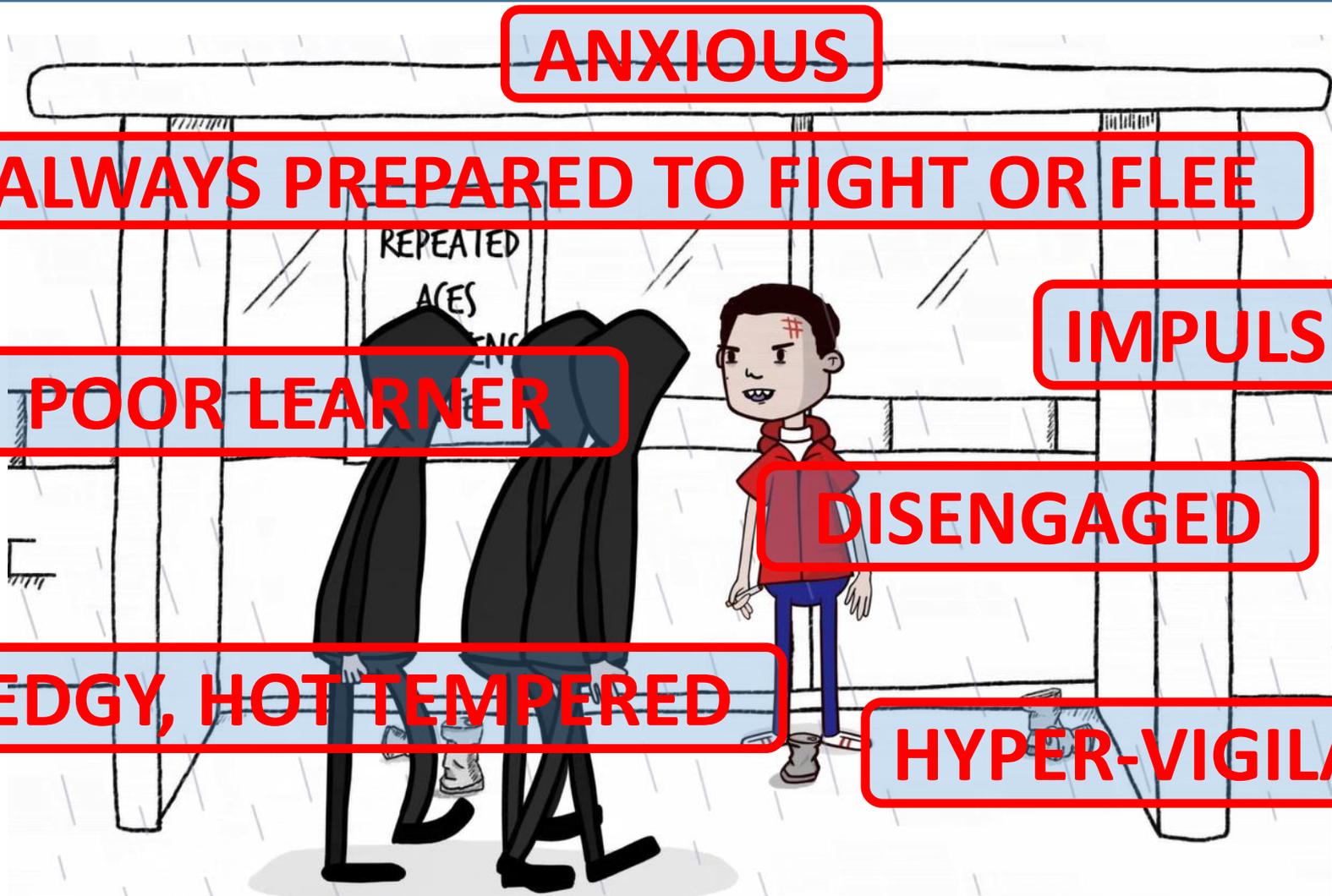
**POOR LEARNER**

**DISENGAGED**

**EDGY, HOT TEMPERED**

**HYPER-VIGILANT**

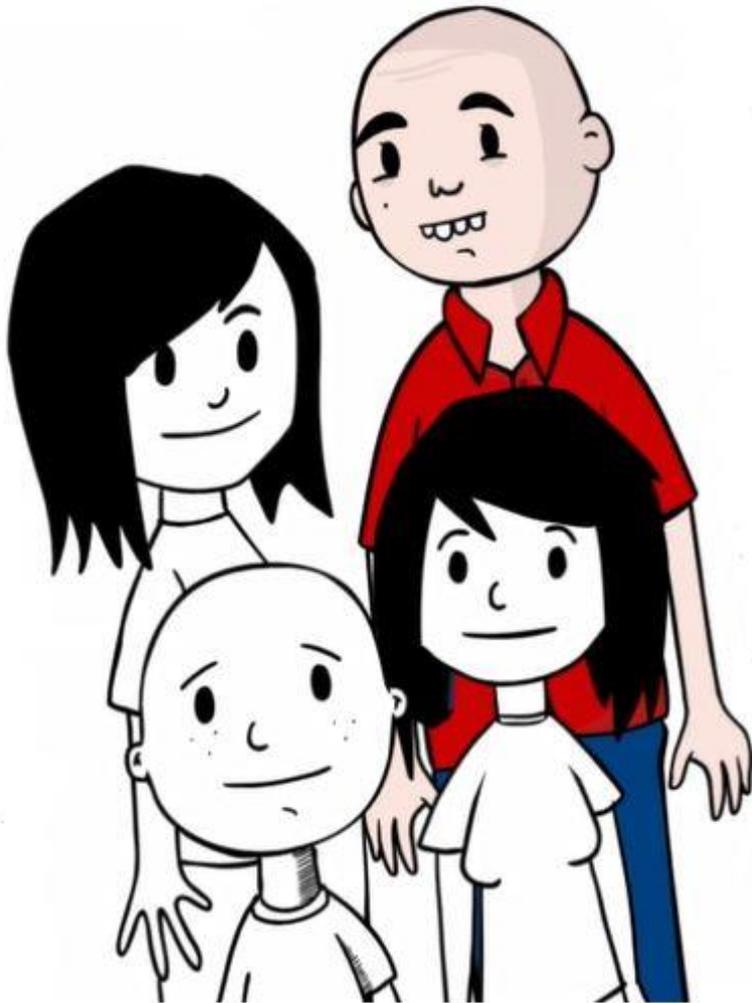
**DIFFICULTY BUILDING RELATIONSHIPS**





# ACEs and Resilience

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 Prevention

Preventing ACEs in future generations could reduce levels of:



**Heroin/crack cocaine use (lifetime)**  
by 66%



**Incarceration (lifetime)**  
by 65%



**Violence perpetration (past year)**  
by 60%



**Violence victimisation (past year)**  
by 57%



**Cannabis use (lifetime)**  
by 42%



**Unintended teen pregnancy**  
by 41%



**High-risk drinking (current)**  
by 35%



**Early sex (before age 16)**  
by 31%



**Smoking tobacco or e-cigarettes (current)**  
by 24%



**Poor diet (current; <2 fruit & veg portions daily)**  
by 16%

# Tackling ACEs

## • Preventing ACEs

- Early life child & parental support

