

UNDERSTANDING THE DEMOGRAPHIC PROFILE AND PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES (ACES) IN A MALE YOUNG OFFENDER POPULATION



Authors: Dr Caroline Wyatt & Kate Vaks; South West Yorkshire Partnership NHS Foundation Trust.



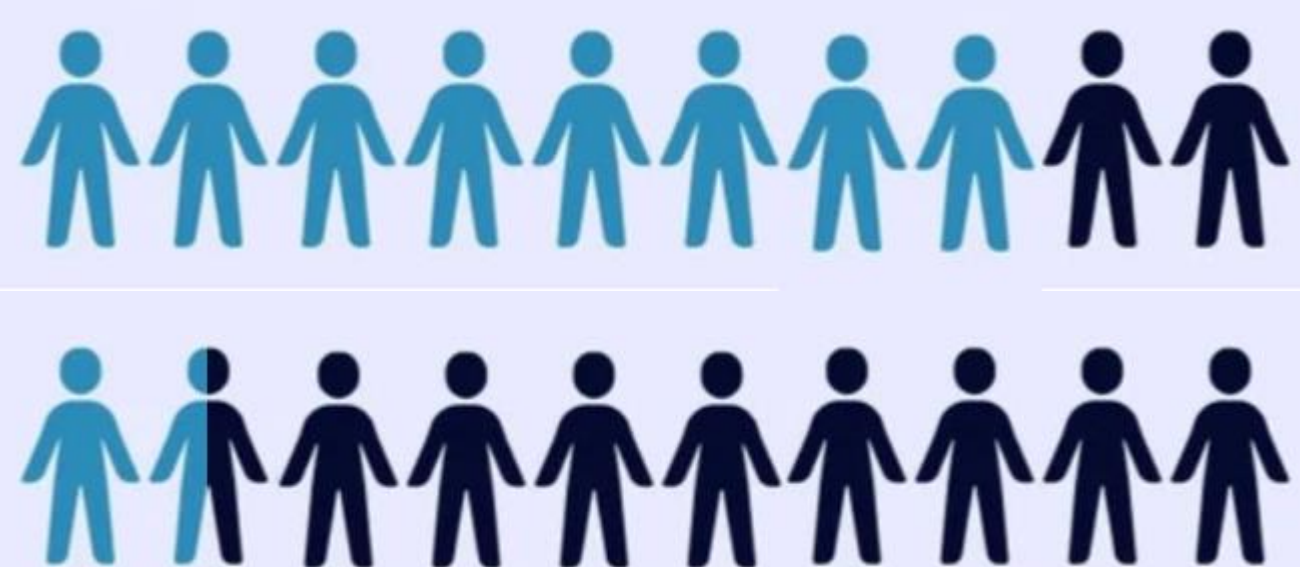
INTRODUCTION

Research suggests that individuals within the youth justice system have experienced a disproportionately high level of childhood adversity (Vaswani, 2018), with exposure to each additional ACE increasing the risk of becoming a 'serious, violent or chronic young offender' by an average of 35% (Fox, Perez, Cass, Baglivio, & Epps, 2015). The impact of other types of adversity not included in standardised Adverse Childhood Experience studies also needs to be considered, including witnessing violence in the community, racial injustice and social deprivation. A recent attempt to map childhood adversity across England identified that the 'ACE index' (the frequency of ACEs at local authority level) was higher in certain regions, particularly the North-East (Lewer et al., 2020).

It is also established that young people from the Global Majority are more likely to be referred into mental health services through social care and justice routes rather than primary care (Edbrooke-Childs & Patalay, 2019). The assumption from this is often that young people from the global majority are less likely to voluntarily engage with mental health services.

When a group of young people in youth custody were asked what they thought research in the setting should focus on, the most frequent response was around their early experiences and what led them to custody.

