

***Bearing witness to  
trauma among offenders:  
harnessing the Adverse  
Childhood Experiences  
evidence for better  
outcomes***

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**“The biggest things for me are the benefits of not keeping a secret and being able to talk about things that – I thought that if I ever talked about them I would melt and disappear into the ground, or people would go scurrying from the room like rats. And I found out that didn’t happen, both for me and for other people.” Lenore, Trauma Recovery Group participant – J. Herman, Trauma and Recovery (2015 ed), p. 276**

## *Daring to Ask “What Happened to You?” - Why Correctional Systems Must Become Trauma-Responsive*

- The focus of prison-based services, in particular, should be redirected towards trauma-responsive practice in order to assist unrecovered trauma survivors with offending behaviour to make better sense of themselves and their multiplicity of personal struggles.
- Criminality and the consequent loss of liberty may, for many prisoners, be a minor aspect of their personal adversity stories. Offenders tend to come from communities where ACEs are all around them; in their homes, on their streets, in their schools, doctor’s surgeries and emergency rooms.
- Criminal justice agencies that are not trauma-informed and which omit to train specialized staff to ask offenders about childhood trauma are overlooking important information relevant to continued offending behaviour.
- If prisons and probation become trauma-responsive and help people to understand their childhood adversity and its enduring magnitude, they will be more likely to buy into participation in both personal development and offending behaviour interventions.

# *It is unethical not to ask about ACEs!*

- We need to prioritise spending in Early Intervention and Prevention (e.g. the American Family Pathways Project) and train GPs to make inquiries about ACEs with all new child patients & their primary care-givers to break the cycle of intergenerational trauma & maximise the inborn potential of every child by ensuring they have an emotionally stable adult to act as a buffer against stressors. (See Burke Harris, 2018; see also my interview with Dr Jonathan Tomlinson on how trauma is embodied <https://soundcloud.com/jane-mulcahy/dr-jonathan-tomlinson-law-and-justice-interview>)
- Given the impressive evidence amassed by Felitti, Anda & co on the health, relational, behavioural and social impacts of an overdose of ACEs and developments in neuroscience, it is unethical not to ask about ACEs, including in the criminal justice context: at committal in prisons. 'I just wish they would have said "What happened to you? What happened?" But they didn't'. Read, et al 2007
- Imprisonment, while inherently harmful and enfeebling, could potentially offer traumatised people, especially those on longer sentences, with an opportunity for personal development and positive change through strengths-based, trauma-informed sentence planning and interagency co-operation.
- Prisoners should have a *right* to a safe transition from custody to the community whereby basic human needs are met. "As long as you've *children sleepin'* in cars, I'm afraid, our lads are in bother. Djunno? And possibly *rightly so.*" (Focus Group participant, Loughan House open centre)

# *The pains of imprisonment*

Writing in 1965 Sykes states that aside from the deprivation of liberty, which includes the **rupture to the prisoner's relationship with loved ones** and "rejection and degradation by the free community [which] must be warded off, turned aside and rendered harmless", there are four other "pains of imprisonment" which he defined as "deprivations and frustrations [that] pose profound threats to the inmate's personality or sense of personal worth." G. Sykes, *Society of Captives*, (Atheneum: New York, 1965), p. 67) These pains include:

- the austere physical surroundings,
- the single-sex environment which challenges the individual's sense of masculinity
- the constant threat of violence from others.

**However, in Sykes's view it is *the deprivation of autonomy* arising from the many and various rules to which prisoners are subject that is most profoundly threatening "to the prisoner's self image because they reduce the prisoner to the weak, helpless, dependent status of childhood".**

**According to Sykes, "of the many threats which may confront the individual, either in or out of prison, there are few better calculated to arouse acute anxieties than the attempt to reimpose the subservience of youth."**

# *Re-interpreting the Risks/Needs/Responsivity Model*

Andrews and Bonta identified the 'Big Four' risk factors as being a history of antisocial behaviour, which is a static risk factor (however, past behaviour is the best predictor of future behaviour), antisocial personality, antisocial attitudes, and antisocial peers.

