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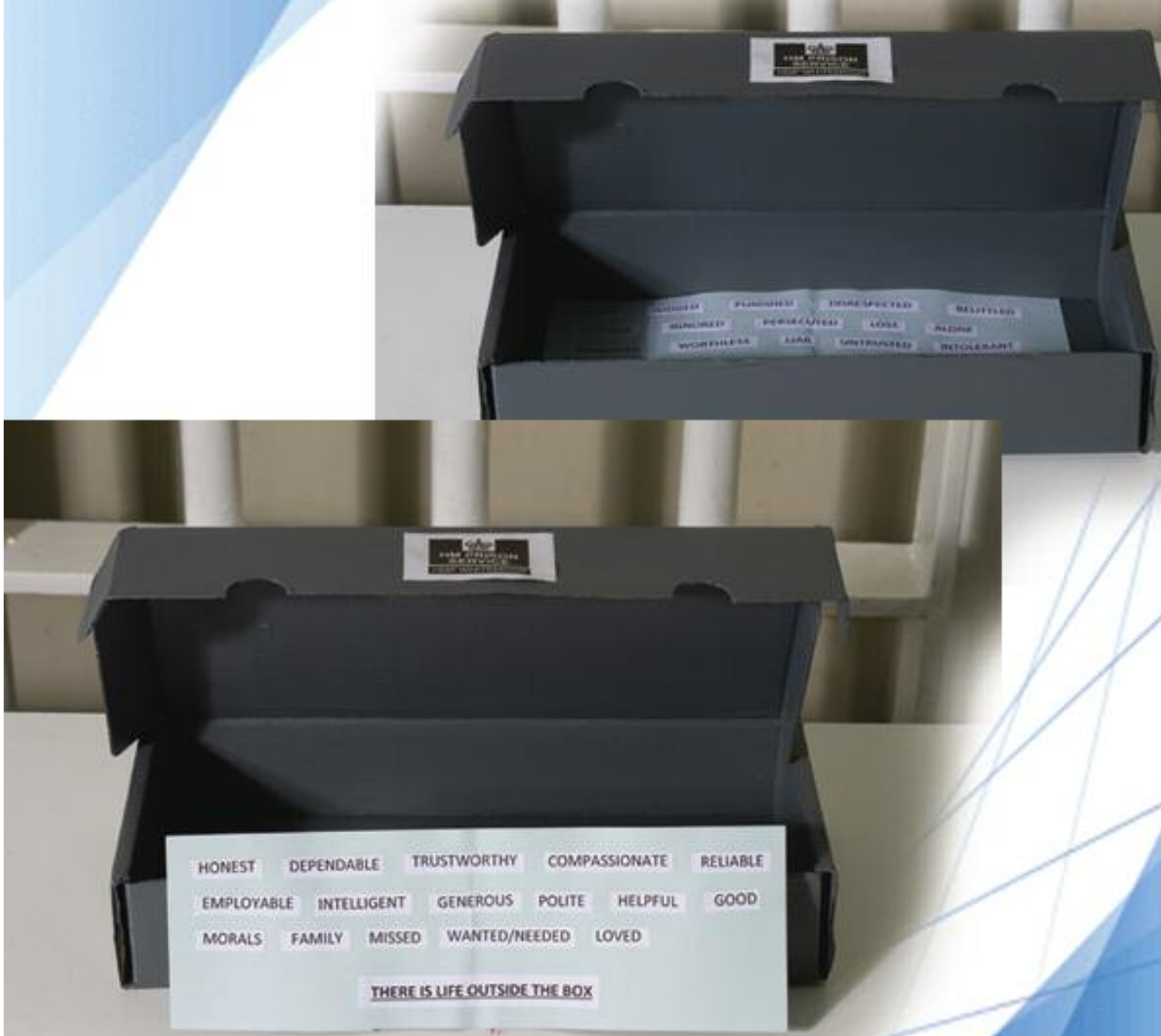

Towards ACE-Aware, trauma responsive penal policy and practice

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This article discusses the role of poverty and deprivation in the production of criminality. It argues that penal policy and practice must become aware of the impact of Adverse-Childhood Experiences (ACEs) and trauma-responsive as a matter of urgency. Unless and until and all the various actors involved in crime prevention, prosecution, punishment and rehabilitation get to grips with the debilitating life-long impact of developmental trauma and the adverse experience of class, little in the way of lasting positive change can be expected of traumatised offenders. Involvement in criminality is just one of many symptoms of interpersonal trauma and social exclusion. Wounded people with offending behaviour need to acquire a felt sense of safety in their own bodies and learn to regulate their emotions in healthy ways. If they are not assisted to heal, to locate their real, authentic selves underneath their maladaptive coping strategies, to take joy in human relationships and find purpose in the world, further criminality is a virtual certainty.

Producing criminals: the adverse experience of class

'Spirit, are they yours?' Scrooge could say no more.

'They are Man's,' said the Spirit, looking down upon them. 'And they cling to me, appealing from their fathers. This boy is Ignorance. This girl is Want. Beware them both, and all of their degree, but most of all beware this boy, for on his brow I see that written which is Doom, unless the writing be erased. Deny it!' cried the Spirit, stretching out its hand towards the city. 'Slander those who tell it ye. Admit it for your factious purposes, and make it worse. And abide the end.'

'Have they no refuge or resource?' cried Scrooge.

'Are there no prisons?' said the Spirit, turning on him for the last time with his own words. 'Are there no workhouses?'[1]

Prisons are disproportionately populated by poor people, many of whom are excluded from mainstream society and employment opportunities. They are typically born into dysfunctional families where they experience ineffectual or destructive parenting. Upon the expiration of their sentence they usually return to the same poor, fractured places from which they originated. Prisoners now, as in the past, could largely be described as belonging to the idle poor. They tend to originate from deprived urban communities characterised by social disorganisation,[2] low social capital, weak social networks[3] and diminished 'collective efficacy'.[4] Shaw and McKay argued that structural/ecological factors, that is low economic class, ethnic diversity and residential mobility had a negative impact on community social organisation, which had a knock-on effect on crime.[5]

In summarising the Glueck's findings in their 1950 *Unravelling Juvenile Delinquency,* Lukas stated that the

