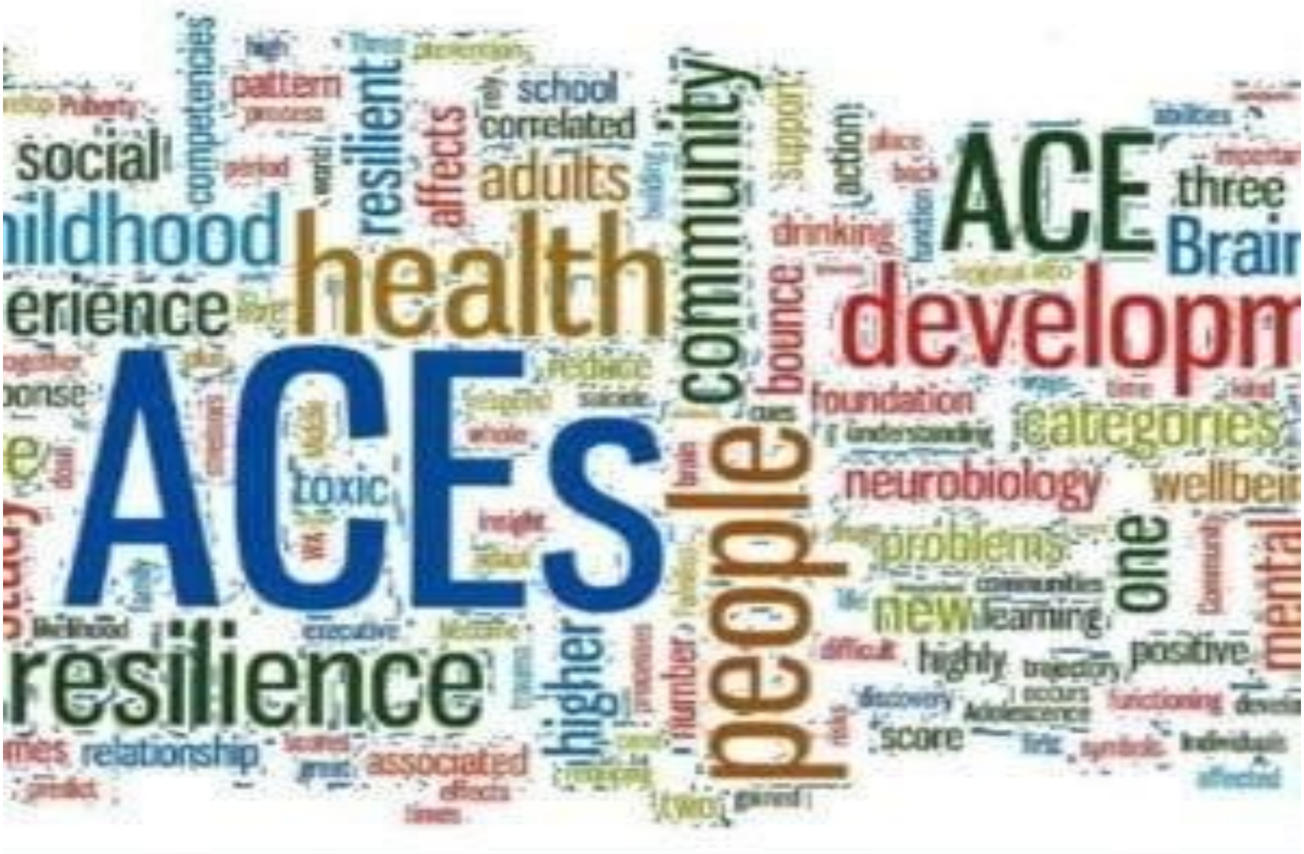
Adverse Childhood Experiences and Domestic Abuse Perpetrators



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1. INTRODUCTION

This paper aims to encourage Local Authorities, Police Forces, Mayors, Metro Mayors and Commissioners to consider the dangers and risk attached to using Adverse Childhood Experiences (ACES) to understand, rationalise or explain why an individual may use violence, abuse and control against their intimate partner, ex-partner, or close relative.