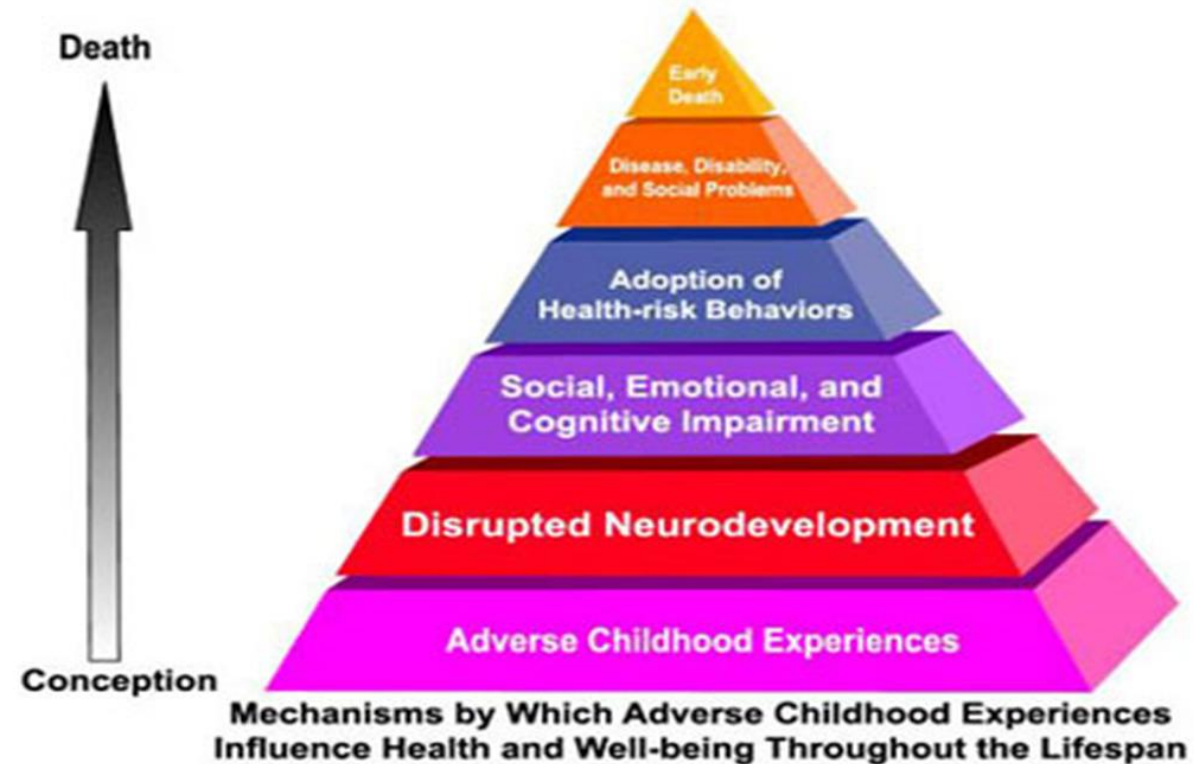
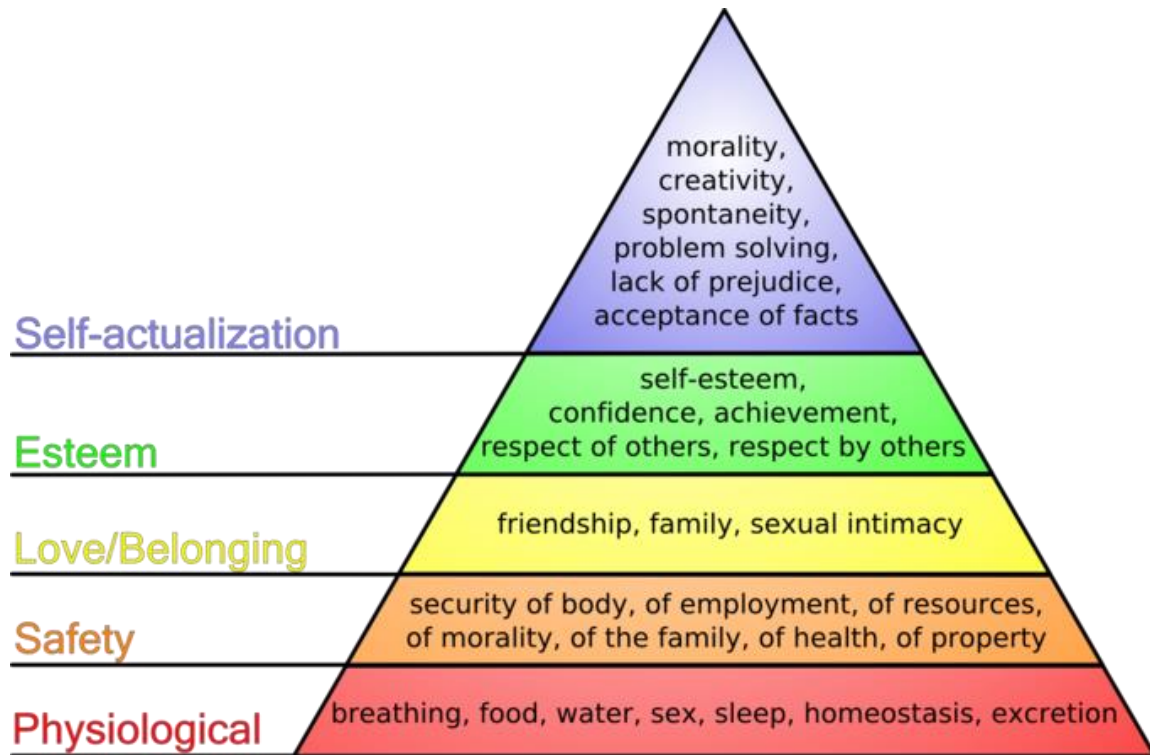
Four other risk factors were the next most likely predictors of future offending behaviour, namely family/marital difficulties, addiction (or mental health problems), issues relating to school/work and poor use of leisure time.