↓ Child Maltreatment  
↓ Violent offence as an adult

*Having experienced ACEs **does not** mean you are on an unchangeable path*

## • Building Resilience

- Space and support where a child can temporarily escape their ACEs to develop normally

- Always Available Adult  
- Feel Community treats you fairly  
½ Adult poor mental well-being, school absenteeism, heavy drinking

## • Trauma Informed Services

- Services that understand the roots of problems they see and how to help people suffering from a history of ACEs

↓ Health service use  
↓ School suspensions (83% USA)



## Protective Factors

## The building blocks of resilience

**One or more  
stable, caring  
child-adult  
relationship**

**Equipped to  
manage your  
behavior and  
emotions**



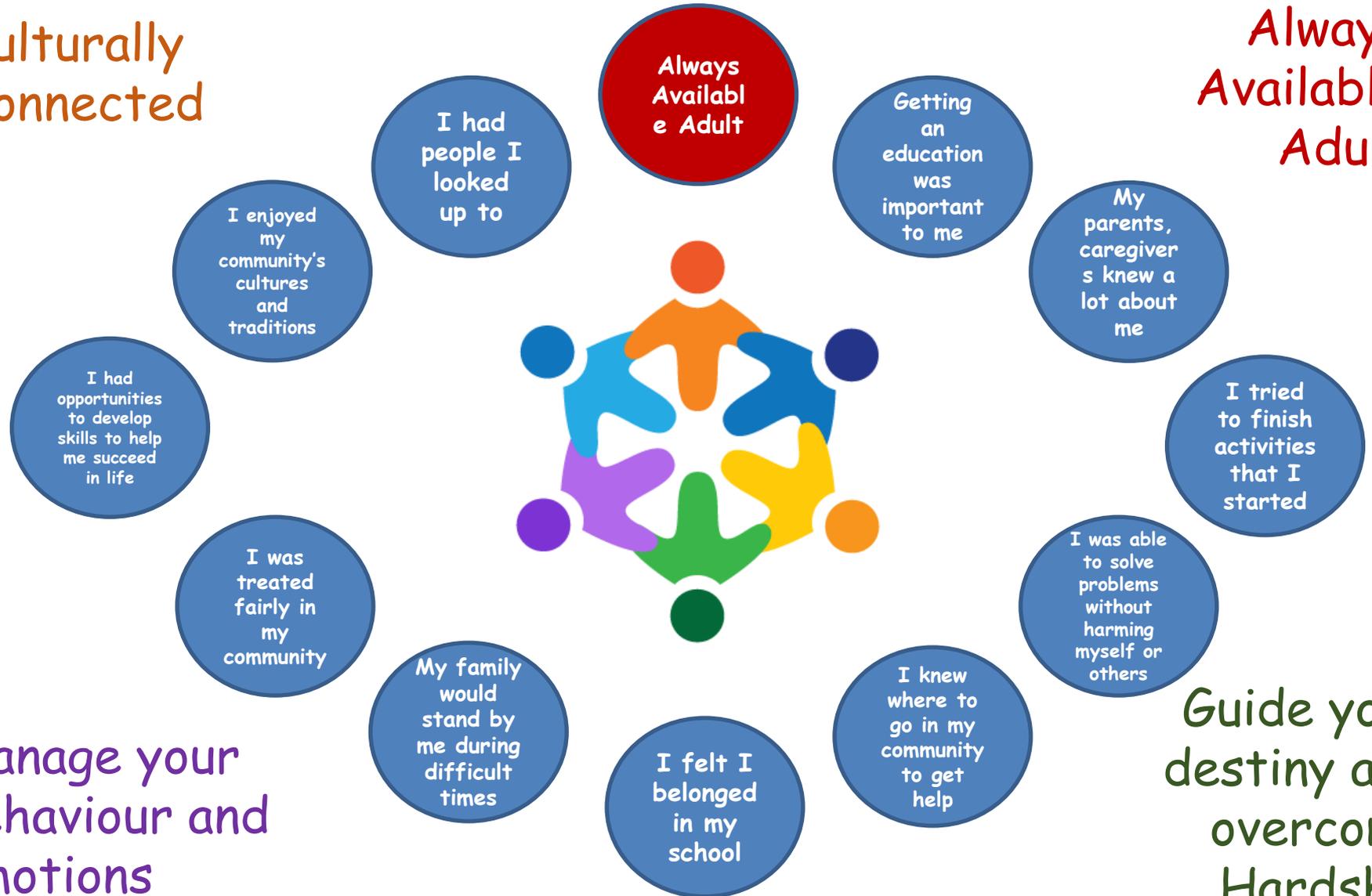
**Feel you can  
overcome  
hardship and  
guide your  
destiny**