There has been an increase in the narrative around ACES, specifically in relation to Domestic Abuse Perpetrators. It has become an accepted explanation for the behaviour of perpetrators of domestic abuse and has been favoured when commissioning service providers who deliver perpetrator intervention programmes 'based on ACES' or used to underpin Merseyside's strategic choices and actions in response to domestic abuse.

I believe the narrative around ACES in relation to perpetrators of domestic abuse is misguided and dangerous and this paper will set out my rationale for that belief.

2. ACE STUDY: BACKGROUND

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse, neglect and household challenges and the links to later-life health and well-being issues.
The ACE Study had its origins in an obesity clinic in San Diego. In 1985 Dr. Vincent Felitti who was the physician and chief of Kaiser Permanente's Department of Preventive Medicine in San Diego was trying to understand why each year for the previous five years more than half of the people in his obesity clinic had dropped out at a time when they had all been losing weight successfully.

Of the 286 people interviewed, it transpired that most had been sexually abused prior to their 18th birthday and some were under 5yrs old when the sexual abuse began. One woman disclosed that in the year following being raped she gained 105 pounds. Dr Felitti realised the people he was interviewing, who were between 100 - 400 pounds overweight, didn't see their weight as a problem. To them, eating was a fix, a solution. Eating soothed their anxiety, fear, anger, or depression – it worked like alcohol, tobacco or methamphetamines. Not eating and/or losing weight increased their anxiety, depression, and fear to levels that were intolerable.

Once the connection had been made between adult obesity and childhood trauma the study was extended to include additional questions covering abuse and neglect. Dr Felitti extended the study to include 17,337 private members of Kaiser Permanente's San Diego Care Programme who all completed two confidential surveys regarding their childhood experiences and current health status and behaviours.

The survey findings revealed that adverse experiences in childhood were very common and uncovered a link between childhood experiences of neglect, abuse or trauma with chronic diseases such as; heart disease, lung cancer, diabetes, many autoimmune diseases, depression, violence, being a victim of violence, and suicide. As well as links to social and emotional problems in adulthood. **NB:** The survey findings also showed that as many white middle-class Americans had experienced neglect or trauma or abuse as Americans of Colour or working-class Americans. This evidences that assumptions cannot be made that one demographic experiencing Adverse Childhood Experiences more than another.

3. IDENTIFYING ACES

The 17,337 participants were asked to complete these two questionnaires;
Family Health History Questionnaire: Male Version pdf icon[183KB] / Female Versionpdf icon[PDF 196KB]
Health Appraisal Questionnaire: Male Versionpdf icon[PDF 208KB] / Female Versionpdf icon[PDF 109KB]

Dr Felitti and his team grouped various experiences or situations that could result in childhood trauma into 10 specific types of abuse, neglect, and household challenges. A scoring system was devised to measure how many of the 10 types an individual had experienced *up to their 18th birthday*. Each type of trauma counts as one point resulting in participants ending up with an **ACE score of 0 to 10**. It is one point per trauma no matter if you experienced it once or repeatedly every day over many years.

4. ACE DEFINITIONS

ABUSE

- **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
- **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
- **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

HOUSEHOLD CHALLENGES

- **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
- **Substance abuse in the household:** A household member was a problem drinker or alcoholic or a household member used street drugs.
- **Mental illness in the household:** A household member was depressed or mentally ill or a household member attempted suicide.
- **Parental separation or divorce:** Your parents were ever separated or divorced.
- **Incarcerated household member:** A household member went to prison.

NEGLECT

- **Emotional neglect:** Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.
- **Physical neglect:** There was someone to take care of you, protect you, and take you to the doctor if you needed it, you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes.

5. ACE SCORING

As referenced in section 3 (Identifying ACES) I have concerns over assumptions being made by the Statutory Sector that male perpetrators of abuse have experienced ACES and are using that unproven 'fact' to underpin decisions regarding the response and offer being made to male perpetrators.