Factors such as personal and/or emotional distress, major mental disorder, low IQ and social class of origin are deemed to be "less promising intermediate targets for reduced recidivism" (Andrews *et al* 2006: p. 11).

Criminological studies, from the Gluecks to the Cambridge Study, identifying the types of communities, social problems and personal characteristics of offenders, and the continued RNR focus on criminogenic risks/needs, should be re-interpreted in the light of research from neuroscience and epidemiology which has revealed the life-long damaging impact of childhood trauma.



# A Tale of Two Pyramids



“The Study found the higher the ACE Score, the greater the risk of experiencing poor physical and mental health, and negative social consequences later in life.” <http://www.acestudy.org/the-ace-score.html>

**“The healthy, normal, fortunate adult in our culture is largely satisfied in his safety needs. The peaceful, smoothly running, 'good' society ordinarily makes its members feel safe enough from wild animals, extremes of temperature, criminals, assault and murder, tyranny, etc. Therefore, in a very real sense, he no longer has any safety needs as active motivators. Just as a sated man no longer feels hungry, a safe man no longer feels endangered. **If we wish to see these needs directly and clearly we must turn to neurotic or near-neurotic individuals, and to the economic and social underdogs.**” *A.H. Maslow***



**Memory templates** (B. Perry, 2017): “Like *attachment* and *early childhood experiences* will inform *who* comes through those doors, and *who* doesn’t.” (FG participant Loughan House, open centre



A “good enough mother”  
(Winnicott, 1953)  
&



## *An overdose of ACEs/childhood toxic stress = poor outcomes over the life course*

Judith Herman, Bessel Van der Kolk and Bruce Perry, all eminent psychiatrists who have worked for decades with people who were “incubated in terror” (Perry, 2015, p.33), subjected to unspeakable childhood trauma.

These scholar-practitioners documented how exposure to persistent violence or sexual abuse – especially incest - devastates a child’s developing body, brain, coping strategies, personality, ability to trust and relate to others in healthy, happy ways, as well as their capacity to learn, use imagination and take initiative.

Undigested trauma causes the stress response system to become dysregulated. This dysregulation makes itself *viscerally* and painfully felt in the body, and leads to illness, addiction, self-harm, uncontrollable anger and sometimes violence.

# *The consequences of hurting children*

According to Van der Kolk, the ACEs research has shown that “child abuse and neglect is the single most preventable cause of mental illness, the single most common cause of drug and alcohol abuse, and a significant contributor to leading causes of death such as diabetes, heart disease, cancer, stroke and suicide” (Van der Kolk, *The Body Keeps the Score*, 2014: p 353).

Whitfield notes that 50-70% of people who require psychiatric inpatient treatment as well as those who avail of psychiatric or psychological out-patient services are trauma survivors (Whitfield, 1998: p. 362). See also my Law and Justice interview with Dr Warrant Larkin at <https://soundcloud.com/jane-mulcahy/law-and-justice-interview-with-dr-warren-larkin>

Dr. Daniel Sumrok, Director of the Center for Addiction Sciences at the University of Tennessee Health Science Center’s College of Medicine, advocates for the renaming of addiction as ‘ritualized compulsive comfort-seeking’. According to Sumrok, ritualized compulsive comfort-seeking is a ‘*normal* response’ to ACEs, ‘just like bleeding is a normal response to being stabbed’.

Mainstream society is completely blinkered to the huge costs of ACEs, and “too embarrassed or discouraged to mount a massive effort to help children and adults to deal with the fear, rage, and collapse, the predictable consequences of having been traumatized (Van der Kolk, 2014: p. 350).

# *Understanding the fight/flight/freeze response*

ACEs cause the production of toxic stress or cortisol in children, which activates the “fight/flight/freeze” stress response system in which the development of normal neural pathways is stunted. Over time the traumatized person’s “window of tolerance” shrinks, causing them to either remain constantly on high alert for danger, responding with anger, violence, impulsivity or defensiveness (hyperarousal) or by shutting down/disconnecting (hypo arousal) when emotionally overwhelmed or triggered.

