REACh

Routine enquiry about adversity in childhood

# REACh-ing for a New Trauma-Informed Paradigm
# Routine Enquiry about Adversity in Childhood

WEST YORKSHIRE SURVIVORS

An insight pamphlet for GPs and medical workers

# Foreword

During the mid-1980s, Dr Vincent Felitti experienced a form of epiphany in his understanding of the patients he was seeing at the medical centre he ran at Kaiser Permanente in California. He main focus was obesity. What was to emerge was a seminal study which evidenced what some might argue was known by Galen and Hippocrates: the Adverse Childhood Experiences (ACE) Study. Felitti recalls how his new insight was triggered as he was running through yet another series of questions with yet another obesity programme patient: How much did you weigh when you were born? How much did you weigh when you started first grade? How much did you weigh when you entered high school? How old were you when you became sexually active? How old were you when you married?

*"During this session I misspoke,"* he recalls, probably out of discomfort in asking about when the patient became sexually active.

Instead of asking, *"How old were you when you were first sexually active?"* he asked, *"How much did you weigh when you were first sexually active?"* The patient, a woman, answered, *"Forty pounds."*

He didn't understand what he was hearing. He misspoke the question again. She gave the same answer, burst into tears and added, *"It was when I was four years old, with my father."*

He suddenly realised what he had asked.

He remembers thinking, "*This is only the second child sexual abuse case I've had in 23 years of practice*"; he didn't know what to do with the information. About 10 days later he ran into the same thing. It was very disturbing. Every other person was providing information about childhood sexual abuse. He thought, *"This can't be true. people would know if that were true. Someone would have told me in medical school."*

Worried that he was injecting some unconscious bias into the questioning, he asked 5 of his colleagues to interview the next 100 patients in the weight programme. They found the same disclosure rates.

Of the 286 people whom Felitti and his colleagues interviewed, most had been sexually abused as children. As startling as this was, it turned out to be less significant than another piece of the puzzle that dropped into place during an interview with a woman who had been raped when she was 23 years old.

In the year after the attack, she told Felitti, that she'd gained 105 pounds.

*"As she was thanking me for asking the question,"* says Felitti, she looked down at the carpet, and muttered, *"Overweight is overlooked, and that's the way I need to be."*

(I would highly recommend listening to Felitti's keynote speech to the National Congress of American Indians [2014] via the links page).

The question that arises for me as a sexual violence survivor and activist is this: What would a trauma informed society look like? What would the impacts be for public health? As a survivor with far more than six ACEs I am unlikely to see the outcomes of any such shift. I believe the shift is overdue.

The following insight into the REACh project pioneered in Lancashire by Dr Warren Larkin offers a glimpse of the possibilities of a trauma-informed medical-social care practice culture.

**Bob Balfour MBPsS**
Founder and CEO
Survivors West Yorkshire.

ben's place
SPECIALIST SUPPORT
FOR MALE SEXUAL ABUSE SURVIVORS

survivorswestyorkshire.org.uk

*"Boots and all..."*

# Introduction

*'Waiting to be told doesn't work. Routine enquiry is acceptable to staff and service users. Disclosure is a catalyst for change, enhanced therapeutic alliance and better targeted help.'* Dr Warren Larkin

There is now a vast and compelling body of research demonstrating the link between experiences of childhood adversity and trauma and the development of detrimental health and social outcomes later in life. Research on Adverse Childhood Experiences (ACEs) over the last two decades has accelerated and has led to important developments in our understanding of these links (Centre for Disease Control and Prevention; CDC, 2013; Felitti et al., 1998). ACEs refer to some of the most commonly occurring, toxically stressful experiences that take place during the first 18 years of life. These experiences include multiple forms of abuse and neglect, as well as various household adversities, such as witnessing violence between parents or caregivers.