As far as I am aware no known or suspected male perpetrators are being tested or scored for ACES and even if they were, the ACE scoring is problematic because it doesn't measure any Positive Childhood Experiences (PCE) which would counter or lessen the impact of the trauma experienced.

This position is shared by Robert F. Anda, MD, MS Laura E. Porter, BA, David W. Brown, DSc, MSc PH, MSc as highlighted in the extract below from their paper published in the American Journal of Preventative Medicine, March 25, 2020: [Inside the Adverse Childhood Experience Score: Strengths, Limitations, and Misapplications - American Journal of Preventive Medicine (ajpmonline.org)]

INSIDE THE ADVERSE CHILDHOOD EXPERIENCE SCORE
The ACE study, a collaborative effort between the U.S. Centres for Disease Control and Prevention and Kaiser Permanente to examine the relationships among 10 childhood stressors and a variety of health and social problems, has demonstrated how abuse, neglect, witnessing domestic violence, and childhood exposure to household dysfunctions are common and highly inter-related. This inter-relatedness led the investigators to develop the ACE score, an integer count of 10 adverse experiences during childhood (range, 0–10), which has repeatedly demonstrated a strong, graded, dose-response relationship to numerous health and social outcomes (e.g., mental illness, illicit drug use, suicide risk, and risk for chronic diseases).

ACE score use has expanded to most states in the U.S. via the Centres for Disease Control and Prevention–supported Behavioural Risk Factor Surveillance System and internationally through the efforts of WHO.

The findings from these applications are similar to those of the ACE study and have raised awareness of the childhood origins of public health problems for policymakers and legislators. ***However, the questions from the ACE study cannot fully assess the frequency, intensity, or chronicity of exposure to an ACE or account for sex differences or differences in the timing of exposure. For example, 2 people, each having an ACE score of 4, may have different lifetime exposures, timing of exposures (during sensitive developmental periods), or positive experiences or protective factors that affect the biology of stress.***

A person with an ACE score of 1 may have experienced intense, chronic, and unrelenting exposure to a single type of abuse, whereas another person who has experienced low-level exposure (intensity, frequency, and chronicity) to multiple adversities will have a higher ACE score. As a result, projecting the risk of health or social outcomes based on any individual's ACE score by applying grouped (or average) risk observed in epidemiologic studies can lead to significant underestimation or overestimation of actual risk; thus, the ACE score is not suitable for screening individuals and assigning risk for use in decision making about need for services or treatment. Researchers are actively working to modify, improve, and expand the set of questions developed for the ACE study in the 1990s, and it is worth noting that as knowledge and methods expand, so may applications.

6. FINDINGS FROM THE ORIGINAL ACE STUDY

- ACES can have lasting, negative effects on health, well-being, as well as life opportunities such as education and job potential.
- ACES can increase the risks of injury, sexually transmitted infections and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.
- ACES and associated social determinants of health, such as living in under-resourced or racially segregated neighbourhoods, frequently moving, and experiencing food insecurity can cause toxic stress (extended or prolonged stress).
- Toxic stress and/or trauma from ACES can change brain development in babies affecting such things as attention, memory, decision-making, learning, and response to perceived or real threats and stress.
- Children growing up with toxic stress and/or childhood trauma may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life.
- The effects of ACES can also be passed on to their own children. Some children may face further exposure to toxic stress from historical and ongoing traumas or intergenerational trauma due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.

6.1 FIND OUT YOUR PERSONAL ACE SCORE

For each "yes" answer, score 1. The total number at the end is your cumulative number of ACES.

QUESTION: Before your 18th birthday…	YES or NO	SCORE
Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you or Act in a way that made you afraid that you might be physically hurt?		
Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?		
Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way or attempt or actually have oral, anal, or vaginal intercourse with you?		
Did you often or very often feel that … No one in your family loved you or thought you were important or special or Your family didn't look out for each other, feel close to each other, or support each other?		
Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
Were your parents ever separated or divorced?		
Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?		
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?		
Was a household member depressed or mentally ill, or did a household member attempt suicide?		
Did a household member go to prison?		

