

The Scottish Parliament Cross-Party Group for the Prevention and Healing of Adverse Childhood Experiences (ACEs)

Committee Room 2, Scottish Parliament, 27th November 2019, 6-8 pm

Welcomes and introductions

MSPs who attended:

- Gail Ross, SNP MSP for Caithness, Sutherland and Ross
- Rona Mackay, SNP MSP for Strathkelvin & Bearsden
- Jenny Gilruth, SNP MSP for Mid Fife & Glenrothes

Other attendees:

- Mark Ballard, Children 1st
- Superintendent Ann Bell, Police Scotland
- Dr Alana David, British Psychological Society and NHS Lothian
- Anna Donald, Head of Victims and Witnesses Unit, Scottish Government
- James Docherty, Violence Reduction Unit
- George Hosking, WAVE Trust
- Tracey Jenkins, GCVS
- Anthoulla Koutsoudi, 70/30 Campaign and WAVE Trust
- Ryan McShane MSYP, Scottish Youth Parliament/Who Cares? Scotland
- Dr Claire Ogilvie, British Psychological Society and NHS Greater Glasgow and Clyde
- Janine Rennie, Wellbeing Scotland
- Louise Slorance, RCPCH Scotland

Apologies:

- Liam McArthur, Liam Kerr, Anne McDonald, Nicola Wylie, David Mitchell, Debbie McCall

Minutes of 29th May meeting:

The Minutes of the meeting were agreed.

Matters arising

1. Maree Todd, the Minister for Children and Young People, has replied to the letter sent to her.
2. We are awaiting further information from the Minister for Mental Health on how the additional £32m for mental health will be spent.

Guest Speaker Presentations: A Trauma Informed Justice Service

CPG NOV 2019 – Summary of presentation by Anna Donald, Head of Victims and Witnesses Unit, Scottish Government

Criminal Justice Department of SG has been looking at a trauma-informed workforce. However, there are wider issues of trauma in prisoners, offenders, victims and witnesses.

The Scottish Government has a four-step approach:

1. Prevention of ACEs
2. Reducing negative impact
3. Developing a trauma-informed workforce
4. Wider support in communities

Prevention of ACEs

One focus is children at risk of offending. A lot of work is going into under 12s behaviour, safeguarding and advocacy, and work with Young Offenders Institutions.

Reducing negative impact

A range of supports are in place. The impact of trauma on the offenders is being recognised, with provision of appropriate adults and helping people understand their rights during police processes.

An expert review of mental health services in Polmont. This has led to better mental health support, addressing trauma.

One question has been how to stop people getting into the system. Parental imprisonment has been reviewed. How to protect relationships with the children has been another question, leading to the direct involvement of families.

Anna referred to the Scottish Prison Service's Family Strategy, whose Guiding Principles relate to fairness, respect, inclusion, partnership and an emphasis on the best interests of the child being paramount.

Developing a Trauma-informed workforce

A lot of focus has been put on keeping people out of court. Court = Trauma. Screens are used for some witnesses, and others are able to give evidence remotely. Still others give evidence to a judge, and recorded evidence is provided that way.

The recent Vulnerable Witnesses (Criminal Evidence) (Scotland) Act has made provisions for special measures when taking the evidence of child and other vulnerable witnesses in criminal proceedings. Vulnerable children will not appear in court. There are new dedicated 'vulnerable witness' facilities in Glasgow which Anna visited the previous week. These were a contrast to court settings, and are a concrete example of a trauma-informed approach. Other facilities are also being upgraded.

Another change is pre-recording of adult statements when giving evidence in sexual offences cases. This avoids the trauma of repeating the story, and they do not have to go through the court room trauma.

A new Domestic Abuse Act is being taken forward, addressing coercive control in relationships. This provides support to victims of trauma – mainly women and children. NHS Education Scotland are supporting with four levels of trauma support.

More than 14,000 police and support staff have been trained.