1. Dickens, C. A Christmas Carol (1843), Stave 3: The Second of Three Spirits, available at http://www.stormfax.com/3dickens.htm
2. Shaw, C. & McKay, H. (1942), Juvenile Delinquency and Urban Areas. Chicago, University of Chicago Press; Sampson, R. & Groves, W. (1989) Community Structures and Crime: Testing social-disorganization theory, American Journal of Sociology 94(4), 774-802.
3. Clear, T. (2007) Imprisoning Communities. New York, Oxford University Press.
4. See Sampson, R. Raudenbush, S. & Earls, F. (1997) Neighborhoods and violent crime: A multilevel study of collective efficacy. Science 277: 918-24. At 918 the authors define collective efficacy as "the social cohesion among neighbors combined with their willingness to intervene on behalf of the common good".
5. Shaw, C. & McKay, H. (1942), Juvenile Delinquency and Urban Areas. Chicago, University of Chicago Press.

delinquent boys 'are products of homes of little understanding, affection, and stability, in which the parents are usually unfit to serve as examples for their children.'[6] As regards the cognitive and attitudinal attributes of the 500 delinquent boys as compared to the 500 non-delinquent controls in their Boston longitudinal study, the Gluecks found that temperamentally the delinquents were more energetic, impulsive, extroverted, aggressive and destructive than the non-delinquents, while their attitudes were more adventurous, unconventional, stubborn, hostile and suspicious.[7]

More than half of the interviewees in Maruna's Liverpool Desistance Study (in which he investigated the factors that supported the cessation of offending and the maintenance of a conventional, pro-social life over time) came from single parent families. Over a third had experienced severe childhood neglect or abuse and roughly a quarter were placed in care due to familial abuse or dysfunction.[8] Eighty per cent of Maruna's interviewees came from an area considered dangerous or bad, 75 per cent reported that their parents had been unemployed, sporadically employed, or employed as unskilled labourers and two thirds left school without any qualifications. Ninety-two percent of interviewees grew up in Liverpool, which had a male unemployment rate of 21 per cent in 1991. The average age of arrest ('age of onset' of criminality' was 15 years old for the 30 people who classified themselves as desisters, and 14 years old for the 20 active offenders. The majority of Maruna's research participants reported that their teenage friends regularly engaged in crime and at the peak of their own criminal activity people confessed they committed crime daily, or at least weekly. Almost all admitted to frequent drug use and some point in their lives, and two thirds reported having been addicted to alcohol or drugs. However, almost all interviewees reported that they had become involved in crime before trying cocaine, heroin or other hard-core drugs, so addiction could not be put down as the main pathway into crime.[9]

In the Cambridge Study, a rigorous ongoing longitudinal criminal careers research project using interviews, self-report surveys and police reports to shed light on the trajectories of 411 boys who were 8 years old when the study commenced in the 1960s, the boys all came from a working class part of London. Ninety per cent of the original boys were re-interviewed at the age of 48 and 93 per cent of this number admitted to having committed at least one crime during their lives. Forty one per cent had at least one conviction.[10] The research findings show that behavioural problems in childhood preceded antisocial behaviour and offending as adults.[11] The children who were at the greatest risk of offending had lax parental supervision, impulsive personalities and low educational attainment, experienced deprivation and had a family member involved in criminality. According to Farrington, offending behaviour is an element of 'a larger syndrome of antisocial behaviour' starting in childhood and continuing throughout the person's adult life.[12]

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People who commit crimes typically leave school early, have little or no work history as adults and are dependent on the State for their income by way of welfare entitlements. According to O'Mahony's 1997 study of the social background of prisoners in Mountjoy prison in Dublin, 56 per cent of all prisoners came from 6 economically deprived areas of Dublin.[13] Almost 80 per cent of those in the study had left school before they turned 16 and the majority came from households

6. See Anthony Lukas, J. (1952), Gluecks' Study of 500 Juvenile Delinquents Determines Root Causes of Criminal Behavior. *The Harvard Crimson* available at http://www.thecrimson.com/article/1952/4/11/gluecks-study-of-500-juvenile-delinquents/?page=2 (accessed 25 April 2019)
7. Glueck, S. & Glueck, E. (1950) Unraveling Juvenile Delinquency. New York, The Commonwealth Fund.
8. Maruna, S. (2001) Making Good: How Ex-Convicts Reform and Rebuild Their Lives. Washington DC, American Psychological Association.
9. Ibid.
10. Farrington, D., Coid, J., Harnett, I., Jolliffe, D., Soteriou, N., Turner, R. & West, D. (2006) Criminal Careers Up to Age 50 and Life Success Up to Age 48: New Findings from the Cambridge Study in Delinquent Development Home Office: London, 2006.
11. Healy, D. (2012) The Dynamics of Desistance: Charting Pathways through Change. Routledge: London & New York, 2.
12. Farrington, D. Human Development and Criminal Careers (1997) in Maguire, M., Morgan R. & Reiner R. (eds), Oxford Handbook of Criminology. (2nd edn) Oxford University Press: Oxford, 362.
13. O'Mahony, P. (1998) Punishing Poverty and Personal Adversity in Bacik I. & O'Connell M. eds. Crime and Poverty in Ireland. Round Hall Sweet and Maxwell: Dublin, 49–67, 55.

where there was low parental employment and personal employment, and high levels of personal heroin use.[14] In Rex's doctoral research into the rehabilitative quality of probation supervision, of the 60 Probationers interviewed, over a third (24) of the sample experienced difficulties in three of the following areas: accommodation, money/debt, addiction to drugs or alcohol, mental health and relationships.[15]

Browning and Loeber found that the higher the number of risk factors, the more likely it was that a person would commit crimes. Risk factors included structural factors such as parental unemployment and general deprivation, family dynamics such as inadequate parental supervision, and personal characteristics relating to gender, hyperactivity and IQ. [16] Flood-Page et al surveyed almost 5,000 boys and young men, aged between 12 and 30 and found that the absence of pro-social bonds, difficulties in school and drug use were the most significant risk factors for offending behaviour in males.[17] The more risk factors that a person had, the greater the risk of antisocial behaviour and criminality. Half of the survey respondents who experienced four or more risk factors were persistent or serious offenders.