There have now been a number of large scale population based studies that collectively provide powerful evidence confirming that ACEs are causally and proportionately linked to poor physical, emotional and mental health outcomes; put simply, the more ACEs an individual experiences, the worse their outcomes. Recent UK regional and national ACE studies (Bellis et al., 2013; 2014) revealed that around 50% of the UK population experience at least one ACE, with around 12% experiencing four or more. Greater numbers of ACEs are associated with dramatically increased risk of poor educational and employment outcomes, low levels of mental wellbeing and life satisfaction, alongside the development of some of the leading causes of disease and death.

Furthermore, abuse, trauma and other adverse experiences have been found to often co-occur. For instance, if a person experiences one type of abuse or adversity, they are 87% more likely to experience other types of abuse and adversity; the more types of abuse and adversity a person experiences, the higher the risk of harmful health and social outcomes later in life (Felliti et al., 1998).

These findings indicate a public health imperative to prevent and respond more appropriately to experiences of adversity in our society. Health and social care services have an opportunity at the point of initial contact to routinely ask service-users about childhood adversity and trauma.

The Future in Mind report (2015) outlined the impact of experiencing or witnessing adversity and trauma and set out a specific recommendation for the development of routine enquiry procedures as a means of responding to these concerns.

Furthermore, the tackling child sexual exploitation report (2015), which set out how the government is dealing with child sexual exploitation in the UK, signalled a commitment from government to introduce routine enquiry. The introduction of such procedures would enable services to offer, and the public to access, more targeted support and would aim to prevent the continuation of abuse and adversity in future generations.

# Why are services not already asking?

Research and practice have both demonstrated a number of barriers to hearing disclosures of childhood adversity and trauma. For instance, survivors of such experiences can often be reluctant to disclose voluntarily (Read at al., 2006), due in part to feelings of shame, guilt and anxiety about their experiences and the act or consequences of disclosure (Alaggia, 2004; Dohary and Clearwater, 2012; Tener and Murphy, 2015). However, survivors have suggested that these issues can either be exacerbated or alleviated by the responses of the person listening to their disclosure (Glover et al., 2010).

Furthermore, health and social care practitioners have described an unwillingness or discomfort with the idea of having to ask people about childhood adversity and trauma (Read, Hammersley and Rudegeair, 2007). Young et al. (2001) identified professional anxiety as a major cause of such reluctance, particularly due to a perceived risk of upsetting the service-user, fears of the process being upsetting for them as professionals and concerns related to the development of false memories. Consequently, both service-users and professionals have described a need for professionals to be trained to ask routinely; helping professionals to feel more confident to ask, in order to support service-users to feel more comfortable to talk about their experiences.

# What do we know about impact of disclosures?

Research has regularly shown that, although people rarely disclose voluntarily, people often expect to be asked about these experiences by health and social care practitioners. Furthermore, disclosure can have the opposite effect to what professionals often think; it can actually reduce distress. Disclosures can positively impact recovery, promote resilience and improve a person's perceptions of themselves (Frattaroli, 2006; Marriott, Lewis and Gobin, 2016). However, delaying a disclosure or never having the opportunity to disclose is associated with more negative outcomes.

Evidence suggests that, if people are not asked directly, it can take between 9 and 16 years for an adult to disclose a history of abuse or adversity (Read et al., 2006). We have received practice examples where a service-user has accessed a service intermittently for many years, but when a professional invited that person to discuss whether they had experienced childhood adversity or trauma, the service-user disclosed a number of adverse experiences, which had not been previously known to the service. When professionals asked people why they had never disclosed this information before, the reply was often, 'you never asked'. Asking enables people to move on from their current situation. This conversation can support people to understand the impact of their experiences in the context of their current circumstances, helping them to find new solutions. People begin to create meaning through telling their story, which can help them to make sense of the experiences with that professional. This empowering experience can be a catalyst for meaningful change. Making links between their past adversity and present difficulties can facilitate a greater potential for self-compassion and helps people re-frame their current situation as an understandable reaction to extremely challenging circumstances.