**Involved and  
connected**

# ACEs and Resilience

Culturally  
Connected

Always  
Available  
Adult



Guide your  
destiny and  
overcome  
Hardship

Manage your  
behaviour and  
emotions

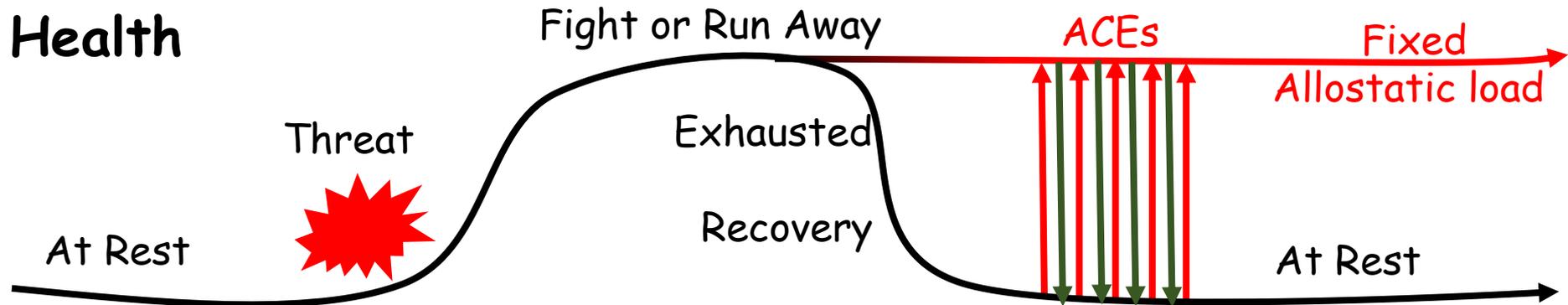
# ACEs and Resilience

*Transforming potentially toxic stress into tolerable stress*

*A safe space in which physiological and psychological systems can reset to a tolerable level*

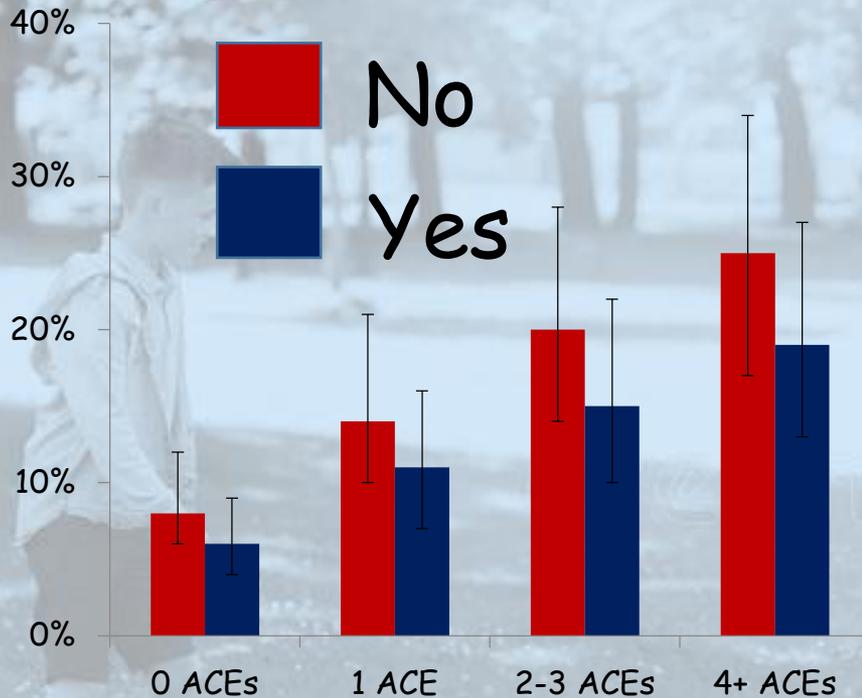


**Always Available Adult**



# Sports participation and Current Mental Illness

## Childhood sports participation (in and out of school)



## Regular current adult sports participation



✓ **Community groups, social clubs**  
Cardio-vascular

✗ **Parents'/school associations, tenants/residents groups, class, Self-help group, Youth group, Political parties**  
Weight control