The fight/fright/freeze response that is triggered in stressful situations, if understood properly by teachers, doctors, A&E staff, police, lawyers, judges, probation officers and multi-disciplinary prison teams, should lead to superior strategies for interacting with “unrecovered trauma survivors” (Whitfield, 1998), particularly those who are hardest to reach and demonstrate aggressive behaviours when fearful.



# The power of the ACEs framework

Dr Nadine Burke-Harris maintains that the ACEs framework is powerful because it opens “a dialogue about topics that feel largely taboo in our society” (Burke Harris, 2018: p. 170). She argues persuasively that by keeping our heads in the sand about ACEs, or pretending that they *only* occur in poor, urban households (and primarily among “black or brown” people in multi-cultural societies like the USA and the UK), we entirely miss the point that “toxic stress is about basic human biology and that adversity happens everywhere, among all races and geographic areas” (Burke Harris, *The Deepest Well*, 2018: p. 158).

However, in communities that are extremely deprived, where there are low levels of resources at the individual and collective level, trauma is “endemic”, meaning that “it isn’t just handed down from parent to child and encoded in the epigenome; it is passed from person to person, becoming embedded in the DNA of society” (Burke Harris, 2018: pp. 132-3).

# *The Welsh Adverse Childhood Experiences (ACE) Study (2015) – crime related findings*

2,028 Welsh adults were questioned about their current health behaviours and exposure to ACEs

The study found that that 47% of respondents reported having experienced at least one ACE and 14% experiencing four or more ACEs. Compared with interviewees with no experience of ACEs, those who experienced four+ ACEs were:

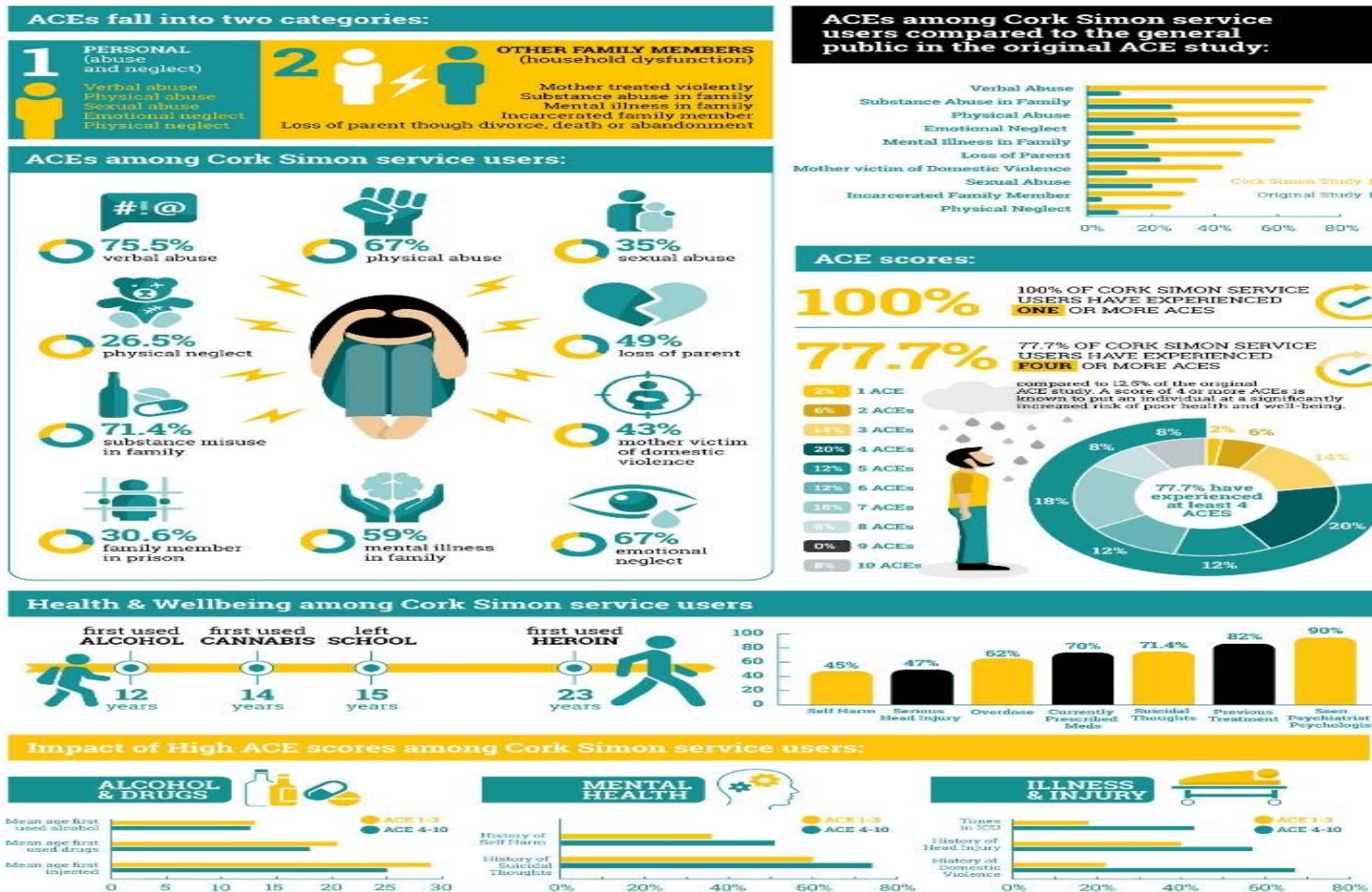
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin times
- **20 more likely to have been incarcerated at any point in their lifetime.** (p.5)