*"The single most important thing we need today is the courage to look this problem in the face and say this is real and this is all of us."*

Dr Nadine Burke Harris

# Recognising a Need to Change

Experiencing adversity and trauma early in life increases one's risk of developing negative health and social outcomes, including poor mental health and wellbeing. Consequently, the government, in response to a recognition of such high prevalence, have called for services to do more to routinely identify and provide support for those who experience early life adversity, so that health and social care service providers can offer appropriate interventions to support positive recovery.

To support this need, the Routine Enquiry about Adversity in Childhood (REACh) model was developed.

Dr Warren Larkin

# Author Biography

## Dr Warren Larkin

Dr Warren Larkin is a Consultant Clinical Psychologist and Visiting Professor at Sunderland University. He is also the Clinical Lead for the Department of Health Adverse ChIldhood Experiences programme and a Director at Warren Larkin Associates Ltd. He has a long-standing interest in the relationships between childhood adversity and outcomes later in life. He has spent most of his career working in specialist early intervention services with service users who are experiencing psychosis. He has published numerous research articles on the topic of trauma and psychosis and published an edited book with Tony Morrison in 2006 (now commissioned for a second edition) exploring this theme. Warren led one of the two national IAPT (increasing access to psychological therapies) demonstration sites for psychosis and was a member of the Children and Young People's Mental Health Services National Task Force. Warren also developed the REACh approach (Routine Enquiry about Adversity in Childhood) as a way of assisting organisations to become more trauma-informed and to support professionals to ask routinely about adversity in their everyday practice.

Contact via email: wlarkin@warrenlarkinassocates.co.uk

Warren Larkin

ASSOCIATES LIMITED

# Links

**Dr Vincent Felitti**
https://www.youtube.com/watch?v=-ns8ko9-IjU

**REACh Project Scoping Study:**
http://www.cph.org.uk/wp-content/uploads/2015/07/REACh-Scoping-Study-BwD.pdf

**CDC: Adverse Childhood Experiences (ACEs)**
www.cdc.gov/violenceprevention/acestudy/

**LJMU: Public Health Institute: Adverse childhood experiences: the long-term impact**
www.cph.org.uk/case-study/adverse-childhoodexperiences-aces

**NHS Wales: Children who suffer abuse more likely to be involved in violence & misuse drugs & alcohol as adults**
www.wales.nhs.uk/sitesplus/888/news/40000/

**Scottish Public Health Network: 'Polishing the Diamonds' Addressing Adverse Childhood Childhood Experience in Scotland**
www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf

**BMC Public Health: Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey**
www.ncbi.nlm.nih.gov/pmc/articles/PMC4778324/

**Resilience: The Biology of Stress and the Science of Hope (film)**
http://kpjrfilms.co/resilience/

**Nadine Burke Harris**
http://www.drnadineburkeharris.com / http://www.centerforyouthwellness.org

**Center for Health Care Strategies**
http://www.chcs.org/project/advancing-trauma-informed-care/

Department of Health

NHS

REACh

# Routine enquiry about adversity in childhood


## Dr Warren Larkin

Clinical Lead - Department of Health - Adverse Childhood Experiences Programme

Visiting Professor Sunderland University • Consultant Clinical Psychologist

Email: wlarkin@warrenlarkinassociates.co.uk • Twitter: @warren-larkin • Website: www.warrenlarkinassociates.co.uk


Warren Larkin

ASSOCIATES LIMITED

# Public Sector Context

- Eye watering reduction in Public Health budgets
- CCG's and NHS providers struggling to meet financial targets
- Sustainability of current model of NHS and Social Care provision is doubtful
- Pressure on Universal Services - narrowing of scope and focus on statutory responsibilities only
- The contribution of Universal Services to prevention, early help and building community resilience is under threat
- Withdrawal of CAMHS grant by Local Authorities - undermines the vision laid out in the 'Future in Mind' report
- Status quo is best case scenario instead of creating a paradigm shift in Children & Young People's emotional health and wellbeing
- Young Minds - Beyond Adversity - Routine Enquiry and ACE are nowhere to be seen in STP plans. A rare opportunity!! Missed?? ☹