**Community Engagement**  
Role Models

addlers groups, religious group/church, education, arts, music group/evening class, Social Support

# Impact of ACEs and Sources of Resilience

**Having some resilience resources more than halved risks of current mental illness in those with 4+ ACEs**

Percent with current mental illness

Percent with current mental illness

**Childhood resilience resources**

**Adult resilience resources**

**Childhood resilience<sup>b</sup>**

**Adult resilience<sup>b</sup>**

Low  
29%



High  
14%

Low  
37%



High  
13%

**Trusted adult relationship**

**Perceived financial security**

Never  
28%



Always  
19%

<1 month  
35%



5+ years  
11%

**Regular sports participation**

**Community engagement<sup>c</sup>**

No  
25%



Yes  
19%

No  
23%



Yes  
11%

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# Defining the problem

An analysis of PPNs submitted in 2016 indicated that ...

**61590** PPNs relating to **57364** occurrences  
**47%** related to emergency incidents (Grade 1)

**66%**  
were for  
females

average age  
**34yrs,**  
0 –105 yrs old

**PPN volume increased**

January  
2016  
**4,639**



December  
2016  
**5,249**

**31%** had more than one PPN  
submitted in the year

The number of PPNs for an  
individual ranged from **1–84**



on average the amount of time  
between repeat PPNs decreased  
with each incident

## Nature of concern



**13%**  
of PPNs had  
more than  
one nature  
of concern  
recorded

# Defining the problem

## Partner referrals<sup>a</sup>

**63%** were referred to a partner agency  
– repeat PPNs were more likely to be shared



## Outcome of PPN referrals to a statutory partner agency<sup>b</sup>

### Child referrals



**72%**

were closed  
and  
logged as  
an enquiry

**3.2%**

resulted in a Care  
and Support Plan.  
This was more  
likely to be put  
in place when  
PPNs had multiple  
natures of concern

### Adult referrals



**80%**

were closed

**16%**

were sent to Social  
Services Team for  
screening

**4.2%**

resulted in a need  
for further action  
(i.e. social worker  
or safeguarding  
input)

<sup>a</sup> A sample of 15,928 PPNs for 9,064 subjects.

<sup>b</sup> A sample of 1,394 PPN referrals to Children's Services and 600 referrals to Adult Social Services.

# Police and ACEs

**61,590** Public Protection Notifications  
**57,364** occurrences  
**31%** had more than 1 Public Protection Notifications