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Visher and Farrell report that in excess of 50 per cent of those leaving prison in Chicago return to just 7 out of 77 neighbourhoods, which are poorer that other areas of the city, have higher general crime rates and more than double the number of female-headed households.18 According to Sampson et al, communities that experience a high concentration of imprisonment are places where 'a number of social problems tend to come bundled together … including, but not limited to, crime, adolescent delinquency, social and physical disorder, low birth weight, infant mortality, school dropout, and child mistreatment'.[19] Clear's study of 'concentrated incarceration' shows how residential stability is undermined through perpetual enforced movement out of and back into certain deprived areas. He describes how imprisonment in America acts to compound striking racial inequalities and describe incarceration policy 'as a concentrated social force'.[20] Clear states:

> Incarceration can operate as a kind of 'coercive mobility', destabilizing neighborhoods by increasing levels of disorganization, first when a person is removed to go to prison, then later when that person reenters the community. In high-incarceration neighborhoods, the processes of incarceration and reentry create an environment where a significant proportion of residents are constantly in flux — perhaps as many as 15 percent of parent-age male residents a year … Upon release, ex-prisoners continue their pattern of residential instability, frequently relying upon local shelters for lodging … Consequently, when we combine the number of people admitted to prison with the number who are released annually, we can see how coercive mobility decreases residential stability.[21]

Under the Reducing Reoffending Action Plans,[22] each local area had to articulate what it planned to do to reduce the reoffending of offenders in its catchment under seven pathways identified by the Social Exclusion Unit as being linked to reducing recidivism: housing; children and families; health and mental health, drugs and alcohol; employment; financial inclusion; thinking and attitude.[23]

In her powerful memoir, *People Like Me,*[24] Senator Lynn Ruane describes the banal normality of community drug consumption in a deprived Dublin suburb. Ruane depicts the struggles of the people in her community who had a shared sense of a foreshortened future due to the frequency of traumatic deaths among young people. Her memoir is an evocative portrayal of 'the adverse experience of class'[25], in which her community

14. Ibid, 59.
15. Rex, S. (1999) Desistance from Offending: Experiences of Probation, The Howard Journal of Crime and Justice, 38(4), 366-383, 368.
16. Browning, K. & Loeber, R. (1999) Highlights from the Pittsburg Youth Study. Office for Justice Programs, Office of Juvenile Justice and Delinquency Prevention: Washington DC.
17. Flood-Page, C. Campbell, S., Harrington, V. & Miller, J. (2000) Youth Crime Findings from the 1998/99 Youth Lifestyles Survey. Home Office: London.
18. Visher, C.& Farrell, J. (2005) Chicago communities and Prison Reentry, Washington DC, the Urban Institute. Table 1.3.
19. Sampson, R., Morenoff, J. & Gannon-Rowley, T. (2007) Assessing neighborhood effects: Social processes and new directions for research. Annual Review of Sociology. 28, 443-78.
20. Clear, T. (2007) Imprisoning Communities. New York, Oxford University Press, 67.
21. Ibid, 73.
22. NOMS (2004) Reducing Re-offending National Action Plan. London: Home Office.
23. SEU (2002) Reducing Re-offending. London: Social Exclusion Unit.
24. Ruane, L. (2018) People Like Me. Dublin: Gill Books
25. This was the topic of Senator Lynn Ruane's address at the "Towards an ACE-Aware, trauma-responsive Ireland" event in Dublin on 28 November 2018. See also "Ireland Unfiltered" interview with Dion Fanning, available at https://youtu.be/htsdQysx5Vs.

are described as suffering from a group form of Post-Traumatic Stress Disorder with addiction, violence, dangerous risk-taking and criminality commonplace among young people.

Prisons play a role in safe-guarding society. In 2019, they are primarily conceived as spaces in which to safely contain the dangerous and predatory. At worst they are disproportionately peopled by the most socially excluded members of society, those who are far more likely than their law-abiding counterparts to have experienced high levels of 'toxic stress' in their early years. Toxic stress is the scientific phrase for intolerable levels of stress over a prolonged period that negatively impacts the brain and body (related to particularly sensitive periods of neural development)[1]. Burke Harris states that toxic stress is a matter of basic human biology. However, in poor communities with low levels of resources at the individual and collective level, toxic stress, otherwise known as 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'.[26]

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Offenders tend to come from what Ellis and Dietz term 'adverse community environments', usually poor, urban areas where high levels of ACEs (discussed in detail below) are prevalent from household to household. Ellis and Dietz state that:

When families live in communities in which food insecurity, domestic violence, challenges to parenting, unemployment, inadequate educational systems, crime, and social justice issues are common, the result is an environment in which ACEs abound, needed social supports are scarce, and toxic stress results.[27]

Prison exacerbates already deeply entrenched social inequalities, by exposing low level, but sometimes prolific offenders to the moral contagion of more serious offenders where drug use and violence is rife. In a very real sense prolific offenders who are caught up in a spiral of chaos are extracted from society and imprisoned for a spell in order to give mainstream society a break. But societal cohesion and stability are not improved long-term by over-use of imprisonment, especially for non-violent offenders. The principle of imprisonment as a last resort has yet to become a reality. The poorest, most vulnerable members of society pay a severe individual and collective price for judicial failure to use imprisonment parsimoniously.

Putting healing at the centre of criminal justice policy and practice

It is submitted that the focus of penal policy and practice should be recalibrated to put healing at the centre of relationships and interventions, assisting 'unrecovered trauma survivors'[28] with offending behaviour to make better sense of themselves and their multiplicity of personal struggles. This would enhance people's self-compassion and relational abilities, equipping them to focus on their strengths and acquire skills, such as an education, to pursue their vision of a good life. According to Perry and colleagues: 'Total systemic exposure to — and adoption of — neurodevelopmentally aware and trauma-informed practices will be essential for juvenile justice models to optimize outcomes for individuals and for society.'[29]

The author has argued elsewhere that all criminal justice personnel staff should become ACE-aware and trauma-responsive as a matter of urgency,[30] stating that:

A trauma-responsive criminal justice system requires actual changes in practice by police, lawyers, courts, prisons and probation. The lived experience of