Warren Larkin

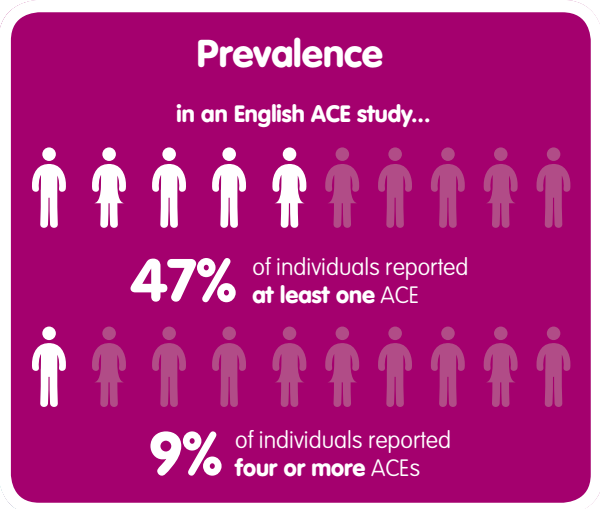
ASSOCIATES LIMITED

# Key Research Findings

**Adverse Childhood Experiences are unfortunately common yet rarely asked about in routine practice (Felitti et al., 1998; Read et al 2007.)**

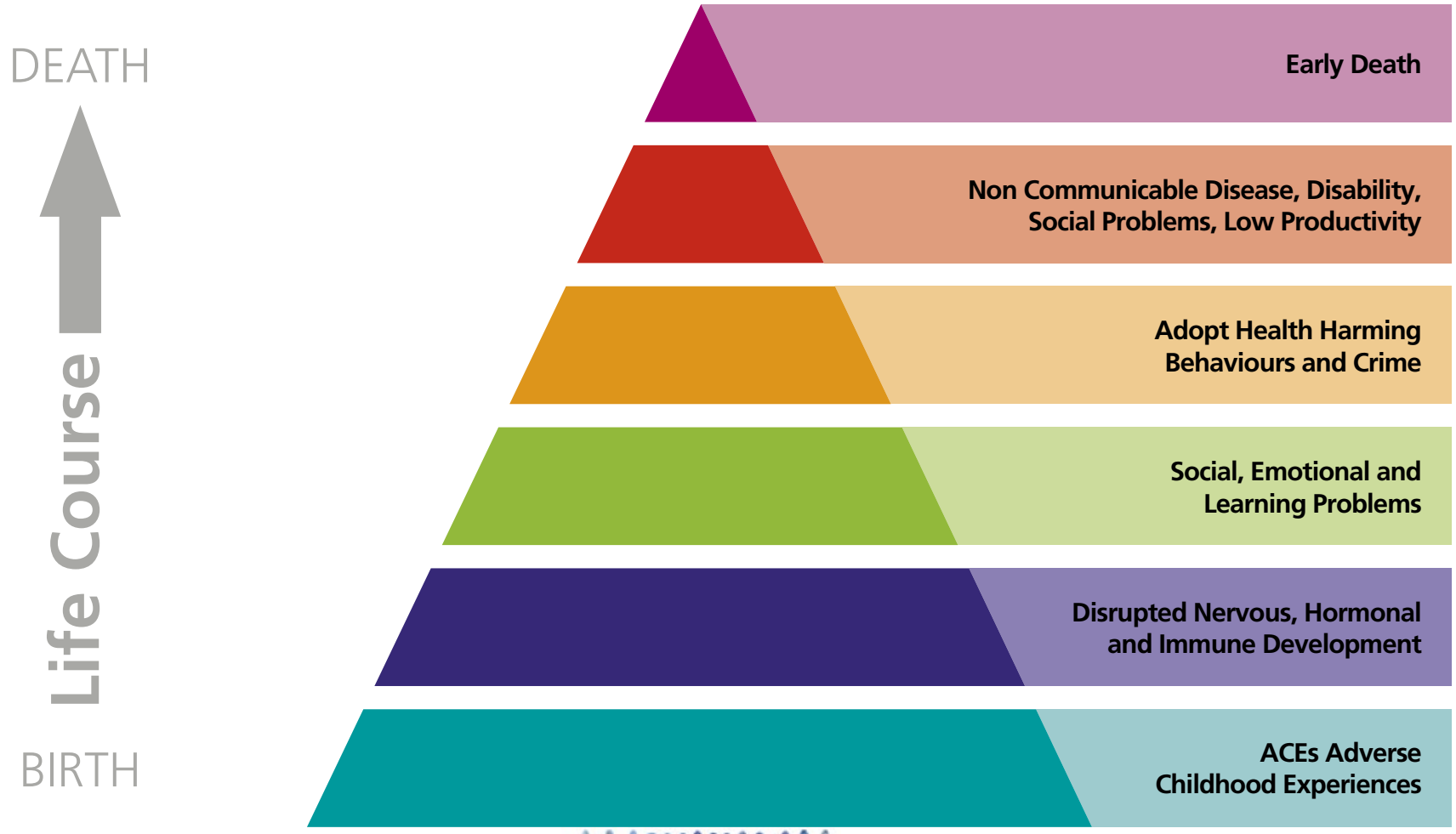
**In the English National ACE study, nearly half (47%) of individuals experienced at least one ACE with 9% of the population having 4+ ACES (Bellis et al 2014.)**