**3.2%\*** Child Public Protection Notifications had Care and support plan

**72%\*** of child Public Protection Notifications logged and closed

Increase risk, adversity and harm



Sexual abuse



Physical Abuse

# Key procedures, policies and guidance for policing vulnerability in South Wales

## Acronym list

**ACPO**  
Association of Chief Police Officers (now National Police Chiefs Council)

**BCU**  
Basic Command Unit

**CAIU**  
Child Abuse Investigation Unit

**CSE**  
Child Sexual Exploitation

**DASH**  
Domestic Abuse Stalking Honour Based Violence

**FGM**  
Female Genital Mutilation

**MARAC**  
Multi-Agency Risk Assessment Conference

**POVA**  
Protection Of Vulnerable Adult

**PPN**  
Public Protection Notification

**PPU**  
Public Protection Unit

**PSC**  
Public Service Centre

**VA1**  
Vulnerable Adult Form 1

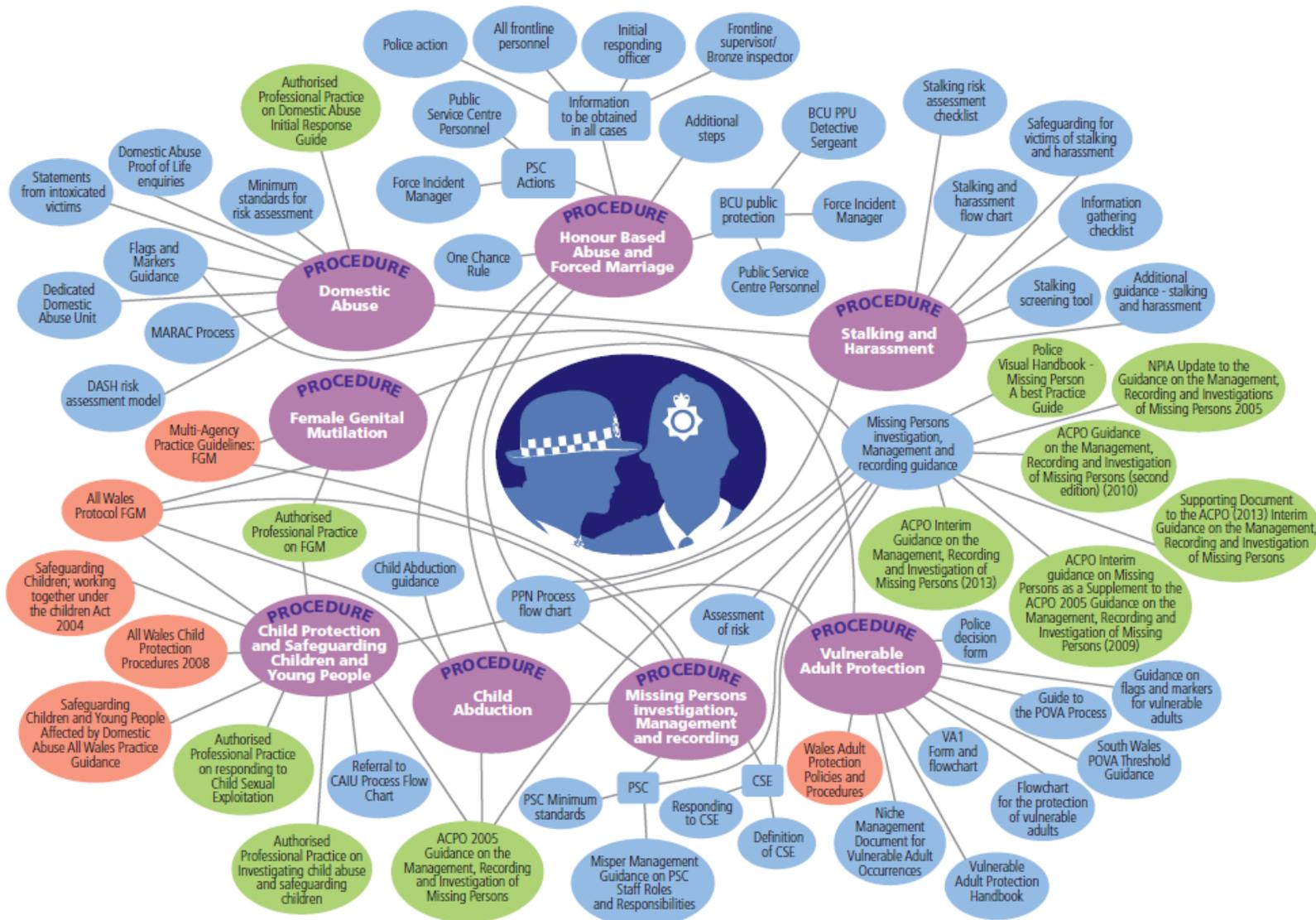
## KEY

South Wales Police Procedure

South Wales Police guidance/  
supplementary document

College of Policing / National  
Police Chief Council  
(previously Association of  
Chief Police Officers)

All Wales Policies



# What did we find: interviews and focus groups

PPNs  
basic understanding,  
gaps in knowledge.

Feel the public have a  
poor understanding of  
the police.

Varied capacity and  
opportunity to effectively  
assess and respond to  
vulnerability.

Need for  
interactive  
support delivered by  
experts.

Frustration working with  
partner agencies.

Varied  
understanding of  
vulnerability, protection  
Poor understanding of  
trauma and ACEs.

Wellbeing of staff and not  
accessing support



# Key themes

**Clear support for continuing and developing ACEs approach**

**EVERYONE** has a role to play in **understanding** and **responding to vulnerability**.

Training resulted in **greater awareness** and **improved staff confidence** to respond to vulnerability across all sectors.



Improved engagement with **children and families** through enhanced supportive NPT role.



Independent, expert ACE-informed trainers provided **greater credibility**.

More **detailed information** provided on Public Protection Notifications.



Improved **understanding of responsibilities** and **thresholds to safeguarding** and vulnerability of partner agencies.

**ACE-informed practice** seen as **'daily task'** including more measured responses and greater lines of enquiry.



Streamlined information sharing processes resulted in **increased and relevant cross-partner communication**.



Recognition of increased need to **work together locally with partners and wider community**, building resilience.