26. Burke-Harris, N. (2018). The Deepest Well: Healing the Long-Term Effects of Childhood Adversity. Houghton Mifflin Harcourt: Boston, 132-3.
27. Ellis, W. & Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. Acad Pediatr, 17(7S):S86-S93, S87.
28. Whitfield, C. (1998) Adverse Childhood Experiences and Trauma. Am J Prev Med 14(4), 361-364, 362.
29. Perry, B., Griffin, G., Davis, G., Perry. J, & Perry, R. (2018) The Impact of Neglect, Trauma, and Maltreatment on Neurodevelopment in The Wiley Blackwell Handbook of Forensic Neuroscience.(Wiley-Blackwell: 2018) (pp 815-835, 818.
30. J. Mulcahy (2018) She sells sanctuary, Law Society Gazette, 32, available at https://www.lawsociety.ie/globalassets/documents/gazette/gazette-pdfs/gazette-2018/october-2018-gazette.pdf ; Mulcahy, J. (2018) Bearing Witness to trauma among offenders for better outcomes at the Adverse Childhood Experiences: Learning from Research for better Policy and Practice in Scotland, Edinburgh, available at https://youtu.be/JOmWiRFzfQM; Mulcahy, J. (2018) The Huge Cost of Adverse Childhood Experiences, RTE Brainstorm, available at https://www.rte.ie/eile/brainstorm/2018/0221/942377-the-huge-costs-of-adverse-childhood-experiences/ (accessed 25 April 2019)

justice and punishment must become less brutalizing. This means, for example, that we need to seriously rethink and reduce the use of heavy-handed arrest behaviours, alienating, anti-therapeutic courtroom activities, aggressive strip-searches and solitary confinement in prison. These often unthinking and unnecessary practices have the capacity to trigger and re-traumatize unrecovered trauma survivors.[31]

Felitti, Anda and their colleagues gathered fascinating epidemiological data from over 17,000 mainly white, middle-class, college-educated Americans in the original 1998 ACE study by asking 'trauma-oriented questions'[32] about exposure to emotional, physical and sexual abuse, emotional and physical neglect and household dysfunction including separation from a parent, living with a mentally ill person or someone with an addiction, or having a family member in prison.[33] A strong 'dose response' was found to exist.[34] People who experienced 4+ ACEs were at far greater risk of debilitating health, social and behavioural outcomes. Having four or more ACEs almost doubled the risk of heart disease and cancer, increased the likelihood of becoming an alcoholic by 700 percent and the risk of attempted suicide by 1200 percent.[35] Those with 6 ACES were 46 times more likely of becoming an intravenous drug user.[36]

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Professionals should also be aware of the damaging impact on a person's stress response system of additional ACEs incorporated by the later WHO ACE IQ questionnaire[37] such as parental bereavement, bullying, being a refugee or immigrant, experience of racism or other discrimination, due to sexual orientation, religion or political beliefs, exposure to community violence. The Center of Youth Wellness in San Francisco also include experiences of being in care and having a close relation being deported as ACEs in their ACEs screening tool.[38]

In the Welsh ACE Study, 2,028 Welsh adults were questioned about their current health behaviours and ACEs exposure has added to the growing evidence base that a wide range of long-term harms can result from an overdose of childhood trauma, including addictive and violent behaviours.[39] The study found that that 47 per cent reporting having experienced at least one ACE and 14 per cent experiencing four or more ACEs. Compared with interviewees with no experience of ACEs, those who experienced four+ were:

- ❏ 4 times more likely to be a high-risk drinker
- ❏ 6 times more likely to have had or caused unintended teenage pregnancy
- ❏ 6 times more likely to smoke e-cigarettes or tobacco
- ❏ 6 times more likely to have had sex under the age of 16 years
- ❏ 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
- ❏ 20 times more likely to have been incarcerated at any point in their lifetime.[40] ACEs findings on Parc prison:

In the prison setting, all staff, from Governor Grade, to nurses and doctors providing prison medical

31. Mulcahy, J. (2018) Daring to Ask "What Happened to You?" - Why Correctional Systems Must Become Trauma-Responsive. Advancing Corrections,5, 71-86, 81.
32. Felitti, V. (2016) Reflections on the Adverse Childhood Experiences (ACE) Study, at 31 minutes 30 seconds, available at https://youtu.be/-ns8ko9-ljU
33. Felitti V.J., Anda R.F., Nordenberg D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P, Marks, J.S. (1998). The relationship of adult health status to childhood abuse and household dysfunction. American Journal of Preventive Medicine, 14, 245-258, available at http://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf (accessed 25 April 2019)
34. Felitti V.J., Anda R.F., Nordenberg D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P, Marks, J.S. (1998). The relationship of adult health status to childhood abuse and household dysfunction. American Journal of Preventive Medicine, 14, 245-258, available at http://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf (accessed 25 April 2019).
35. See V. Felitti, "Reflections on the Adverse Childhood Experiences (ACE) Study", 23 June 2016, at 12 minutes 25 seconds, available at https://youtu.be/-ns8ko9-ljU; C. White, "Tonier Cain Deserves an Evidence-Based Apology", 4 April 2018, available at https://acestoohigh.com/2018/04/04/tonier-cain-deserves-an-evidence-based-apology/#more-7231
36. W. Larkin, "Routine Enquiry about Adversity in Childhood (REACh)", available at
37. See http://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/questionnaire.pdf?ua=1 (accessed 25 April 2019).
38. See Burke-Harris, N. (2018). The Deepest Well: Healing the Long-Term Effects of Childhood Adversity. Houghton Mifflin Harcourt: Boston. Appendix.
39. Bellis, M. Ashton, K., Hughes, K., Ford, K., Bishop, J. & Paranjothy, S. (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Public Health Wales NHS Trust. 3 available at http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf (accessed 25 April 2019).
40. Ibid, 5.

care officers, to teaching staff, those working in workshops, front-of-house security, prison escorts, and crucially the rank and file Class Officers on the landings who most frequently come into contact with young men whose emotional distress often manifests as hyper-vigilance and aggression, or vulnerable women who self-harm (e.g. by cutting as a survival strategy to numb intolerable bodily sensations), require training about ACEs and trauma-informed practice. Wilson and colleagues state that organisations that purport to adopt a trauma-informed approach:

- promote the physical and psychological safety of staff and service-users,
- collaborate with service-users and elevate their voice in decision-making matters,
- engage in routine screening of service-users for trauma and its manifestations,
- improve service-users' wellbeing and resilience,
- improve family wellbeing and resilience, including caregiver functioning,
- improve staff wellbeing and resilience,
- develop an interagency approach to service delivery with other services/systems used by service-users for better outcomes.[41]

If ACEs screening became standard practice, it is highly probable that the amount of prisoners with 4+ ACEs would be staggering.