The Judicial Institute has also provided training for judges and sheriffs. Training resources are also being developed for solicitors and legal professionals.

The Health and Justice Collaboration Board is looking at how to work together to avoid re-traumatisation. Issues being considered include:

1. A task force for rape and sexual assault
2. How to look at a person more widely than just through a justice lens – e.g. as a victim, witness etc
3. The term ‘trauma-informed’ has been written into legislation, probably for the first time, in the Forensic Medical Services Bill
4. Health and Social Care in prisons: bringing together Health, Social Care and Prisons to find the best ways to recognise ACEs and trauma in prisoners
5. Recognising wider stress and mental health issues – a Distress Brief Intervention’ programme; and local ‘Safe Places’ support

Anna then mentioned the Barnhaus approach (see presentation by Mark Ballard, below). This is a multi-agency, child-focussed approach which brings together Health, Social Care and Justice for children who have suffered abuse. There are wrap-around services, aligned, with the child at the centre – ideally all under one roof. Discussions are under way about this.

They are also looking at a victim-centered approach, which acknowledges the trauma a person has been through, avoids the need to repeat their story many times, and addresses how information is shared. The goal is compassionate, kind treatment – e.g. having a navigator, or someone providing a voice, for example to bereaved families. This is being advised by families who have been through this. Issues include how officials dress and communicate.

A victim-centred approach task force is being led by the Cabinet Secretary and the Lord Advocate. Questions being asked include how to involve people with lived experience of trauma, what are training needs in the four stage spectrum, and what are the barriers (e.g. resources).

Superintendent Ann Bell, National Safer Communities Division, Police Scotland

Ann has 25 years experience as a police officer, and sees trauma constantly in her work. She holds a national portfolio of responsibility which includes the National Missing Person Unit, children and young people and mental health and suicide prevention.

She has been on Day 1 of trauma-informed training, and requests are coming in for others to receive this. Two DCIs are going on the Midlothian trauma-informed training course. She follows the principle ‘start where you are and do what you can’.

Between December 2018 and March 2019, working with Ayrshire and Arran Police Division, there were more than 65 trauma awareness sessions arranged. More than 4,500 people attended – not just police.

There is a custody referral process in Ayr, in partnership with the local authority and NHS, whereby if someone has a substance abuse issue, then with their agreement they are referred for treatment. Of 37 so referred in a given period, only 6 reoffended. This is working! The key is getting the right people involved from the beginning.

The Children and Young People’s team within Safer Communities now deliver a 90 minute input on trauma to probationary officers during their initial training at the Scottish Police College. This covers subjects such as ACEs, brain development, SHANARRI indicators,

GIRFEC and how to record young people's vulnerability appropriately. All this precedes police training in legislation relative to dealing with children and young people.

Feedback from probationers following these inputs has been excellent. Two officers have come forward and identified themselves as 'Care' experienced, and want to help others to be recruited from Care.

All police officers are exposed to trauma by virtue of the nature of the role they perform. NES have kindly shared their online training material and we are considering this approach but given the operational commitments faced by the organisation in 2020 opportunities for face-to-face training will be limited.

Police officers are compassionate people – they face an ever increasing demand on them in terms of dealing with mental health issues and trauma in their daily work than people working elsewhere. They have to learn to think carefully before opening their mouth – sometimes you just have to let people express themselves. Then the need is to engage professionally but compassionately, using the stock question – not 'What's wrong with you?' but 'What happened to you and how can I help you?'

Mark Ballard, Director of Strategic Planning and Campaigns, Children 1st

Mark addressed the topic: ***'Bringing Barnahus to Scotland: transforming support for child victims and witnesses of crime'***.

He opened by outlining the potentially very traumatic impact of the justice system on child victims and witnesses, and how the Scandinavian model of the Barnahus (literally 'child's house') demonstrates a way for children's involvement in the justice system in Scotland to be more effective at securing best evidence while reducing children's trauma.

Mark described what child victims and witnesses of crime and abuse tell Children 1st they want:

- Justice - by ensuring they can give their best evidence
- Protection - processes that avoid re-traumatisation
- Support – help to recover that starts at the point of disclosure

However, Scotland's system adversarial cross examination doesn't get the best evidence from children and can be highly traumatic. Some children have told Children 1st that appearing in court was almost as traumatic as the abuse itself. The different processes for health, justice and child protection are not aligned so children end up being shuttled between inconsistent systems that do not put their needs at the centre. Some children report having to tell and retell their stories up to 14 times. Long term support is often delayed until after justice processes are complete, if it is provided at all.

Because of this there is growing interest across Scotland in how we can build on recent steps to protect child victims and witnesses in more serious cases, such as the Vulnerable Witnesses Act 2019, to transform our justice systems treatment of child victims and witnesses. The Scandinavian Barnahus model has been recognised as international best practice in doing this, and the criteria for defining a Barnahus was recently codified in the European Barnahus Standard document. The Barnahus aim to provide all the care and support a child and their family need under one roof. By uniting the care and justice

response, a child's best evidence is captured, without harm and without prejudicing a fair trial.

The Scottish Parliament Justice Committee Stage I Report on the Vulnerable Witnesses Act 2019 found that there was "a compelling case for the implementation of the Barnahus principles in Scotland, as the most appropriate model for taking the evidence of child witnesses". The Scottish Government responded very positively to this and has stated that Barnahus is its intended destination for trauma-free support for child victims and witnesses and has established a process to develop the European standards to ensure they fit the Scottish context.

Dr Alana Davis, Senior Clinical Psychologist, NHS Lothian and Dr Claire Ogilvie, Consultant Clinical Psychologist, NHS Greater Glasgow & Clyde

This joint presentation by Doctors Alana Davis and Claire Ogilvie began with Dr Davis scene setting:

- It is very positive that the Scottish Government are already so far ahead of other countries in their approach to tackling trauma
- They were very pleased to note the link that SG have already explicitly made between criminal justice and ACEs
- They noted the breadth of the criminal justice system (community, secure hospitals, custody suites, courts, prisons), as well as the populations with differing needs (young people, women, short term revolving door offending populations, those with long-term sentences, those on remand)
- Trauma informed principles are broad and cross cutting, so are helpful across all of these settings and highly unlikely to cause harm to any group
- There are many good things happening in prisons at present, but it is not yet co-ordinated

Why trauma-inform the CJS?

Prevalence

- Mental health problems are far more common in prison populations compared to general populations. One of the most comprehensive studies on the prevalence of psychiatric disorders in UK prisoner populations found that up to 90% had mental health difficulties.
- The Scottish Forensic Network Inpatient Census Data study (2019) showed 80.4% patients had experienced one or more ACE, with up to 12 ACEs
 - o 40% physical abuse in childhood
 - o 22% sexual abuse
 - o Higher numbers of ACEs are significantly associated with increased risk of criminal convictions, suicidal and self-injurious behaviour and drug and alcohol problems

Links to offending

- We know from the original ACEs research study that people with more than 4 ACEs are:

x14 times more likely to have been a victim of violence within the last 12 months;
x15 times more likely to have perpetrated violence within the last 12 months;
x20 more likely to have been incarcerated within their lifetime (Scottish Govt quoting figures from original ACE study, 'Understanding Childhood Adversity, Resilience, and Crime', 2018)

- ACEs have been linked to a number of criminogenic factors which explain this link – deprivation, poor educational attainment, mental health problems, poor emotional regulation, use of extreme coping strategies (e.g. drug and alcohol misuse).

Dr Ogilvie picked up the themes. For complex co-morbid difficulties such as those we see within the criminal justice population, there is a need for a systemic approach, and trauma-informing services provides this. This means promoting the principles of Safety, Empowerment, Trust, Collaboration and Choice for both staff and services users with the CJS (Harris & Fallot, 2009). Truly trauma informed environments consider:

- Screening
- Policies
- Availability of interventions
- Service user involvement
- Relationships as key
- Physical environment
- Staff support

Training packages are now available from NES for Levels 1-3 outlined in the Transforming Psychological Trauma document - trauma informed, trauma skilled, and trauma enhanced workers. All Health Boards have Clinical Psychologists acting as NES Transforming Psychological Trauma Implementation Co-ordinators (TPTICs). Their role is:

- Raising awareness
- Promoting and delivering training; skilling up others to deliver
- Delivering Scottish Trauma Informed Leaders Training (STILT)

Research shows that trauma informed working causes positive outcomes, so we have reason to hope this approach would be effective. Examples:

- Reduced restraints and seclusions for youth in secure psychiatric care by 100% over 10 years (Azeem et al 2015)
- Reduced time to discharge (by 39%) for youth in secure care (Greenwald 2012)

- Increased offender responsivity to evidence-based cognitive behavioural programs that reduce criminal risk factors. (Review: Miller & Najavits 2012)
- Reduced trauma symptoms, and increase coping in incarcerated female offenders (King, 2015; Messina 2014)

Finally, Clare observed that, recognising the difficulties of trauma exist across a wide range of settings, she hoped to encourage SG to adopt a Chief Psychological Officer post in the future, to promote trauma informed, and psychologically informed principles more broadly within public health and across Govt policy.

James Doherty, Scottish Violence Reduction Unit

The final speaker was James Doherty of the SVRU, who spoke from his lived experience of multiple ACEs. He remarked that Scotland is brilliant at plans and strategies; but not at delivery.

As a result of his childhood, James had developed complex PTSD. His work at with statutory bodies has led to Adverse Systems Experience.

When children are traumatised, said James, they see it as their own fault. Their self-image becomes one of being a bad person, and of feeling shame.

The Criminal Justice system is well-named he said, because it is criminal. It is never about what happened to you, but always about what you did wrong.

If punishment could cure, he said, his Dad's belt would have cured him by the age of seven. Fear of authority figures, based on childhood experience, simply led to lack of trust. A mistake that is made is that we diagnose people, when we should diagnose relationships.

Kids don't join gangs, he said. They escape to gangs.

At age 11 he discovered cannabis. He didn't know he had PTSD, only the related pain. Cannabis was a profound discovery, thinking 'everybody should be doing this, everybody could then calm down'.

James saw the world as an angry, hostile, dangerous place. He could not regulate his own feelings, but cannabis did this for him. He observed that drug addicts hung about with drug addicts - they did not pick each other, they found each other unconsciously. It is the same, he said, in nurseries.

The happiest children he had ever seen, said James, was in Peru. They were growing up in poverty, but they didn't have poverty in their relationships.

James sees his life mission as preventing victims; but that means understanding perpetrators and rehabilitating them.

He referred to the largest gang rehabilitation project in the world, run in Los Angeles by Greg Boyle, a priest. It provided employment opportunities for former gang members, and recognised the importance of healing. Gang members who are given a job may re-offend,

and gang members who are educated may reoffend; but gang members who are healed will not reoffend. The Criminal Justice system does not heal; health care of the trauma heals.

James shared an extensive set of PowerPoint slides capturing key messages on ACEs and trauma (available on request). He concluded with the following messages:

- Establish Routine Enquiry in a Justice setting
- Raise awareness / psychoeducate prisoners at induction
- Train prison staff on trauma-informed practice at National College
- Work across sectors
- Consider ACEs and Trauma in every situation
- Tackle parental and family risk factors – ACEs rarely happen in a vacuum. Be aware of the intergenerational cycle
- Develop Resilience / Strength-based programmes
- Collect data and advance the science – broaden your ACEs IQ
- Trauma-sensitive environments
- Trauma treated (no one size fits all)
- Rehabilitation and desistance (must work from the premise that people need to heal).
 - “Hurt people hurt people”

Open discussion

Ryan opened the discussion. He said when he speaks about his own experience, he normalises it, despite his 9 ACEs and Care background. You just get on with it” – maybe to his own detriment. In the criminal justice system, one should ask people how they are feeling and ask what happened to the person, rather than saying “there will be consequences”. It wasn’t my parents who were to blame, but the generation before that, before that, before that... it’s about me not normalising it.

Claire commented that some prisons have no treatment for trauma and others do, yet prisoners can be moved from one where they’re receiving treatment to one where there is no treatment.

[JZ] In Cornton Vale Prison, prisoners have widespread experience of sexual abuse. Health in the Scottish Prison Service is now the responsibility of NHS. There is still inadequate service for survivors of abuse, with a comment from the prison: “we are struggling to pay for toilet rolls, which we can’t afford.” I sit on the Integrated Joint Board for Stirling and Clackmannanshire. It has a £3.4m deficit and this makes prioritisation a problem. Alana commented that the Scottish Prison Service has 60 different agencies working in it, but they are doing so in an uncoordinated manner. [JZ] asked “who will die in the meantime?”

Gail Ross then stated that a report came out yesterday. Is there space to slot in the lack of a trauma-informed approach? It may not be enough just to write to Jean (Couper?) and Humza Yousof. Rona Mackay said that we can put something in train. It is worth writing to the Cabinet Secretary and the convenor of the Justice Committee.

James Docherty commented that prisons supply drugs. The cause is ACEs. How do we get them clean and clear of drugs? “You cannae treat trauma if ye dinnae treat the addiction

first...” It’s essential to deal with the addiction first. He commented on the work of Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous and recovery cafes. Rona said she had visited Barlinnie Prison – it is a traumatising place. Anthoulla that what is needed is a systemic approach, tackling the problem from both ends, system change and introducing trauma-informed treatment. She said that a trauma-informed approach in Brazil* had reduced reoffending rates to 7 to 20%. Norway, with a trauma-informed approach, has reoffending at significantly lower than UK rates. People who work in a trauma-informed system are much happier. The body remembers trauma and we must change the system, but Scotland is at least well ahead of England in its prison work. Mark then remarked that Scotland is well ahead of England, but it is not a high bar. We are improving a flawed system, but children should not be in court. The one thing not to do with traumatised people is to put them in Barlinnie.

James asked why judges don’t have a range of options, such as drug rehabilitation, not simply sentencing. Anthoulla commented on her legal experience in the criminal justice system. It is all very process-orientated, yet when a more human approach is taken - she mentioned the example of Robert Scott, whose trauma (PTSD) was successfully treated by WAVE (see Robert’s story – <https://www.youtube.com/watch?v=0e6dbj5OMro&t=1s>).

When trauma is treated, it stops the reoffending – Robert’s is just one of many such stories.

James said that prison is lazy justice. Trauma treatment is hard, re-examining the past. But with the right treatment, it can be very effective. One impact on him was “I never hit my wains”.

Rona commented on the forthcoming ban on smacking in the Scottish Parliament.

Any Other Business:

There was no other business.

Dates of Next Meetings: It was stated that the next meeting would be on Tuesday 18th February. However, this was subsequently altered to **Thursday 5th March** at 6pm.

* https://www.weforum.org/agenda/2018/09/in-these-humane-brazilian-prisons-inmates-hold-the-keys-to-their-cells?utm_source=Facebook+Videos&utm_medium=Facebook+Videos&utm_campaign=Facebook+Video+Blogs&fbclid=IwAR0v-VTqTlqpXQnOZP5P0cyCpKKBqYNY5pZBGjtcVSqHERQulhgcWvdmog

Recidivism ranges between 7% and 20%. The cost to the public purse is one third of that spent in state prisons. No weapons, rebellions or acts of violence have ever been recorded in the system’s history.