**There is a causal and proportionate (dose-response) relationship between ACE and poor physical health, mental health and social outcomes**
(Skehan et al 2008; Kessler et al, 2010; Varese et al 2013; Felitti & Anda, 2014.)




Warren Larkin
ASSOCIATES LIMITED

# Adverse Childhood Experiences ACEs - The Life Course




*Bellis 2016 Developed from Felitti et al. 1998*

Warren Larkin
ASSOCIATES LIMITED

# ACE Research (Felitti et al 1998)

4 or more adverse childhood exposures significantly increase the odds of a person:

By **2.5x**

**Having sexually transmitted infections**

By nearly **5x** increased risk

**Using illicit drugs**

Over **7x** increased risk

**Being addicted to alcohol**

Over **12x** increased risk

**Attempting suicide**

9,508 Americans completed an ACE questionnaire as part of standardised medical evaluation.

Warren Larkin

ASSOCIATES LIMITED

# Latest Findings From Vincent Felitti and Centre for Disease Control

The ACE study is still an ongoing collaboration between the CDC and Kaiser's Dept of Preventative Medicine in San Diego

More recent findings:

6 ACEs increased the risk of becoming a IV drug user by 46 times

6 ACEs increase the risk of Suicide by 35 times

Warren Larkin

ASSOCIATES LIMITED

# WHO (Kessler et al. 2010)

## 52,000 participants from 21 countries

**The authors estimate that the absence of childhood adversity would lead to a reduction in:**

- 22.9% of mood disorders
- 31% of anxiety disorders
- 41.6% of behavioural disorders
- 27.5% of substance-related disorders
- 29.8% of mental health diagnoses overall
- 33% of Psychosis (Varese et al 2013)