Source: NPR, ACESTooHigh.com. This ACES Quiz is a variation on the questions asked in the original ACES study conducted by CDC researchers.

7. THE RISKS OF LINKING ACES TO DOMESTIC ABUSE PERPETRATORS

Clearly there is a significant link between childhood trauma, neglect, toxic stress and brain development which impacts and effects some physical, psychological, and behavioural issues in adulthood; I am not questioning that nor am I questioning the study itself or the findings.

What I am questioning, and I am concerned about is how ACES have become an integral part of the narrative around male perpetrators. They have been used to explain increases in levels of domestic abuse or to underpin perpetrator programmes or to 'understand' why some people are abusive or violent.

There is nothing in the study that specifically connects perpetrators of domestic abuse to ACES and by creating policy, procedures, practice and understanding based on ACES is, at best, a misguided interpretation and at worst it creates an unsafe narrative leading to unsafe practice.

7.1 POINTS FOR CONSIDERATION

- Appendix 1 shows that from the 17,337 participants a higher number of females experience 3, 4 or more ACES than males. Given that more females are victims of domestic abuse than males and being a victim of violence is also mentioned as one of the consequences of ACES, it begs the question, **why *are ACES not used when commissioning services or underpinning the statutory sector response to female victims?***
- It is important to remember that the ACE score is meant as a guideline to gain knowledge and understanding of an individual's experience up to the age of 18 years to be able to work with them appropriately and effectively.
- ACES don't have a single cause, and they can take several different forms. Many other factors that contribute or affect the impact of ACES which are not factored into a persons' score including, genes, personality, resilience, cognition, coping strategies, position and role in the family structure, parenting styles, family environment and any community involvement
- To prevent ACES and protect children from neglect, abuse, and violence it is essential to address each of these factors on a community / societal level. ***Are ACES being incorporated in discussions across all departments of the statutory sector to underpin policy, procedure, practice, and commissioning?*** If not, why not given the size of the impact of ACES socially and financially?
- The accepted and most effective way to counter ACES is to provide Trauma Informed services. Ensuring all services and practitioners understand and practice Trauma Informed Support which is reflected in their policy, procedures and practice. ***Are the Statutory Sector embedding trauma informed services, care and support consistently across all direct work in, Social Care, Education, Criminal Justice System, NHS in order to identify and respond to individuals with ACES?***
- The importance of identifying and addressing the risk of ACES as early as possibly in a child's life is a widely accepted belief. Experts in this area are agreed that Trauma Informed services, care, treatment, and support are the most effective and successful response to childhood trauma and neglect. However, the leading organisation of children's safeguarding, Children's Social Care, do not include understanding Trauma or Trauma Informed Support or Domestic Abuse as mandatory elements on any of the Social Workers degree courses on offer. **How can Social Workers be expected to respond appropriately to ACES or domestic abuse?**

- ACE scores don't include or tally the **Positive Childhood Experiences (PCEs)** in early life that can help build resilience and protect a child from the effects of trauma. Having a grandparent who loves you, a teacher who understands and believes in you, or a trusted friend you can confide in may mitigate the long-term effects of early trauma. Therefore, we are in danger of attributing ACES to someone who may have had more PCEs than ACES giving us a skewed assessment of the individual's experience.

- The study findings link ACES to being a violent adult or a victim of violence; no gender is attached to this finding. Worldwide most victims of domestic abuse and sexual violence are female, and most perpetrators are male. It is challenging to understand what we can learn from the ACE study in terms of domestic abuse perpetrators, other than statistically some perpetrators will have ACES in their early years and adolescence. In the same way that statistically some domestic abuse perpetrators will have negative anger issues, but we know that domestic abuse is not motivated by anger, so using the techniques used in anger management would be counterproductive in response to perpetrators and the reason why perpetrator programmes are not simply anger management programmes.