**Education and Housing sectors** uniquely placed to identify and support vulnerable individuals.



**Barnardo's NSPCC**  
Cymru



**GIG Cymru NHS Wales** | Iechyd Cyhoeddus Cymru  
Public Health Wales

Capacity and  
Capability

Integrated  
whole system  
response

Multiagency  
Early help 24/7

Knowledge and  
Confidence

Cash machine  
Bakery  
Fishmonger

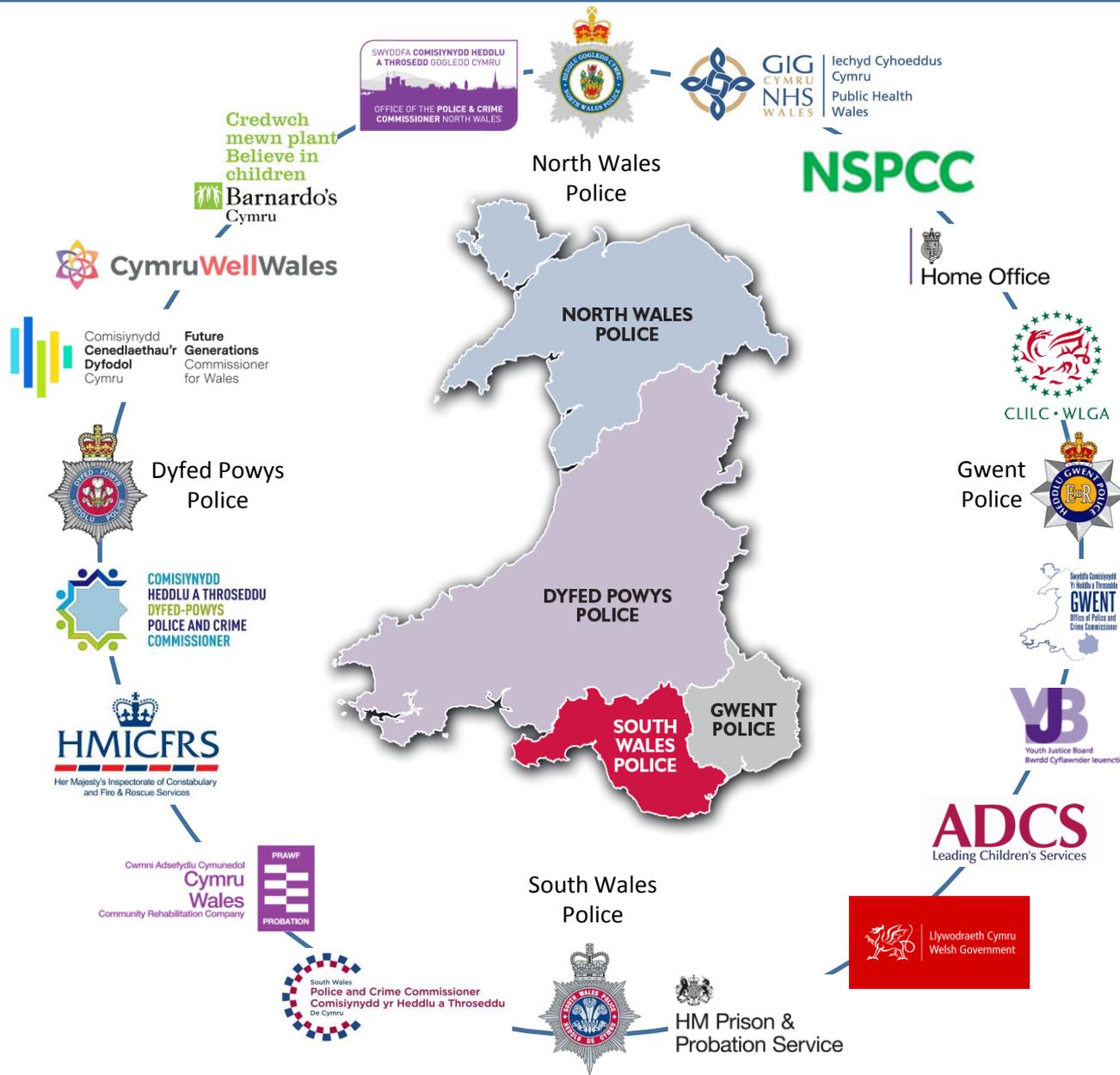
Mon-Sat 7am - 7pm  
Sunday 11am - 5pm

**Total £6.87 million**

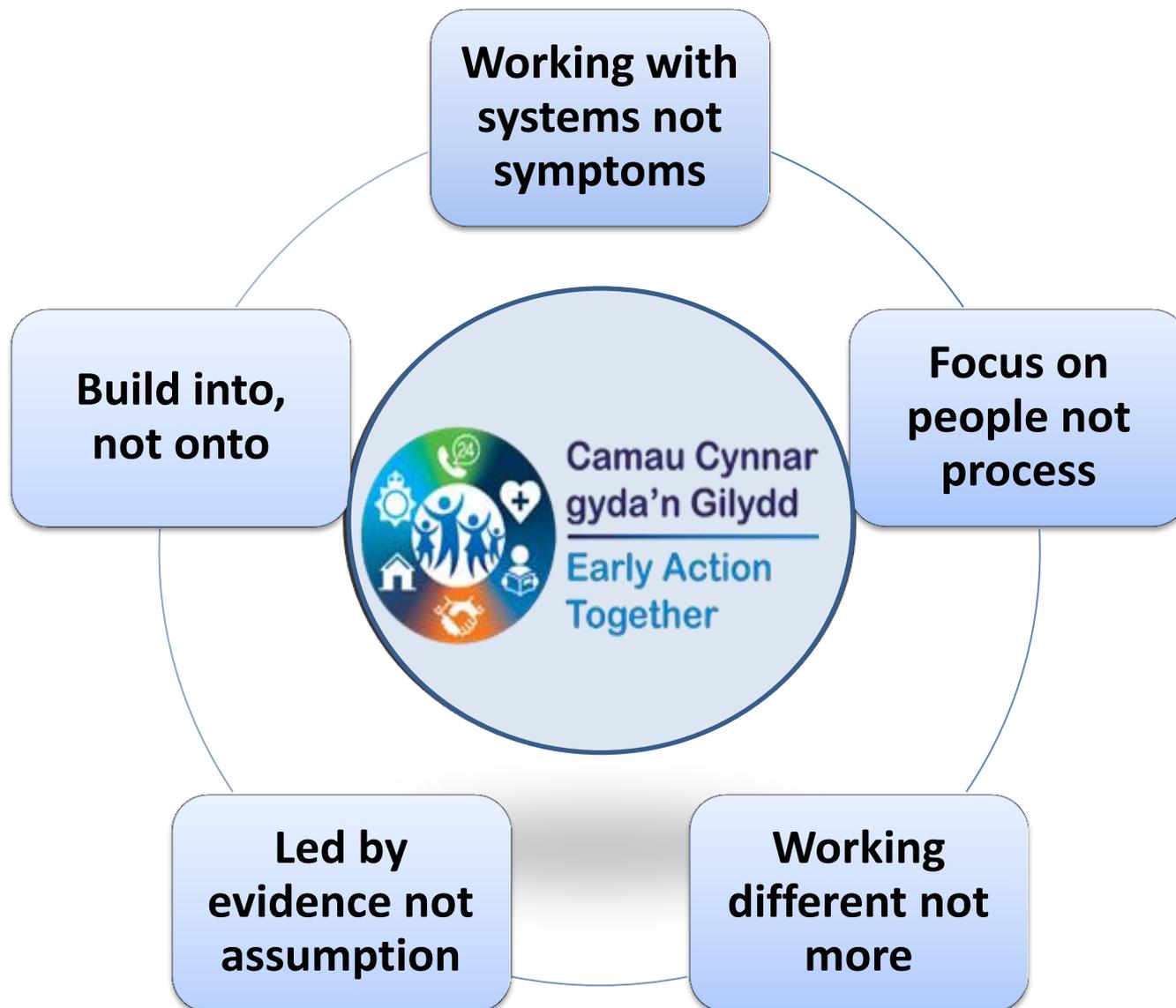
**AIM: Transform the policing of vulnerability in Wales to a multi-agency, ACE informed approach that enables early intervention and root cause prevention**