Figure 1: How many young people have experienced 4+ ACEs in Secure CAMHS, compared to a 2023 meta-analysis (Madigan et al., 2023)



Secure CAMHS caseload

Meta-analysis data

75%

of young people were known or suspected of being criminally or sexually exploited

RESULTS

The average number of ACEs for a young person on the Secure CAMHS caseload was 6 out of 10.

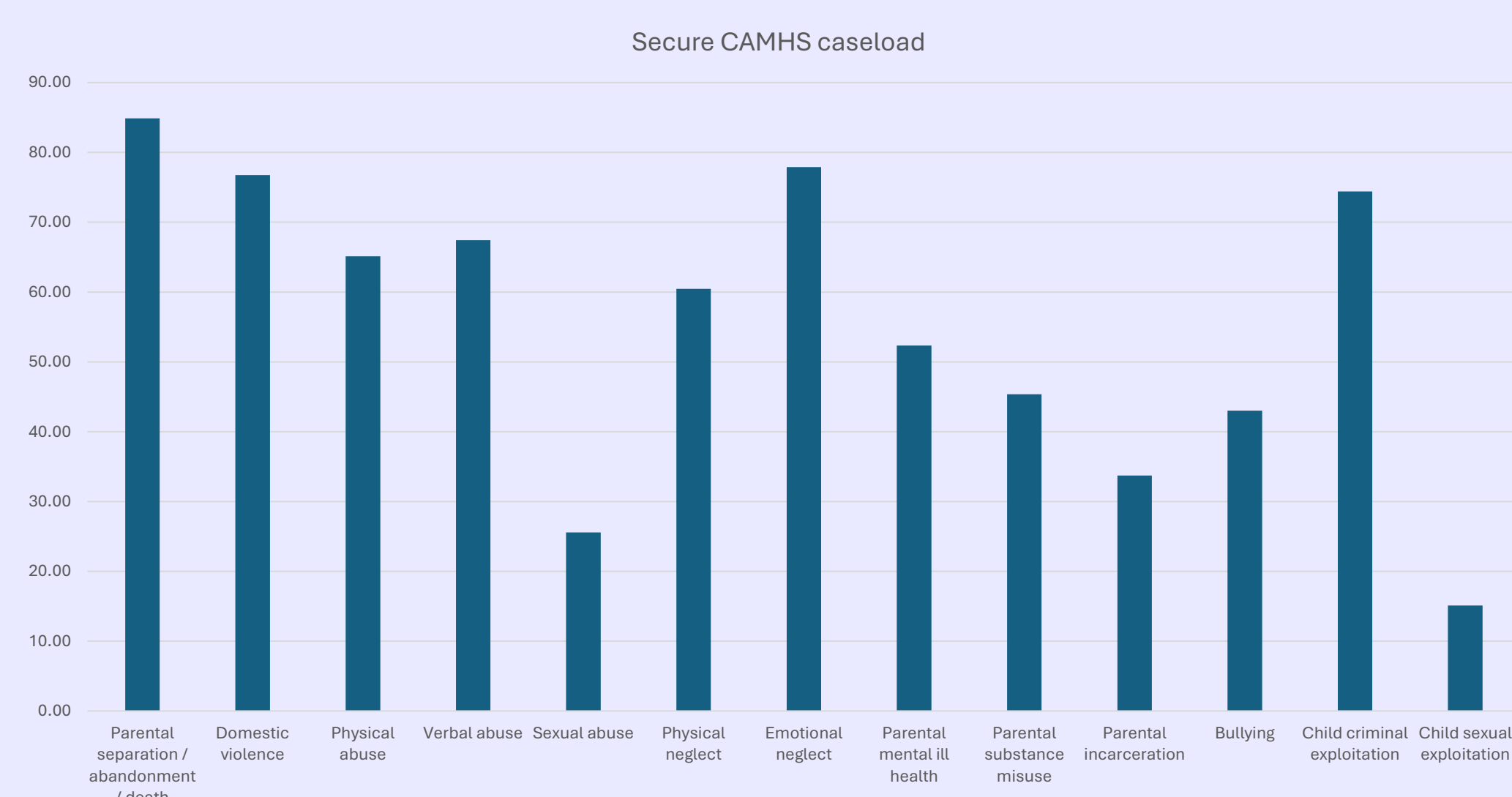
75% of young people are known or suspected to have been criminally or sexually exploited.