Warren Larkin

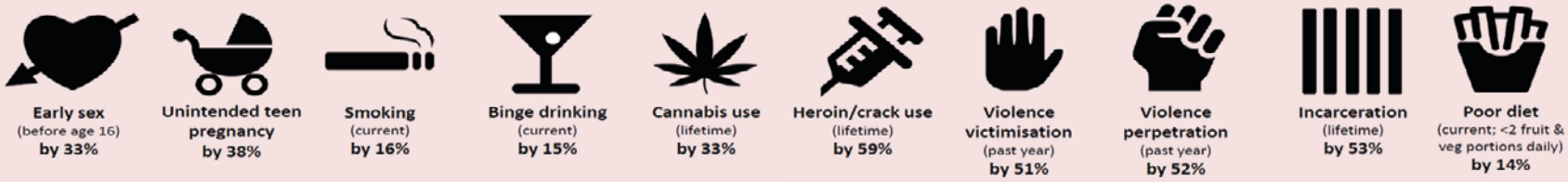
ASSOCIATES LIMITED

# ACEs increase individuals' risk of developing health-harming behaviours

## Compared with people with no ACEs, those with 4+ ACEs are:

- **2** times more likely to currently binge drink and have a poor diet
- **3** times more likely to be a current smoker
- **5** times more likely to have had sex while under 16 years old
- **6** times more likely to have had or caused an unplanned teenage pregnancy
- **7** times more likely to have been involved in violence in the last year
- **11** times more likely to have used heroin/crack or been incarcerated

## Preventing ACEs in future generations could reduce levels of:




The English national ACE study interviewed nearly 4,000 people (aged 18-69 years) from across England in 2013. Around six in ten people, who were asked to participate, agreed and we are grateful to all those who freely gave their time. The study is published in **BMC Medicine**:

Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H.
National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England.

Centre for Public Health, Liverpool John Moores University • WHO Collaborating Centre for Violence Prevention • May 2014 • Web: www.cph.org.uk • Tel: 0151 231 4510

Warren Larkin
ASSOCIATES LIMITED

# The case for routine enquiry in health and social care

## Waiting to be told doesn't work...

**Victims of childhood abuse have been found to wait from between nine to sixteen years before disclosing trauma with many never disclosing**
(Frenken & Van Stolk, 1990; Anderson, Martin, Mullen, Romans & Herbison, 1993; Read, McGregor, Coggan & Thomas, 2006)

**Read and Fraser (1998) found that 82% of psychiatric inpatients disclosed trauma when they were asked, compared to only 8% volunteering their disclosure without being asked**

**Felitti & Anda (2014) report a 35% reduction in doctor's office visits and 11% reduction in ER visits in a cohort of 140,000 patients asked about ACEs as part of standard medical assessment in the Kaiser Health Plan**

Warren Larkin
ASSOCIATES LIMITED

# Policy Context

**Future in Mind Report** 2015

**Promoting, protecting and improving our children and young people's mental health and wellbeing.**

*National Institute for Health and Care Excellence (2014). NICE public health guidance 50*

**Experiencing or witnessing violence and abuse or severe neglect has a major impact on the growing child and on long term chronic problems into adulthood**

**Ensuring assessments carried out in specialist services include sensitive enquiry about neglect, violence and physical, sexual or emotional abuse.**

Warren Larkin

ASSOCIATES LIMITED

# Policy Context

**Tackling Child SEXUAL Exploitation Report**

March 2015

**Expand routine enquiry from 2015-16 made by professionals in targeted services such as mental health, sexual health and substance misuse services**

**Professionals include questions about child abuse, to help ensure early intervention, protect those at risk and to ensure victims receive the care they need**

Warren Larkin

ASSOCIATES LIMITED

# REACh Model

**Readiness** checklist and organisational 'buy in'

**Change Management** - systems and processes to support enquiry

**Training Staff** - hearts and minds & how to ask and respond appropriately

**Follow-up support** and supervision for staff and leadership team

**Evaluation and Research**

Warren Larkin

ASSOCIATES LIMITED

# REACh Trained Partners

- LCFT South East Team and Health Visitors
- Blackburn with Darwen Children's Services Family Support Team
- Child Action North West, Familywise Team
- Lifeline, Substance Misuse Practitioners
- Greater Manchester NHS Foundation Trust Substance Misuse Service
- Evolve (Substance Misuse Service)
- Women's Centre (Counselling, Support and Employment)
- W.I.S.H. (Domestic Abuse)

Warren Larkin

ASSOCIATES LIMITED

# Key Findings

- Most participants were not aware of the impact of adversity on later life outcomes before the training.
- REACh training equips practitioners with the knowledge, confidence and skills to conduct routine enquiry with the people they support.
- Routine Enquiry is feasible and acceptable to staff and service users.
- There have been no reported significant increases in service need following practice change. Most service users are well supported by the worker they disclosed to or were currently working with.
- The REACh approach was the catalyst for increased frequency of disclosures, better therapeutic alliance and more targeted interventions
- Following routine enquiry people report considering the impact of ACEs in relation to their own children.
- Routine enquiry can quickly become business as usual.