Bearing witness to trauma among prisoners

It is likely that the majority of men and women in any given prison, anywhere in the world, are unrecovered trauma survivors.42 Their offending behaviour is only one of many incapacitating symptoms of their dysregulated stress response system caused by an overdose of childhood trauma, and most likely further interpersonal traumas in adulthood. Internationally renowned child psychiatrist and neuroscientist Bruce Perry and colleagues state:

> *'The person with attachment problems and relationally-mediated abuse will find relational cues (e.g, eye contact, tone of voice, touch, and physical proximity) threatening. A person with a high degree of relational sensitivity will often misinterpret neutral or positive social interactions with peers as threatening and respond by either avoiding or disengaging (which leads to problems with social learning and peer interactions) or, worse, by using aggressive, hostile or hurtful words or behaviors to push peers, teachers and parents away. In extreme cases, as the child grows up, this relational sensitivity can result in significant antisocial or even assaultive behaviors. It is no surprise therefore that individuals in prison (90 per cent of who have histories of interpersonal trauma in childhood) have a much larger sense of personal space than the average person … and will often respond to personal space violations with aggressive and violent behaviors."*[43]

All too easily, people with a history of offending behaviour find themselves in fight, flight or freeze mode. This is because they spent their childhoods trying to survive unspeakable horrors, and the toxic stress has depleted their ability to access their cortical, thinking brain to rationally weigh up the consequences of their actions when fearful or challenged.

Like Dr Nadine Burke Harris from the Centre of Youth Wellness and Dr Warren Larkin, Clinical Psychologist and HSE Lead on ACEs in the UK,[44] I have argued elsewhere for in universal ACEs screening in primary health clinics in the community as a preventative measure.[45] I have also suggested that healthcare staff in prisons[46] — ideally a dedicated Committals and Discharge nurse — should gather data on all new committals to prison on exposure to ACEs to inform subsequent trauma-responsive strengths-based sentence planning. Interestingly, being asked about

41. Wilson, C., Pence, D.M. and Conradi, L. (2013), 'Trauma-informed care', in Encyclopaedia of Social Work, available at http://oxfordindex.oup.com/view/10.1093/acrefore/9780199975839.013.1063
42. Perry, B., Griffin, G., Davis, G., Perry. J, & Perry, R. (2018) The Impact of Neglect, Trauma, and Maltreatment on Neurodevelopment in The Wiley Blackwell Handbook of Forensic Neuroscience.(Wiley-Blackwell: 2018) (pp 815-835, 827.
43. Ibid, 826-827.
44. See https://www.warrenlarkinassociates.co.uk/blog/archive/shake-the-disease-why-asking-about-adverse-childhood-experiences-aces-can-change-the-world/?fbclid=IwAR2ZcZf6cRLxoU4mZYN0W-X5w-K9dmRy348nrtuYXo28Dp75bqiwP2ZHRaw
45. Mulcahy, J. (2018) Hurting Children: submission to the Committee on the Future of Mental Health, https://www.researchgate.net/publication/326265527_Hurting_Children_submission_to_the_Committee_on_the_Future_of_Mental_Health (accessed 25 April 2019).
46. Mulcahy, J. (2018) Daring to Ask "What Happened to You?" - Why Correctional Systems Must Become Trauma-Responsive, Advancing Corrections 5, 71-86.

ACEs/trauma may have an intrinsically therapeutic effect. Felitti describes how a cohort of 140,000 patients were asked about ACEs during a comprehensive biopsychosocial medical examination, resulting in a 35 per cent reduction in doctor's office visits and a 11 per cent reduction in ER visits. Felitti states that 'asking, initially via an inert mechanism with later followup in the exam room, coupled with listening and implicitly accepting the person who had just shared his or her dark secrets, is a powerful form of doing.' [47]

If ACEs screening became standard practice, it is highly probable that the amount of prisoners with 4+ ACEs would be staggering. There may, however, be undesirable implications for early release and parole decisions, if a person's exposure to childhood adversity became added to the risk matrix of the Risk-Need-Responsivity (RNR) model. The ACEs evidence and neuroscience developments[48] strongly suggests that more ACEs a young man has, the more likely he will be perceived as difficult, disengaged and hard to reach: his stress response system will be so sensitised, that he will have a window of tolerance 'the size of a toothpick', to use Janina Fisher's evocative phrase.[49] Men who are traumatised tend towards hyperarousal when fearful or challenged, meaning that they act out in an aggressive way. Trauma is essentially about relational rupture and a crisis of action. As small children, unrecovered trauma survivors had no emotionally stable adult to turn to who to act as a buffer against toxic stress. Frequently, they often experience relational poverty in adulthood also.[50] They do not know how to feel safe with other people.

Any criticism or stern response especially from a male authority figure — or violation of personal space, will be read as a threat. A traumatised youth is likely to respond to an abrupt order to do something by a Prison Officer with a barrage of verbal abuse, or by becoming physically confrontational. Even small provocations are perceived by their sensitised systems as grave threats to their personal safety.

The importance of physical and emotional safety for positive behavioural change

Hyper-vigilant prisoners can, however, begin to expand their windows of tolerance by being exposed to patterned, repetitive positive relational practices and by learning how to regulate themselves emotionally. Perry states when working with traumatised children, the sequence for ultimately engaging the learning brain is as follows: regulate, relate, reason.[51] The same principle should apply to imprisoned adults who were neglected and abused in childhood. According to Miller and Najavits, good correctional practice 'requires environments that are highly structured and safe, with predictable and consistent limits, incentives and boundaries, as well as swift and certain consequences such that inmates are treated fairly and equally.'[52] They also note that these practices are necessary for unrecovered trauma survivors to commence recovery, including being amenable to learning new trauma-related information and skills.

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An unsafe, abusive, punitive prison environment will maintain prisoners predisposed since childhood to a state of near-permanent hyperarousal, to be ceaselessly fearful and on edge. Perry and Szalavitz's describe the impact of autonomic arousal and fear on the cortical brain, which enthusiasts of both the RNR and desistance theory fail to attend.