This is not about an “*abuse excuse*” (Perry, 2017 at p. 33). However, as Van der Kolk states:

“I wish I could separate trauma from politics, but as long as we continue to live in denial and treat only trauma while ignoring its origins, we are bound to fail. In today’s world your ZIP code, even more than your genetic code, determines whether you will lead a safe and healthy life. People’s income, family structure, housing, employment, and educational opportunities affect not only their risk of developing traumatic stress but also their access to effective help to address it. Poverty, unemployment, inferior schools, social isolation, widespread availability of guns, and substandard housing all are breeding grounds for trauma. Trauma breeds further trauma; hurt people hurt other people.” (2014, at p. 350)



# Cork Simon Community ACE Study (2017) – survey of 50 homeless service-users



## *Some findings on ACEs prevalence & offenders*

Higher ACE scores have been found to predict

- future incarceration (De Ravello, Abeita, & Brown, 2008),
- recidivism (Manchak, Skeem, & Douglas, 2008),
- violence as an adult (Pournaghash & Feizabadi, 2009; Whitfield, Anda, Dube, & Felitti, 2003) &
- substance abuse (Bowles, DeHart, & Webb, 2012).

Levinson, Willis & Prescott (2014) found that in a sample of 649 sex offenders, they had “more than 3 times the odds of child sexual abuse (CSA), nearly twice the odds of physical abuse, 13 times the odds of verbal abuse, and more than 4 times the odds of emotional neglect and coming from a broken home” than men in the general population. Less than 16% endorsed zero ACEs and nearly *half endorsed four or more*.

## *Some findings on ACEs prevalence & offenders*

Reavis *et al* found that their sample of 151 offenders in San Diego who were court-ordered to undergo psychological treatment were exposed to high levels of ACEs.

Four times as many offenders surveyed “endorsed four or more adverse experiences in their early lives” as compared with the adult male normative sample.

Apart from a history of neglect, the authors found that every negative experience probed by the ACE Questionnaire was experienced by research subjects at “significantly higher rates” (Reavis *et al*, 2013: p. 47).

Reavis *et al* note that it is therefore unsurprising “that purely ‘offense-specific’ models of treatment, which pay little heed to the early lives of offenders, have shown scant effects in decreasing recidivism.”

# *The higher the ACE score the higher the LSI-R risk of reoffending*

In 2016 Moore and Tatman conducted a study to determine whether there was a link between the dose of ACEs in an offender's life and their risk of reoffending as identified in the LSI/R. In a survey of 141 offenders on probation and parole in a community project, the authors controlled for race, age and gender and discovered that "early negative experience can predict future risk".

The more ACEs that an offender had, the higher their risk level. While the authors did not advocate for, nor foresaw that the ACE questionnaire would replace formal risk assessment instruments, they made the case for using the ACE questionnaire "as an initial screening tool prior to implementing a more time intensive comprehensive risk evaluation process".

"This finding is significant for correctional workers and mental health providers because once an offender is identified as having a high ACE score then various therapeutic resources and services could be implemented to address this past trauma, potentially reducing that individuals risk for future recidivism." (p. 155)