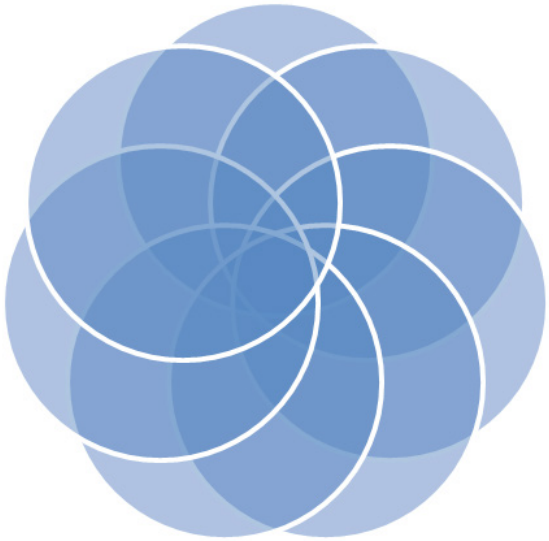
Warren Larkin

ASSOCIATES LIMITED

# REACh: Year 3

Making Every Contact Count (MECC) Adverse Childhood Experience module for online training

North West Coast Academic Health Science Network - developing and implementing routine enquiry in new settings



West Lancashire CCG - implemeting routine enquiry in general practice

Blackburn with Darwen Transforming Lives

Blackburn with Darwen Virtual School - creating a trauma informed school environment

Lancashire Safeguarding Children's Board - missing from home pathway

Warren Larkin
ASSOCIATES LIMITED

Department of Health

## 2016/17 will see LCFT implement a pathfinder programme on behalf of the Department of Health

Proposed settings include:

- Child and Adolescent Mental Health Services
- Sexual Assault Referral Centres
- Substance Misuse Services

The work will include developing good practice standards and an accompanying manual, creating tools for enquiring with young people and a feasibility exercise on national data collection for CSA and CSE.

Warren Larkin

ASSOCIATES LIMITED

# Conclusions & Next Steps

**Case for REACh is compelling in adults – acceptable, feasible and enhances potential for positive outcome**

**Findings from the evaluation of REACh shows the opportunity for early help and prevention with young and vulnerable parents**

**Potential to stop the intergenerational impact of ACEs and better target root cause – fix problems once**

**More work needed to establish best practice in routine enquiry with children and service users with LD**

**Evaluation of work in schools, with GPs and in context of Policing.**

Warren Larkin
ASSOCIATES LIMITED

# For more information

**Email:** wlarkin@warrenlarkinassociates.co.uk

**Twitter:** @warren-larkin

**Website:** www.warrenlarkinassociates.co.uk

Warren Larkin

ASSOCIATES LIMITED

# Warren Larkin

ASSOCIATES LIMITED

**Email**: wlarkin@warrenlarkinassociates.co.uk • **Twitter**: @warren-larkin • **Website**: www.warrenlarkinassociates.co.uk

# Notes

*"If you can get the science into the hands of the general population they will invent very wise actions"*