Compared to a community CAMHS sample (Edbrooke-Childs et al., 2016), 3.7 times as many young people from the Global Majority accessed Secure CAMHS.

67% of young people were in custody with an index offence that was violent in nature, with a further 12% in custody for sexual offences.

The three most prevalent ACEs recorded were parental separation (85%), emotional neglect (78%) and witnessing domestic violence (77%).

Figure 3: Prevalence of individual ACEs (percentage of caseload)



REFERENCES

Edbrooke-Childs, J., Newman, R., Fleming, I., Deighton, J., & Wolpert, M. (2016). The association between ethnicity and care pathway for children with emotional problems in routinely collected child and adolescence mental health services data. *European Child Adolesc Psychiatry*, 25(5), 539-546.

Fox, B., Perez, N., Cass, E., Baglivio, M., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse & Neglect*, 46, 163-173.

Lewer, D., King, E., Bramley, G., Fitzpatrick, S., Treanor, M., Maguire, N., Bullock, M., Hayward, A., & Story, A. (2020). The ACE Index: mapping childhood adversity in England. *Journal of Public Health*, 42(4), e487-e495.

Madigan, S., et al. (2023). Adverse childhood experiences: a meta-analysis of prevalence and moderators among half a million adults in 206 studies. *World Psychiatry*, 22(3), 463-471.

Vaswani, N., (2018). Adverse Childhood Experiences in children at high risk of harm to others. A gendered perspective. *Centre for Youth & Criminal Justice*.

OBJECTIVE

This service evaluation project seeks to explore the prevalence of Adverse Childhood Experiences (ACEs) within the caseload of the Child and Adolescent Mental Health Services (CAMHS) at a Young Offenders Institution. This will allow us to better understand how these experiences may be influencing the mental health needs of young people under our care. By examining this link we aim to inform future clinical practice and policy, with the aim of introducing ACE screening as a routine part of mental health assessments. This will allow us to consider the tailoring of interventions to support healing from specific early experiences, leading to improved outcomes for the young people we serve.

Given that CAMHS within the secure estate is not a mandated service, this service evaluation also provides an opportunity to understand the voluntary engagement of young people from the global majority.

METHODOLOGY

A snapshot of the CAMHS caseload was taken; each young person was screened for ACEs using a standard ACEs questionnaire. This was completed either by their lead clinician (n=46) or through a retrospective review of clinical records (n=42). Data was anonymised at the point of collection.