47. V. Felitti, "Health Appraisal and the Adverse Childhood Experiences Study: National Implications for Health Care, Cost, and Utilization", Perm J, (2019), 23: 18-026, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6326558/
48. See https://developingchild.harvard.edu/resources/experiences-build-brain-architecture/ (accessed 25 April 2019).
49. Fisher used this phrase during a talk she gave at the Trauma Summit in Belfast, June 2018. See "Open the can of worms" by T. Farrell, available at https://www.madintheuk.com/2019/01/open-the-can-of-worms-by-tracey-farrell/.
50. Tomlinson, T. (2017) We need to talk about trauma, available at https://abetternhs.net/2017/10/15/we-need-to-talk-about-trauma/; See also Explore Health (2018), Adverse Childhood Experiences with Dr. Bruce Perry, available at https://youtu.be/16alOVWWo1s (accessed 25 April 2019).
51. Perry B. & Szalavitz M. (2017 edition), The Boy Who Was Raised as a Dog. Basic Books NY. See also http://restorativepracticeswhanganui.co.nz/great-visual-to-remind-us-to-connect-before-correct/3-rs-reaching-the-learning-brain-dr-bruce-perry/
52. Miller, N. & Najavits, L. Creating trauma-informed correctional care: a balance of goals and environment. Euro J Psychotraumatology. 3: 10.

'When we are calm it is easy to live in the cortex, using the highest capacities of our brains to contemplate abstractions, make plans, dream of the future, read. But if something attracts our attention and intrudes on our thoughts, we become more vigilant and concrete, shifting the balance of our brain to subcortical areas to heighten our senses to detect threats. As we move up the arousal continuum towards fear, then, we necessarily rely on our lower and faster brain regions. In complete panic, for example, our responses are reflexive and under virtually no conscious control. Fear quite literally makes us dumber, a property that allows faster reactions in short periods of time and helps immediate survival. But fear can become maladaptive if it is sustained; the threat system becomes sensitized to keep us in this state constantly.'[53]

Rather than expend much fruitless time and energy in punishment, especially for minor infractions and behaviour that may, in fact, have been triggered by an implicit memory of early trauma, prison administrations should embrace the ACEs evidence and neuroscience findings and invest in interventions targeted at enhancing prisoner wellbeing and human connectedness such as drumming circles, theatre, music and movement, psychoeducation, massage, neurofeedback training and body-based therapies like Schwartz' Comprehensive Resource Model (CRM).[54]

According to Tomlinson, an advocate of trauma-informed medicine, activities like yoga and mindfulness should be prioritised for prisoners, because they would help bring them back to their bodies in order to tune into the parts where they hold their pain and tension.[55] In his view the focus on weight-lifting and bulking up in prison is, in fact, for many a form of dissociation — a coping mechanism where the brain disconnects from the body to survive a life-threatening or extremely scary experience. For a man, who, as a child felt weak and helpless as he was beaten or sexually abused, it is not hard to see how becoming as large and imposing as he physically can be in adulthood would hold a considerable appeal. His body can send a physical message not to mess with him. As stated by Kevin Neary, a former prisoner and founder of Aid n' Abet,[56] which is a peer-led reentry programme in Scotland, growing up to be a large, strong man does not mean that the inner child has overcome the overwhelming, terrified feeling of being a small, helpless boy with no one to come to his aid and offer psychological safety and support.[57]

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Prison staff would be more effective in their respective roles and enjoy enhanced personal safety in terms of calmer, less combustible working environments, if they were aware of that trauma is embodied and that their conduct may trigger unrecovered trauma survivors in their care who have very short fuses because they are stuck in their limbic, emotional brains and unable to emotionally regulate in healthy ways. Part of becoming trauma-informed and responsive requires prison staff to reflect on, and be mindful of, how their own personal behaviour and relational style may exacerbate tense situations.

When people lash out, they usually do so because they have been triggered, or are afraid. Perhaps, they

54. See https://comprehensiveresourcemodel.com/ "The Comprehensive Resource Model® (CRM) is a neuro-biologically based, affect-focused trauma treatment model which facilitates targeting of traumatic experiences by bridging the most primitive aspects of the person and their brain (midbrain/brainstem), to their purest, healthiest parts of the self. This bridge catalyzes the mind and body to access all forms of emotional trauma and stress by utilizing layers of internal resources such as attachment neurobiology, breathwork skills, somatic resources, our connection to the natural world, toning and sacred geometry, and one's relationship with self, our intuition, and higher consciousness. The sequencing and combination of these resources, and the eye positions that anchor them, provide the opportunity for unbearable emotions and pain to be stepped into and felt fully while the client is fully present and aware moment to moment which changes how the memories affect the person."
55. See Mulcahy, J. (2018) Law and Justice podcast with Dr Jonathan Tomlinson, https://soundcloud.com/jane-mulcahy/dr-jonathan-tomlinson-law-and-justice-interview (accessed 25 April 2019).
56. See https://www.aidnabet.org/ (accessed 25 April 2019).
57. See J. Mulcahy, Law and Justice podcast with Kevin Neary, https://soundcloud.com/jane-mulcahy/interview-with-kevin-neary-from-aid-abet (accessed 25 April 2019).

have recently received some really bad news from the outside; a family member may be sick or have died, or a partner might have decided to end the relationship. Anyone would be very upset in such circumstances. For a young male prisoner with high ACEs exposure, the likelihood is, he will be propelled into fight mode at the smallest slight, because he feels so profoundly unsafe in his body. A Prison Officer, or any staff member, who knows and understands this reaction will be better placed to show greater kindness, understanding and patience in the face of volatile behaviour.

The importance of fostering relational health in prisons and beyond

As Treisman states: 'relational rupture requires relational repair.'[58] All prisons that profess to have a primarily rehabilitative ethos must put relational repair at the heart of practice. Liebling and her colleagues described Warren Hill, a calm, safe prison with a very positive 'Enabling Environment' for life sentence prisoners and those serving Indeterminate Sentences for Public Protection in England, based primarily on the nature and quality of relationships between staff and prisoners.[59] While the authors refer in passing to back-stories of childhood trauma and lives characterised by interpersonal abuse, there is no reference to overt ACE-aware, trauma-responsive practice in Warren Hill.