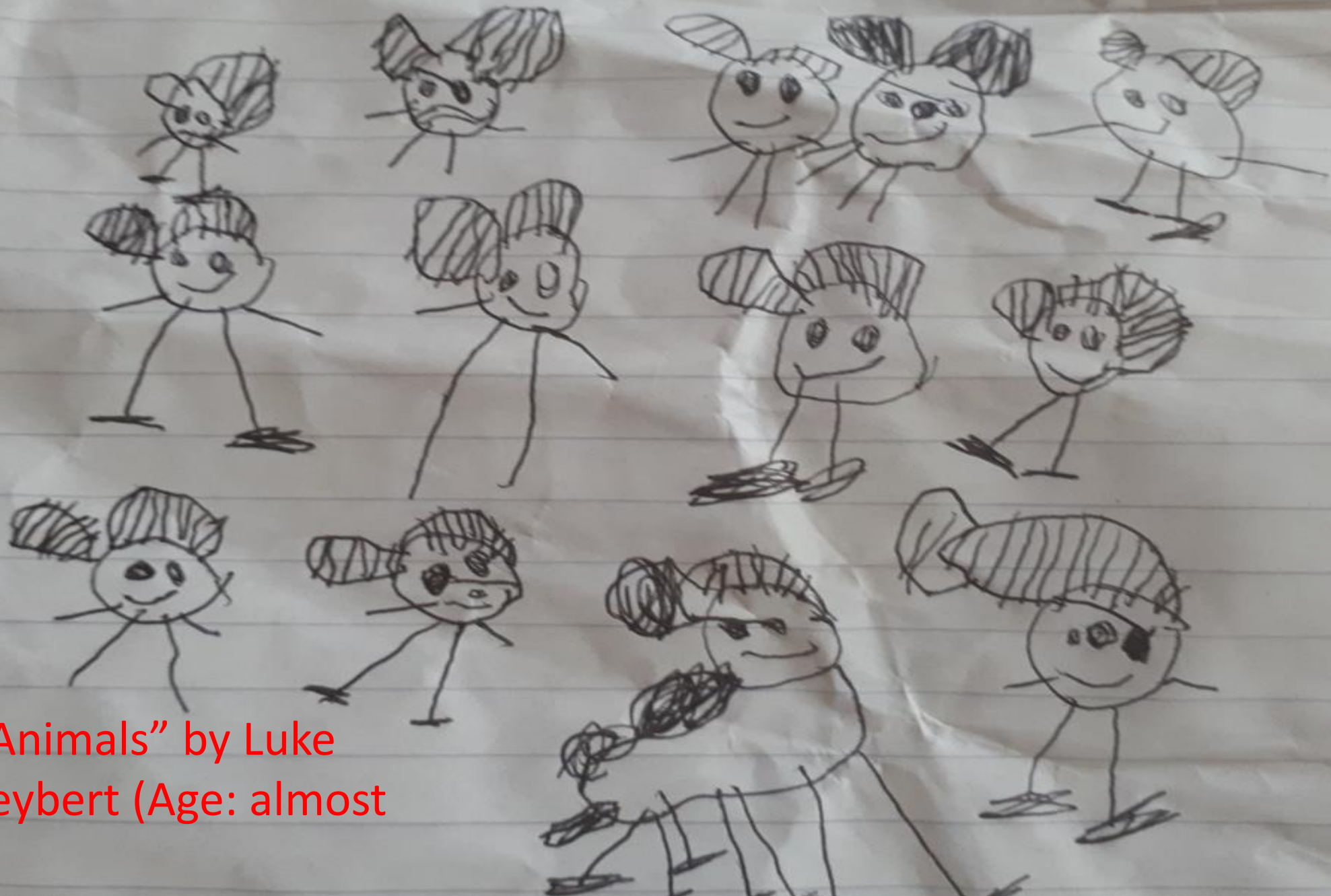
## *Maximising the “desistance-enhancing” potential of prison*

Desistance is a technical term to describe a process of positive change (akin to recovery from addiction with its slips and falls); a long, slow, complex process by which offenders reduce/deescalate and ultimately stop offending and then endeavour to maintain a law-abiding lifestyle.

Meaningful and committed sentence planning (with the aim of increasing the capacity of prison to “do good” in the lives of the people in its care) be strengths-based, i.e. focus on identifying and building on the strengths or protective factors in a prisoner’s life and:

- commence immediately upon committal,
- be developed in collaboration with the prisoner,
- be cross-disciplinary and *trauma-informed*,
- be subject to periodic review,
- support the person in maintaining positive relationships with family and significant others,
- ensure that basic needs are met when transitioning from custody to freedom,
- take steps to arrange that the person is linked in with services and supports in the community, so that structure and a sense of belonging can be fostered and sustained over time.





“Pack Animals” by Luke  
Alan Seybert (Age: almost  
4)

## ***The Choice for change – What's in it for them??***

Prisoners have agency. They should be under no compulsion to engage in work, training, education or other activities in prison. They are not passive objects to be acted upon by the powers that be and their various experts. They cannot be compelled to submit to therapeutic interventions that might objectively be in their interests and/or likely to enhance community safety upon their release if they are hostile to such interventions. People cannot be made to change. Real change is self-directed and has personal meaning.