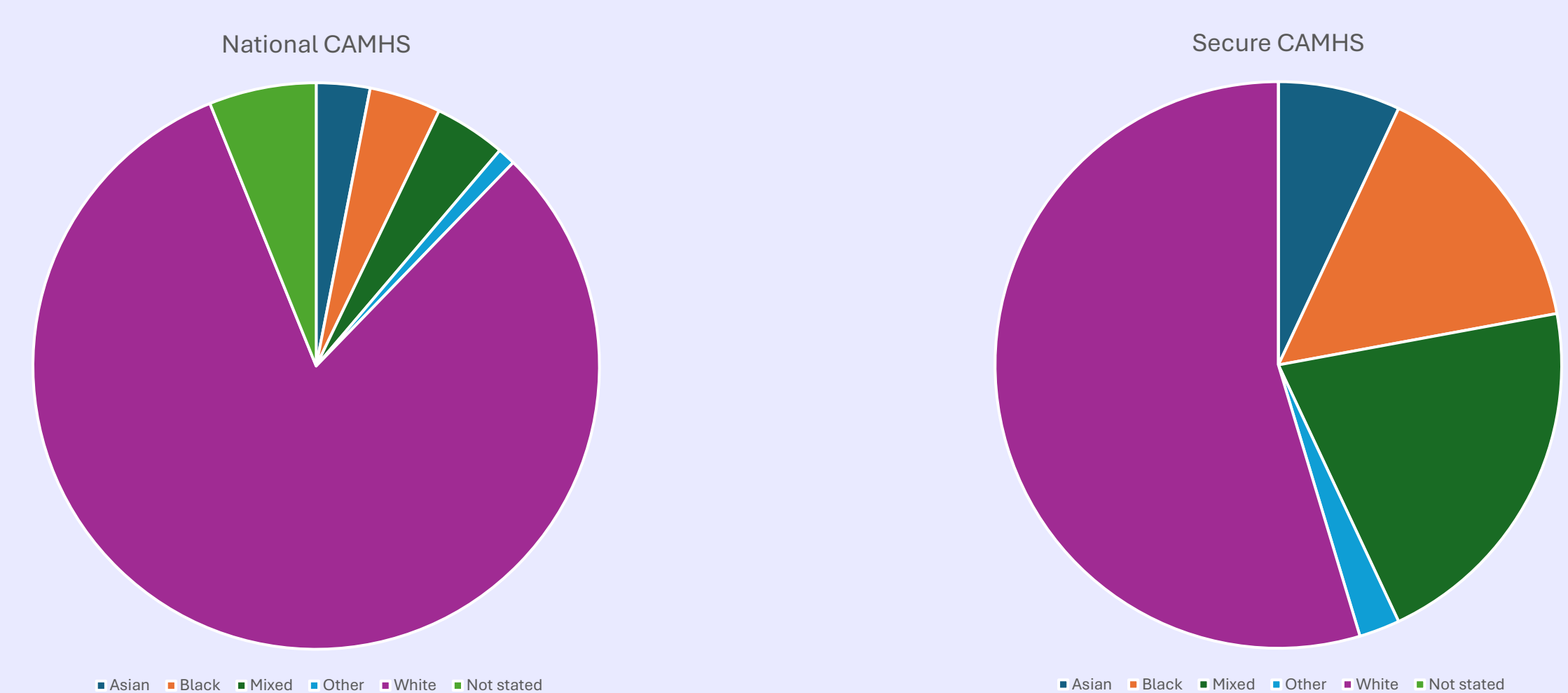
88 young people were on the CAMHS caseload at the time of this snapshot; 2 were not included in the analysis due to lack of information about their early life.

Both **known ACEs** (those directly disclosed by the young person or in their records) and **suspected ACEs** (based on clinical judgment and available information) were documented.

Descriptive statistics and basic statistical analysis was completed on the resulting data (n=86).

Alongside the standard ACE questionnaire, data was gathered about the incidence of Child Criminal Exploitation and Child Sexual Exploitation. These figures are reported separately.

Figure 2: Breakdown of caseload by ethnicity; Secure CAMHS vs. a community sample (Edbrooke-Childs et al., 2016)



CONCLUSIONS AND NEXT STEPS

This is a small-scale service evaluation and had several limitations. The method of data collection is likely to have led to bias (either through over- or under-estimation by professionals), and the ACE-10 survey used routinely within research misses several areas of adverse childhood experiences which are known to be pervasive within the youth justice system; namely witnessing community violence, experiencing the Looked After system, and experiencing racial trauma. This is particularly relevant given the high proportion of GEM young people accessing CAMHS within the YOI setting (reflective of the over-representation of people from GEM communities within custodial settings). This also challenges the narrative that GEM young people only engage with CAMHS when this is mandated through social care or justice routes.

The Secure CAMHS service is planning to introduce an ACEs questionnaire into the assessment process, to support routine enquiry and to build a clearer picture of the early life events of the young people in our care. This will allow more targeted trauma-focussed interventions where appropriate, and support in understanding the young people's relational patterns.

It is hoped that through this process we will also develop a substantial dataset which can be used for future research. Areas of particular interest include correlations between ACEs and: physical health; violence within the custodial environment; social deprivation indexes, and exploration of how positive childhood experiences may mitigate the impact of ACEs.