Nevertheless, the description by the authors of the humane, respectful relating style of prison staff suggests that Warren Hill provides the correctional system equivalent of what Winnicott terms a 'holding environment'[60] (in the context of an attachment relationship with a 'good enough mother'[61] and also in the psychoanalytical setting). If a prison like Warren Hill provides a consistently safe space to be, replete with enriching relationships, it is conducive to helping a person heal relational wounds, attend to personal development and discover what the Irish Republican revolutionary Padraig Pearse termed 'his own true and best self'.[62] Desistance expert, Maruna, refers to how desisting criminals discover a 'core good self'[63] while Maté states that healing allows traumatised people to connect with their 'authentic self'[64], their unique, positive essence underneath the maladaptive coping strategies such as addiction (and consequent crime) that ensured they survived their unbearable emotional pain and preserved the primary attachment relationship.

A Prison Officer, or any staff member, who knows and understands this reaction will be better placed to show greater kindness, understanding and patience in the face of volatile behaviour.

The author witnessed warm, respectful, reciprocal relationships between prison staff in Norwegian prisons during a visit in August 2018 (Kongsvinger prison for foreign females, Berg open centre and the world-famous Halden Fengsel). Despite the fact that staff had not received training on what Siegel calls or being consciously aware of what Siegel calls 'interpersonal neurobiology'[65] (how are brains are shaped by experience and relationships) and how attachment disruption, childhood trauma and relational poverty is often at the root of offending behaviour. It is submitted that providing staff in positive prisons such as Warren Hill and Halden with comprehensive training on ACEs, toxic stress and the healing power of relationships would only enhance the lived experience of sharing space for prisoners and staff alike, and may also better prepare people to navigate their safe return to society. As Perry and colleagues state:

58. See Treisman, K. (2018) Good relationships are the key to healing trauma, available at https://www.youtube.com/watch?v=PTsPdMqVwBg&app=desktop (accessed 25 April 2019).
59. Liebling, A., Laws, B., Lieber, E., Auty, K., Schmidt, B., Crewe, B., Gardom, J., Kant, D. & Morey, M. (2019) Are Hope and Possibility Achievable in Prison? The Howard Journal, 58(1), 104-126.
60. See https://www.78stepshealth.us/psychoanalytic-therapy/the-holding-environment.html
61. See http://changingminds.org/disciplines/psychoanalysis/concepts/good-enough_mother.htm
62. Pearse, P. (1916) The Murder Machine, VII, available at https://www.cym.ie/documents/themurdermachine.pdf (accessed 25 April 2019).
63. Maruna, S. (2001) Making Good: How Ex-Convicts Reform and Rebuild Their Lives. Washington DC, American Psychological Association, 87.
64. See Mate, G. (2016) Dr Gabor Mate on the misunderstanding of trauma by society and the medical industry, available at https://youtu.be/Q-K2JTTdcmY, (accessed 25 April 2019). See also Winnicott, D. (1955-6). Clinical varieties of transference International Journal of Psycho-Analysis, 37, 386. "In the cases on which my work is based there has been what I call a true self hidden, protected by a false self. This false self is no doubt an aspect of the true self. It hides and protects it, and it reacts to the adaptation failures and develops a pattern corresponding to the pattern of environmental failure. In this way the true self is not involved in the reacting, and so preserves a continuity of being."
65. Siegel, D. (2015) The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are (Second Edition). The Guilford Press: New York.

Promoting relational health by increasing the quality, number, and density of supportive, nurturing and trauma-informed people is the most effective and enduring form of intervention. Connection to family, community, and culture facilitate healthy development, including healing from traumatic experiences, minimizing substance abuse, and developing of new skills.[66]

In order to maximise the 'desistance enhancing'[67] potential of prison, through what Ginwright terms 'healing-centred engagement',[68] the focus of gender-responsive, culturally sensitive, strengths-based sentence and reentry planning should be on:

- ❏ identifying and building on the strengths or protective factors in a person's life and:
- ❏ commence immediately upon committal,
- ❏ be developed in collaboration with the imprisoned-person,
- ❏ be cross-disciplinary and trauma-responsive,
- ❏ 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.

The overarching aim should be to foster and sustain safety, structure and a sense of meaning and belonging over time.

Minimising the use of force in prisons

The use of force should be minimal in prisons, an absolute last resort when patient, loving, heart-centered communication fails. Punitive, psychologically brutalising practices like solitary confinement, that might well re-traumatise unrecovered trauma survivors, should similarly only ever be used as an emergency measure, for the shortest possible time.[69] Prison Officers are the ultimate change agents in any prison, but if they do not understand the fight/flight/freeze response, they are likely to inflame tense situations, when they could instead de-escalate tension by trying to understand the root of the person's distress. Obviously, there may be occasions where the use of force is necessary, to prevent further violence or to contain a riot, and holding a compassionate conversation with the instigator(s) may be neither possible, nor appropriate. By and large, however, engaging in a compassionate, humane relating (sometimes known as 'dynamic security') will suffice in reducing tensions.

Often, just listening to a distressed person in a respectful, compassionate human-to-human way, and being concerned about their wellbeing has a therapeutic effect. Van der Kolk asserts that it is very hard to respond with hostility, when we are shown warmth and kindness. We find ourselves smiling back, as our mirror neurons, perhaps despite our best efforts, fall into sync with the open, empathetic face opposite ours. Those with low levels of ACEs — hopefully, the majority of people working in prisons — have choices about how they respond to stressors including aggressive behaviour from others in a way that traumatised people do not. All prison staff are at risk of retraumatising prisoners,[70] as well as developing symptoms of secondary traumatic stress themselves, such as hypervigilance, insomnia, depression, marital problems and addictions. ACE-awareness and trauma-responsive practice is not only in the best interests of imprisoned prisoners, but of all those who interact with them on a daily basis.

Responding with compassionate curiosity to self-harming behaviours

In terms of responding to incidences self-harm, prison staff should adopt a compassionate approach that aims to understand what prompted the cutting or the suicide attempt. As discussed above, people with high levels of ACEs, and particularly exposure to child sex abuse, are statistically way more likely to attempt suicide than those with low levels of childhood adversity. Those who cut themselves are often not suicidal, but are doing it to make life tolerable in a moment of searing emotional pain. Cutting is a strategy for coping with something unbearable that is going on in their life. Their stress response system is dysregulated and they learned to dissociate, to distance themselves from the overwhelming feelings and sensations in childhood by self-harming. The physical act of cutting their flesh makes their feelings vanish, or at least offers some transitory physical relief.