# Partners & Stakeholders



# Principles of Delivery

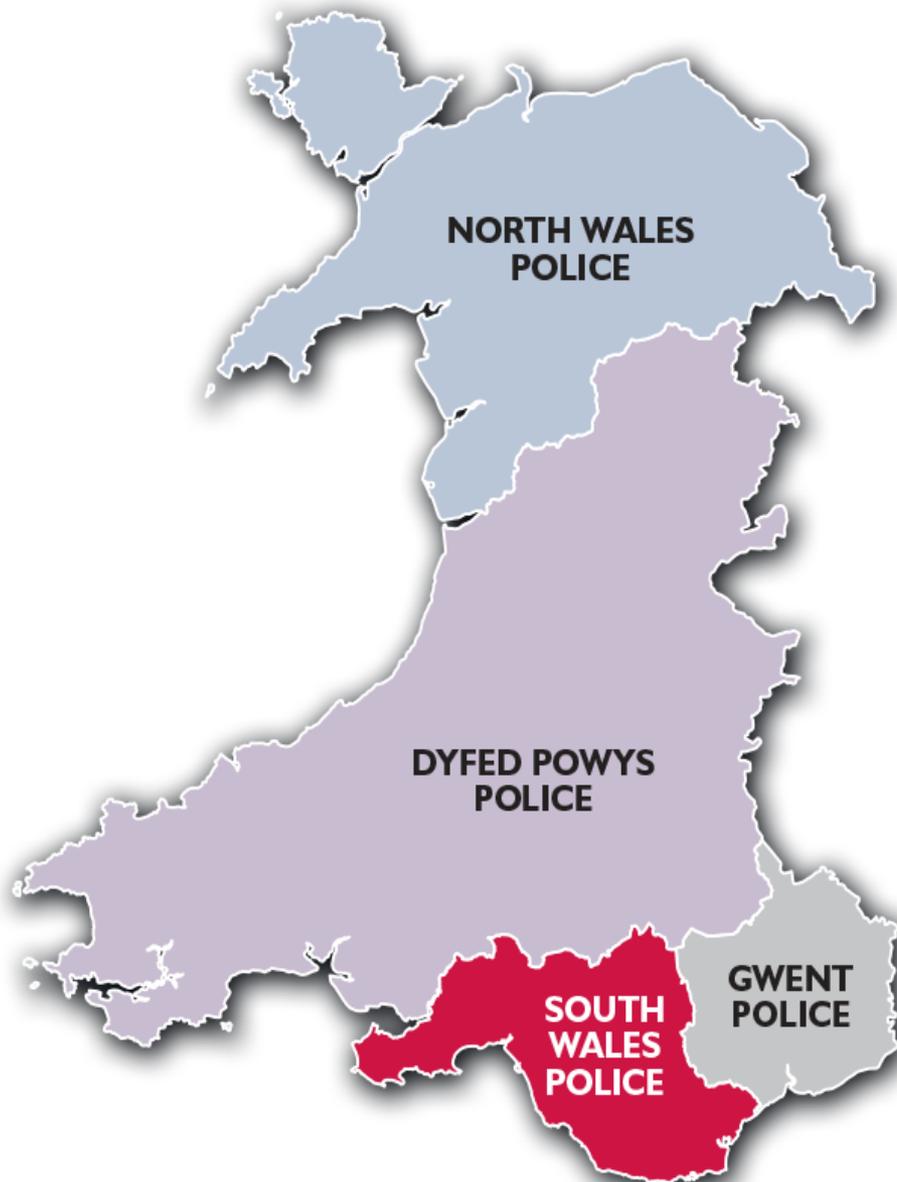




HOLD  
YOUR  
NERVE



# ACE Police Transformation, so far ...



**Over 1000 ACE and trauma informed police**

**Early Help trauma informed systems and processes being tested in partnership**

**Operationalising a public health approach in: serious violence, workforce wellbeing, social navigation and policing in schools**