Laura Porter, Former Director,
Washington State Family Policy Council

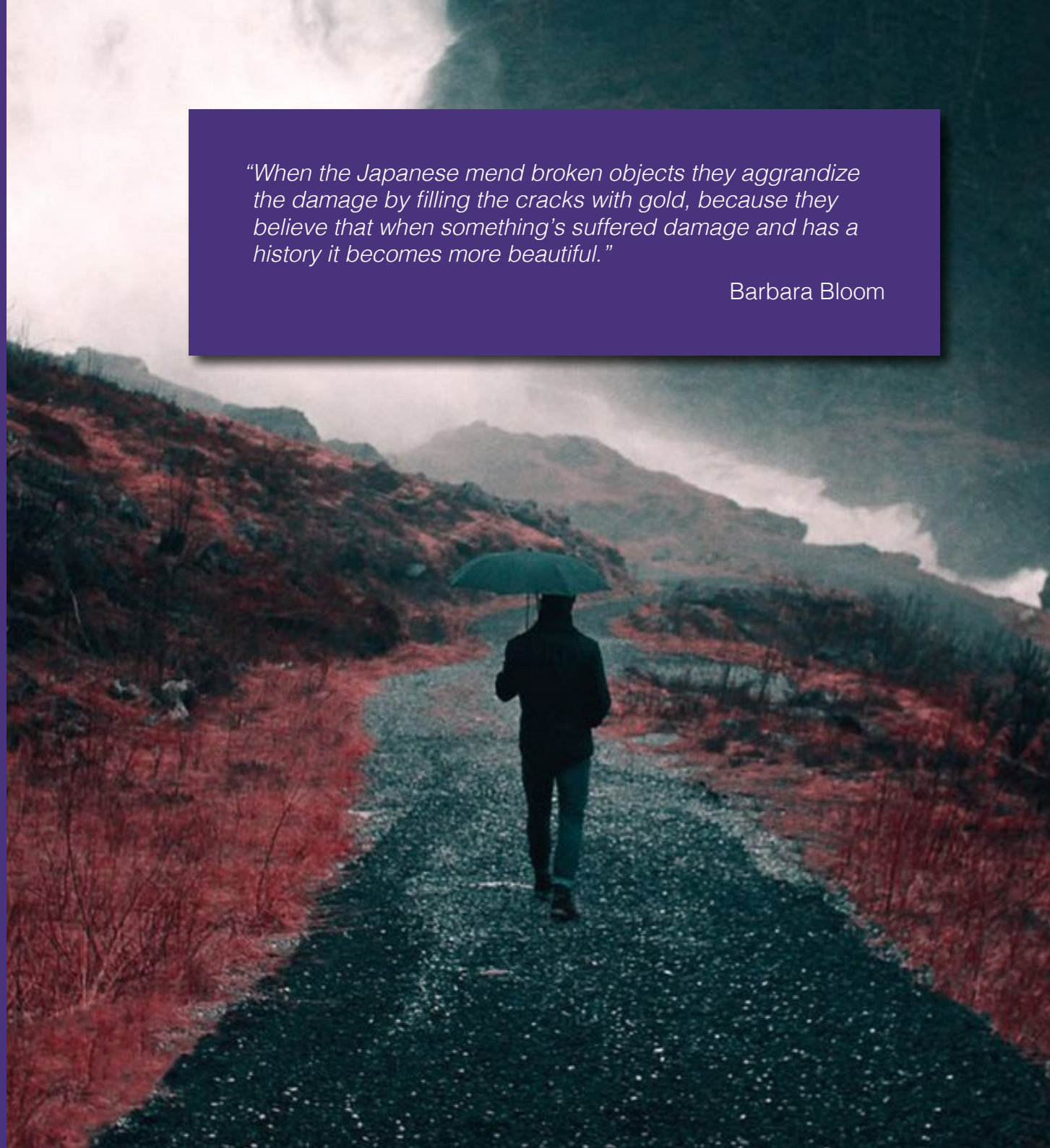
ben's place

SPECIALIST SUPPORT
FOR MALE SEXUAL ABUSE SURVIVORS

survivorswestyorkshire.org.uk

REACh-ing for a New Trauma-Informed Paradigm 2017 | published March 2017

Charity No: 1168928



*"When the Japanese mend broken objects they aggrandize the damage by filling the cracks with gold, because they believe that when something's suffered damage and has a history it becomes more beautiful."*

Barbara Bloom