If traumatised prisoners engage with psychology services, or indeed psychiatry, it is important for helping professionals to adopt a position of compassionate

66. Perry, B., Griffin, G., Davis, G., Perry. J, & Perry, R. (2018) The Impact of Neglect, Trauma, and Maltreatment on Neurodevelopment in The Wiley Blackwell Handbook of Forensic Neuroscience.(Wiley-Blackwell: 2018) (pp 815-835, 818.
67. Maruna, S. & Toch, H. (2005) The Impact of Imprisonment on the Desistance Process in Prison Reentry and Crime in America, Travis, J. & Visher, C. eds. New York: Cambridge University Press, 139-178, 141.
68. Ginwright, S. (2018) The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement, available at https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c (accessed 25 April 2019).
69. Mulcahy, J. (2018) Daring to Ask "What Happened to You?" - Why Correctional Systems Must Become Trauma-Responsive, Advancing Corrections, 5, 71-86.
70. Miller, N. & Najavits, L. Creating trauma-informed correctional care: a balance of goals and environment. Euro J Psychotraumatology. 3: 10.

curiosity and conceptualise the cutting as something initially positive and adaptive rather than fundamentally negative. According to Fisher, rather than condemning the person for harming themselves and telling them they should not do it again (which is very invalidating), it is far more helpful and cultivates curiosity in the person doing the self-harm by saying 'how did the cutting make life bearable? How did it help you survive?'[71] This allows the person to view the cutting as having originally played a useful, constructive role in managing the intense emotions and visceral body sensations. It assists them and the therapist to explore healthier ways to cope when future stressors arise, as they invariably will.

Trauma experts such as Van der Kolk, Perry and Bloom maintain that trauma is about the absence of control, and in healing from trauma the person needs to acquire a sense of control and choice.[72] Just talking to the people who are obviously experiencing immense distress in an honest, uncensored way offers relief from emotional pain. If a distressed prisoner is asked 'what happened to you?'[73] they will probably be quite relieved to find someone willing to listen to them, who can stand to be an 'empathetic witness',[74] validate their pain and allow them to feel what they feel and know what they know.

Conclusion

The time has come for penal policy and practice to get to grips with childhood trauma and the adverse experience of class. ACE-Aware, trauma-responsive, strengths-based sentence planning and pre-release preparation is a crucial means of providing reparation to socially excluded individuals who were abused and neglected as children and failed by the State throughout their lives. If imprisoned, traumatised people must be afforded opportunities for psychological healing, personal development, goals to work towards and a sense of meaning and purpose.[75] The provision of a wide menu of therapeutic interventions, including body-based modalities such yoga, mindfulness and CRM to people during their imprisonment must be prioritised, so that they may start to re-imagine a different, better future for themselves and address painful emotions and embodied trauma underlying their offending behaviour.

A safe, supportive environment is the foundation on which a good life can be pursued. Moreover, careful, conscientious sentence planning grounded in the interpersonal neurobiology evidence means that because trauma is a rupture at the relational level, a person needs healthy, reciprocal relationships to heal. All prison staff have a role to play in this. They can become buffers for a prisoner through respectful, caring relating.

Helping traumatised offenders heal and enjoy an enhanced state of psychological, physical and relational wellbeing is not soft on crime or coddling wrongdoers. It is a mechanism for improving community safety. I have argued elsewhere that judicial recognition of a positive constitutional right to rehabilitation/reparation and reintegration in Ireland as an unenumerated right create the legal backdrop for a shift in the focus and operation of punishment and would provide the legal basis for demanding a multi-agency response to reentry and reintegration.[76] As recognised by the Norwegian 'Reintegration Work' (formerly Guarantee), the safe transition of prisoners back to the community is a matter requiring the attention and concerted efforts of Local Authorities, the Departments of Health, Housing, Social Protection, Education and Employment as much as Justice.

Greater efforts on the part of correctional agencies, their staff, community partners and non-Justice actors to manage the transition of people from custody to freedom in a safe, responsible and planned way should mean that prisoners' re-entry to society is less perilous, for themselves, and consequently for the communities to which they return. With a reduction in existential terror in their lives, and better coping strategies for dealing with the inevitable stressors that arise, people leaving prison may just be able to access their thinking brains at the right time and elect not to continue down the path of trauma, addiction and crime.

* All views expressed are the author's own and should not be attributed to the Irish Research Council, the Probation Service or the Cork Alliance Centre

71. See Fisher, J. (2018) Trauma and the Body: Working with the Neurobiological Legacy of Trauma, 8-11, available at https://trauma-summit.com/wp-content/uploads/2018/08/Janina-Fisher-Trauma-and-the-Body.pdf (accessed 25 April 2019).
72. Bloom, S. (1995) Creating Sanctuary in the School. Journal for a Just and Caring Education I(4): 403-433 available at http://www.sanctuaryweb.com/Portals/0/Bloom%20Pubs/1995%20Bloom%20Sanctuary%20in%20the%20Classroom.pdf (accessed 25 April 2019). At 5 Bloom states: "People who are traumatized need to gain a sense of personal control. If they cannot find a way to do this in positive ways, then they will turn to destructive forms of personal empowerment. For children, this decision is largely determined by the choices available to them."
73. This quotation is attributed to Dr Joseph Foderaro. See St. Andrews, A. (2015) The Origins of the Paradigm Shift from "What's wrong with you? to "What happened to you?" available at https://www.acesconnection.com/blog/the-origins-of-a-paradigm-shift-from-what-s-wrong-with-you-to-what-happened-to-you?reply=421123325965471876 (accessed 25 April 2019). St Andrews states: "In Dr. Bloom's book "Creating Sanctuary: Toward An Evolution Of Sane Societies" published in 1997, this is referred to on page 191 as follows: "Our program director (Joe Federaro) said it best when he observed that we (the Sanctuary program) had stopped asking the fundamental question "What's wrong with you?' and changed it to "What has happened to you?" (Foderaro, 1989).
74. See Maté, G. Foreword to Levine, P. (2010) In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness. California North Atlantic Books, xii: "Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness."
75. H. Burns (2014) What causes wellness? at 6 minutes available at https://youtu.be/yEh3JG74C6s (accessed 25 April 2019).
76. J. Mulcahy (2018) She sells sanctuary, Law Society Gazette, 32, available at https://www.lawsociety.ie/globalassets/documents/gazette/gazette-pdfs/gazette-2018/october-2018-gazette.pdf (accessed 25 April 2019).