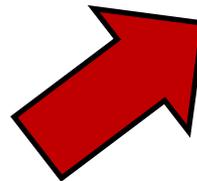
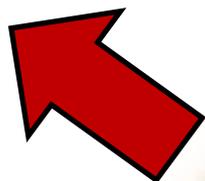
**Providing robust evaluation and evidence for practice and the benefits**

**Creating a learning network and applying improvement science**

# Applying an ACE Lens

**Spread the word! ACE informed professionals, politicians and public**

**Identify and understand ACEs, promote protective factors, increase resilience**



**Address the root causes not the symptoms – ask NOT what's wrong with you, but what's happened**



My children may not be 100% OK but I am doing an enormous amount to help them

Welsh video - ACEs don't have to be a life sentence for future generations

ACEs is not destiny

I can make changes in my children's life

We can change our children's lives for the better

The strap is some men help to be

I still have some negative thought traps

Empower that do protect

I did not realise how much I already did to help the girls

I'm a great Mum

Can bet let

7/11 meditation mindfulness

Understand children to be

Brain scans and realising how much trauma affects the mind, body and spirit

Understanding children's responses to stress and how we can help them

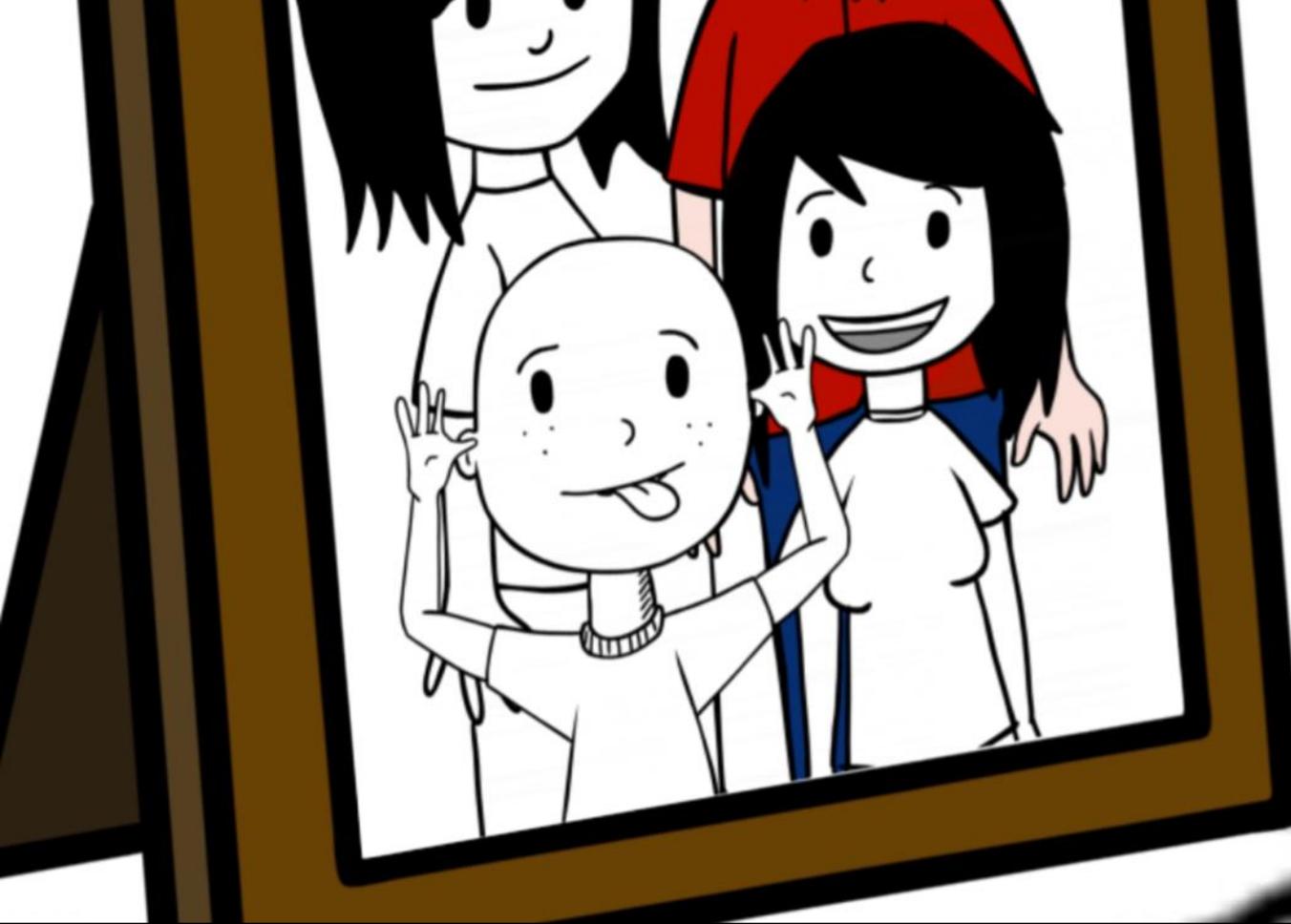
how to be more resilient and teach the children

ACEs are common we're not on our own "what's predictable" is preventable



an e causes ess

be or our to be



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GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales