

Presentation Notes

Intro slide

This talk is based on a systematic review based on original samples the focus was on men little research on women due to small percentage of research carried out on women. VAWG is an important factor from WHO In one study, from 3–24% of women report that their first sexual experience was forced.

Overall women made up the smallest percentage of the sample but experienced highest levels of exposure to ACEs – Disability and committal of sexual offences is a huge factor needing a dedicated focus and not a main theme of research- Happy to answer questions on this after.

Background of ACEs

The development of the ACE score looks at the dual exposures to ten typologies of abuse (physical, emotional, and sexual neglect (physical and emotional neglect), and household dysfunction (parental mental health problems, parental separation/divorce, parental substance abuse, parental jail/prison history, and violent treatment towards mother/domestic violence) (Baglivio et al, 2015). These 10 ACE exposures are those adopted from the original ACE study by the US Centres for Disease Control and Prevention (2016) (Dong et al. 2004, cited by Wolff et al, 2018).

Research shows that 90% of juvenile offenders in the USA experience some degree of. Further study on child abuse also found that experiencing trauma and abuse during childhood increased the odds of juvenile violent behaviour by more than 200% (Dierkhising et al, 2013 as cited in Fox et al, 2015).

Victim Vs Perpetrator

Therefore, the impact of exposure to ACEs which have violent tendencies result in young people committing SVC.

Social learning theory highlight patterns of learnt behaviour through direct experience or observing the behaviours of others (Bandura, 1971).

The relationship between victimization and offending highlight the victim overlap. This is seen in offenders imitating behaviour such as sexual, violent, or emotional abuse even when witnessed as a victim thereby, learning behaviours through experiencing the abuse themselves agree in their study carried out in a juvenile facility in Florida.

The strongest predictor of SVC offending among the ACEs was having an incarcerated household member, as this more than doubled the odds that a juvenile will become an SVC offender (Fox et al, 2015). The victim becomes the perpetrator

GRIEF BEREAVEMENT TRAUMA

Further statistics show that 80.5% Gang members had someone close to them die and that significant grief, bereavement and trauma is suffered because of the committal of SVC and the trauma of incarceration. The area of violent death, such as homicide, accident, and suicide, is sudden, unexpected, and caused by intentional power.

Complicated grief among those bereaved by violent death is 12,5% to 78,0%. Most often, IN COMPLICATED GRIEF PEOPLE tend to hold on to their loved one and refuse to accept the loss. The tendency to avoid grief is exactly what hinders the healing process and leads to an unresolved grief reaction.

Resulting in comorbid mental disorders, lack of readiness for the death, difficulty in making sense of the death, high level of negative thoughts about self and others, and various social stressors.

The symptoms of unresolved trauma may include, among many others, addictive behaviours, and an inability to deal with conflict, anxiety, confusion, depression or an innate belief that we have no value. The Impact on Relationships

Unresolved trauma can lead to Post Traumatic Stress Disorder (PTSD) is ACEs and up to 30% of justice-involved American youth meet the criteria for PTSD. Which is considered a prerequisite in the development of complicated grief by '*suppressing the ability to normalise the function and processing of grief (of the medial prefrontal cortex and the anterior cingulate cortex, which works at facilitating the normal mourning process*')

ACES lead to increased mental health symptoms and research on ACE scores has shown that individuals with multiple ACEs have more psychological and mental health disorders including depression, anxiety, post-traumatic stress disorder, eating disorders, insomnia, substance abuse, and conduct disorder.

Further to this, the untreated traumatic exposure from committal of offenses, and gang exposure in violent communities result in PTSD, poor behavioural and mental health outcomes.

NEUROPSYCHICAL EFFECTS

Theorists have found that children who have experienced ACEs have a higher risk of developing mental health diagnosis.

Stressful events generated through ACEs may also lead to a heightened neural state causing the brain to leak adrenal steroids, growth hormones, amino acids, and other stress managing chemicals. Which result in an allostatic response this may lead to allostatic overload and release stress-managing chemicals overtime caused by chronic stress such as ongoing childhood abuse. Which may result in destructive physiological and behavioural responses (such as ADHD) leading to early offending

Stress causes inflammation and inflammation is the basis of all disease.

Community Deprivation

Community disadvantage can affect ACE exposure, similarly, the social disorganization theory describes the collapse of community control, and inability to realise common values in disadvantaged neighbourhoods, which lead to criminal values replacing societal norms- we see the formation of gangs and drug dealing used as a way of survival-

There is a clear LACK OF TRUST IN POLICE AND AUTHORITIES- COMMUNITIES HAVING TO FEND FOR THEMSELVES AND SURVIVE

In essence, this theory claimed that delinquency was not caused at an individual level but was a normal response to abnormal social conditions, which was displayed in unrestricted freedom to express their anger and need, often resulting in criminal behaviour (Short, 1972 as cited in Carlin, 2002).

The ideology of “broken society” has been exasperated by inequality advanced by Conservative government overtime. The neo-liberal ideologies of government create social policy resulting in cuts to public services and welfare causing social disorganisation.

Arguably, the creation of social housing estates and the racial inequalities of BAME bias populations interwoven within this have formed the notion of the “welfare ghetto”. This is the reality of our YP living their everyday lives.

Criminality, and youth violence have deep-rooted structural issues such as inequality, poverty, and disadvantage, compounded by cuts, “austerity” measures and punitive justice. The formation of ‘ghettos/ estates’ have contributed to the increase in violence and further marginalisation and dehumanization of communities.

In recent findings statistics in the UK show that a quarter of poor children live in the 10% most deprived local authorities, and the party welfare spokesman for the Liberal Democrats Stephen Lloyd said: “*This report shows for the first time we are creating geographical ghettos of poverty that are trapping a generation of people and their children*’ (Forrester, 2017). Evidently, deprivation and social inequality create social disorganisation and propel young people into criminality because of unfair systems and inequality.

The body of research suggest that high rates of delinquency and crime are amongst young people living in deprived neighbourhoods.

RESPONSE/PREVENTION

Moving towards public health approach which is an early intervention response- looking at the root causes

Creating more advantage/ opportunities in the community

Disease can be prevented- symptoms of diseases – epidemic- worldwide public health issue.

Worldwide some 200 000 homicides occur among youth 10–29 years of age each year, which is 42% of the total number of homicides globally each year.

Homicide is the fourth leading cause of death in people aged 10-29 years, and 84% of these homicides involve male victims.

Trauma informed approach- M/H looks at prevention/ root causes and early intervention

Moving towards more therapeutic approaches- trauma informed practice/ looking at county lines/ gangs as CCE/ CSE.

REFLECTIONS

Using reflective practice/ critical reflection and reflective supervision to support frontline staff process shared trauma through experiences of VAYP.



GIBBS MODEL – Reflective tool