In 1987 Rotman argued for a humanistic, liberty-centred model of rehabilitation in which prisoners have a positive *right* to rehabilitation. His proposed model assumes that:

“significant change can result only from the individual's own insight and uses dialogue to encourage the process of self-discovery. This model does not rely on idealistic preaching to reintegrate offenders to a hostile society. Instead, humanistic rehabilitation offers inmates a sound and trustworthy opportunity to remake their lives. Thus, this model seeks to awaken in inmates a deep awareness of their relationships with the rest of society, resulting in a genuine sense of social responsibility.”

JM – [S]o *what* are you most hopeful about?

Tadgh – When I get out? Jus' to live a *normal* life. Not to come back to prison.

JM – Yeah. And do you *believe you can*?

Tadgh – Mmm.

JM – Yeah?

Tadgh – (*quietly*) *O' course I can*. But it's up to *me* like.

JM – Yeah. And why do you think it didn't work out the [other times?]

Tadgh – (*louder, adamant*) *I didn't wanta*.

JM – You didn't want to then?

Tadgh – (*quietly*) Yeah. I jus' wanted to carry on doin' wha' I was doin'. I jus' wanted to say “fuck de world”, like. You know? You *feel* like you're *owed* some'n when you were let down. Like, when you were *young*, growin' up. You kinda t'ink ...

JM – Like *by society* kind of thing?

Tadgh – By *everyt'ing*, by *family, society* – like de family are only comin' around in de las' say 15, 20 years.

JM – Ok. So like you weren't *very supported* when you were *small*?

Tadgh – No. ... Left to my own devices.

JM – Ok, am, having to fend for yourself?

Tadgh – *Yeah*. *Feed* meself, rob *food*, wha'ever, *Christmas clothes*.

JM – Ok, right, so *hard times* and that kind of thing?

Tadgh – It's *good* times coz I *know* like, when you're lookin' back it's *hard*, bu' you *learn* from it, you *grow* from it an' it makes you de person *you are*, djunno wha' I mean?

JM – *And you survived*?

Tadgh – Yeah, *da's it*, like. I'm *here for a reason*.  
(Tadgh - meaning “a poet/philosopher”)

## *The limits of rehabilitation as a concept and practice*

It's like "get rid of all the bad and put it into prison and then let them then deal with it and then we really don't want to know about them when they come out." It's not everyone, but some ... so I think [rehabilitation is] key, but I think it's very – it's a little naïve as well to think that we're going to be able to do that in here. We do to an extent, we try to give them the foundations, the blocks, we try to repair some of the fundamental damage that's done, but in some ways rehabilitation suggests that the problem is in the individual prisoner, when actually it's a much wider issue. So that's why I've a little bit of a difficulty with it and would hate to think – I don't think we have any particular capacity to change people and given what some of them are going back out to it's probably not that safe for them to change radically because it's about survival and they learn not to give up the violence because they discover they need the violence to survive ... The latest theory in terms of violence is that you sort of, you know, most children unlearn it, because they realise having experienced the family environment and the community that they don't need it and so they focus more on ... pro-social engagement, whereas children subjected to the experiences that these lads have learn it's absolutely unsafe to give up that because "I'm going to have to fight for everything, because it's not safe. I can't rely on anyone else to look after me." So, to suggest that that's a fault in them, a moral fault or something and say "we're going to change you, but then we're going to send you back out where you came from and expect you to survive" is ludicrous really. So, so unless you take it in the wider context, I think it's a little bit misleading ... and this is where I get a bit annoyed or frustrated with this idea that just increasing the number of psychologists or doing more and more programmes is going to fix it, actually because you can't take the offence out of the context of the wider society and to suggest that throwing more psychologists at it or Probation Officers at it or any programmes at it is going to solve it is, I think, a little bit dangerous. Because it is promising something that is undeliverable. (**Interview with IPS Psychologist - October 2016**)



*At sea & lost in space - in need of safe passage back to the "free" world*





# *The safe and responsible reentry of prisoners = meeting basic human needs*

The terms “reentry” and “resettlement” describe the process of return to the community, how prisoners make their way “through the gate” in a safe, structured and supported way after serving a prison sentence.

At its most fundamental level, reentry management should mean the safe, responsible transition of prisoners back into free society where their basic human needs are safeguarded.

Where prisoners are released from incarceration into chaotic situations where their basic human needs are not met, it is unsurprising that some of them will experience serious reentry failures, which include fatalities due to drug overdose, and exposure to the elements as a result of homelessness, in addition to the more directly relevant criminal justice outcome of recidivism.

# *Health, Home, Purpose, Community*

In 2012 Substance Abuse and Mental Health Administration (SAMHSA) whittled down the original 12 steps to 10 steps of recovery, namely: Hope, Person-Driven, Many Pathways, Holistic, Peer Support, Relational, Culture, Addresses Trauma, Strengths/Responsibility, Respect.