7.2 ACES AND CRIME

It is widely accepted that arrested brain development during infancy and early years caused by excessive toxic stress, neglect or trauma can significantly affect an individuals decision making, consequential thought and levels of empathy.

An Extract from the study; What Can Help? Examining Levels of Substance (Non)use as a Protective Factor in the Effect of ACES on Crime - Jessica M. Craig, Jonathan Intravia, Kevin T. Wolff, Michael T. Baglivio, 2019 (sagepub.com)

Under the heading of with regards to ACES and criminal activity, the study states:

> Studies have investigated potential moderators in the impact of ACES on different adverse outcomes (Logan-Greene, Green, Nurius, & Longhi, 2014; Mersky, Topitzes, & Reynolds, 2013; Nurius, Logan-Greene, & Green, 2012). For instance, using a population-based survey sample from Washington State, Nurius, Logan-Greene, and Green (2012) found that ***having socioemotional support decreased the positive relationship between ACES and poor mental health***, even after controlling for demographics and socioeconomic status (SES). Using the same sample, ***a subsequent study reported that sleep quality and overall life satisfaction also moderated the relationship between ACES and poor physical/mental health*** (Logan-Greene et al., 2014). Finally, Flouri, Buchanan, Tan, Griggs, and Attar-Schwartz (2010) reported that ***feeling close to one's grandparents moderated the association between early stressful life events (which included some ACE measures) and general psychopathology including conduct problems.***

8. CONCULSION

There is no question that childhood trauma, adverse childhood experiences and toxic stress impacts on an individual's life experience in both the short and long term. It is understood and accepted by the majority in many sectors that negative traumatic experiences have links to a wide range of physical, social, emotional, and behavioural issues in adulthood.

My concerns are with the Statutory Sector assuming that all, or the majority of, male perpetrators have ACES in their history which explains their abusive, controlling, and violent behaviour. Even if Merseyside Police were scoring every known or suspected perpetrator it is a crude system and does not account for any Positive Childhood Experiences (PCEs) to counter their trauma. Thus, even if it was being used, it is not a reliable system and should only be used in specific circumstances in relation to an individual's health issues and outcomes.

Domestic Abuse is a targeted form of abuse and violence where one person holds all the power and control over another. Their actions are motivated by their beliefs and values, one of which is that they are entitled to hold the power and control.

Unless and until we recognise that perpetrators are making a choice about their actions and take personal responsibility for it, we have little chance of success in changing misogynistic attitudes which underpin the many various abuses and violence against women.

I have found no part of the original study or associated papers/articles that specifically conflates being a male domestic abuse perpetrator and an individual's experience of ACES. I believe that making that assumption creates a misleading and dangerous narrative around perpetrators.

The only safe and effective response to perpetrators of domestic abuse is to use tried and tested behaviour change models that challenge an individual's beliefs and values i.e. The Duluth model.

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APPENDIX 1:

PARTICIPANT DEMOGRAPHICS & PREVELANCE OF ACES

DEMOGRAPHIC INFORMATION	
Gender	
Female	54.0%
Male	46.0%
Race/Ethnicity	
White	74.8%
Black	4.5%
Asian/Pacific Islander	7.2%
Other	2.3%
Hispanic	11.2%
Age (years)	
19-29	5.3%
30-39	9.8%
40-49	18.6%
50-59	19.9%
60 and over	46.4%
Education	
Not High School Graduate	7.2%
High School Graduate	17.6%
Some College	35.9%
College Graduate or Higher	39.3%

PREVALENCE OF ACES BY CATEGORY			
ACE Category	**Women**	**Men**	**Total**
	9,367	7,970	17,337
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Substance Abuse	29.5%	23.8%	26.9%
Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect	16.7%	12.4%	14.8%
Physical Neglect	9.2%	10.7%	9.9%

ACE SCORE PREVALENCE			
Number of Adverse Childhood Experiences (ACE Score)	**Women** 9,367	**Men** 7,970	**Total** 17,337
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

NB: *The majority of participants who experienced 3, 4 or more ACES were FEMALE*

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