The four key domains that support recovery, according to SAMHSA namely are -

- 1. Health: Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- 2. Home: A stable and safe place to live that supports recovery;
- 3. Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- 4. Community: Relationships and social networks that provide support, friendship, love, and hope.

Cathal – I've been in and out ... 21 years in and out of prison, yeah.

JM – And you're 36 now?

Cathal – Thirty seven now, 37 years of age.

JM – And how long, out of that 21 years, would you say you've actually spent in prison? (*pause*) *Most of it?*

Cathal – *All of it.*

JM – All of it, ok.

Cathal – Bein' out for t'ree weeks an' back in wit' fresh sentences.

JM – Ok, right.

Cathal – I don't *know* what life is like. I don't know how, I don't know *how to cope* out dere, like.

JM – Ok, so you don't *mind* prison? Would that be *fair* to say? That prison is, is, is for you ...

Cathal – (*bit intake of breath, higher pitch*) Well, only for prison, I'd be *dead*.

JM – Right, ok.

Cathal – You know? Dat's *wan* t'ing I got out of prison. (*higher pitch*) *I'm alive.*

JM – Right, ok.

Cathal – Bu' to be honest wit ya, I don't *like* prison at all, like.

JM – Yeah.

Cathal – Bu' it's de only *option* I have. It's either that or *die* on de streets, like.

JM – Right. Have you, have you (*gathering thoughts*), have you spent periods *homeless* on the *streets*? In, in *Cork*, or wherever?

Cathal – (*very high pitched*) *Cork*, yeah – *runnin'* around to *B&Bs*, knockin' at de doors, lookin' for rooms. "We 'ave none". *De anxiety builds*, so (*lower pitch with a touch of aggression*) I just *fuck off* robbin' den.

JM – Right.

Cathal – I pick up charges an' come into jail.

JM – So, it's almost *deliberate*, kind of thing?

Cathal – *Yeh.*

JM – A means to an end?

Cathal – What's de point?

Cathal – Get back in - be *safe* almost?

RT – (*high pitched*) To be *safe*, *yeah*. Instead of walkin' de streets, freezin' wit' de cold, starvin' wit' de hunger, yeah. (Cathal – meaning "a great warrior")

## *A lovely story of relationship-based, trauma-responsive practice*

FGL 3 – It's the home environment.

FGL5 – [A] would be a *classic* on, on that *type* of thing. Traveller background, five years – wasn't it? Assault. Em, went into Castlerea, em, started goin' to the gym, started goin' to classes, *lost* four stone in *weight*, was transferred up here, looked to go to do, em, *Refrigeration* and Heat-pump Systems in Southwest College in Enniskillen. (*higher pitched*) Now, [B] and I at the time kinda debated whether or no' he was intellectually able for it because we kinda felt he thinks he's goin' into fix *fridges*. Djunno? And actually bu' [B], in particular, kep' in contact wit' the tutor t'roughout it, and the exam at Christmas he go' a *Distinction*. He got his Community Return an' part of the condition was that he continue in the course on Monday, every week an' then sign on here afterwards. And after five weeks we got a letter from the tutor to state that he *hadn't* attended college. Now, *normally* speakin' what would happen there is, when he would come back to sign on, we'd take him and he'd be *shipped* back to Castlerea, right, but when we took him in - actually the Governor who was here at the time was [C] and we actually *questioned* him. He star'ed – he broke down an' he *cried* an' he was sayin' that *basically* when he went home his wife – an' ya have to bear in mind the Traveller background – she didn't like the fact that he'd lost so much weight, and she didn't feel the need for him to be educatin' himself (*coughs to clear throat*) ...

JM – Oh, *gosh*, ok. So he was getting kind of *notions*?

FGL5 – *Absolutely*, so he couldn't – so *basically*, we, we, we said what we'd do wit' him here, rather than move him *back*, made a case to Operations – we kep' him here, we let him go back to college and he finished and got *Distinction*. So, he caught up on the five weeks work. He go' a *Distinction*. And then, when he was released then, he used to meet up wit' our gym officer here and they'd regularly take a group of lads ou' hill walkin' or runnin', so he was big into the runnin' an' he'd meet up with them an' go *runnin'*. And we put on a *play* here, some of our inmates put on a play last – around Easter time and, yeah, we did it in the Glen Centre, and [A] actually came down that night, just because he was friends with one of the *Lifers* that was in the play and he was *workin'* full-time an' he was sayin' to me, he was sayin' "my eldest son has just, is sittin' his Leavin' Cert".

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# Thank you for your attention

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