The Scottish Institute for Policing Research

Moving towards Trauma-Informed policing: An exploration of police officer's attitudes and perceptions towards Adverse Childhood Experiences (ACEs).

Karri Gillespie-Smith[1]; Zara Brodie[2]; Kimberly Collins[3] Kirsty Deacon[2] & Karen Goodall[1]

1. **Clinical and Health Psychology, School of Health in Social Sciences, University of Edinburgh, Edinburgh, Scotland.**
2. **Psychology, School of Education and Social Sciences, University of West of Scotland, Scotland.**
3. **Forensic Psychology, School of Social Sciences, Humanities and Law, Teesside University, England.**

Contents

Project Title: *Moving towards Trauma-Informed policing: An exploration of police officers' attitudes and perceptions towards Adverse Childhood Experiences (ACEs).*

Summary

In 2018 Ayrshire Division of Police Scotland announced their aim to become a trauma-informed division. Subsequently, all officers and staff took part in a Resilience documentary screening event. This project aimed to examine whether this screening influenced police perceptions and attitudes towards becoming a trauma-informed force.

Study 1: Officers from Ayrshire (exposed to screening; n = 58) and Lothians and Borders (not exposed; n = 87) divisions completed an online survey, which revealed no significant difference in attitudes towards trauma-informed care for witnesses/victims or perpetrators.

Study 2: Four focus groups were conducted with 29 officers across each area of Ayrshire division to explore attitudes towards the Resilience screenings and wider understanding and attitudes towards becoming trauma-informed.

Discussion: The lack of difference in attitudes in Study 1 may be due to the Resilience screening being awareness-raising, failing to provide a toolkit for officers to translate these principles into practice. Study 2 showed that officers believe there is merit in becoming trauma-informed, however, there is a lack of clarity on what this might be in day-to-day practice and uncertainty regarding where the responsibility lies with regards to trauma-exposed individuals. Importantly, officers are implementing trauma-informed practices which are not necessarily 'labelled' as such.

Recommendations:

i) Screenings, such as the Resilience documentary, may be a useful starting point in raising awareness, particularly during initial training.
ii) The acceptability and usefulness of the such events would be improved by basing it on material tailored to policing specifically.
iii) In addition, multi-agency screenings with smaller audiences would expose attendees to a range of views and support active participation and networking.
iv) Most notably, practical information on how ACEs-awareness could be applied to specific policing work is required.
v) Officers would benefit from information sessions defining the trauma-informed framework and its relevance to policing work. This includes defining the limitations of ACEs-aware approaches, for example clarifying that these do not include directly

addressing trauma in individuals. Officers highlighted a need for improved communication between police and partner networking agencies such as social work.

vi) Identifying current policies and practices that align with an ACEs-aware framework would assist in highlighting what is possible at different levels (e.g. individual officers vs. overarching policies)

vii) Future information sessions need to address the perceived tension between operating in ACEs-aware ways and effective policing and to highlighting potential training that could address this tension. A specific example is de-escalation training which would enable officers to work effectively in a ACEs-aware manner.

viii) An ACEs-aware approach should acknowledge and support trauma experiences in police officers. Officers reported preferring a proactive 'check-in system', rather a self-referral system. This could be supported by the multiple levels within the trauma-informed organisation (i.e. peers, sergeants, inspectors as well as counsellors).

Introduction

The publication of the first Adverse Childhood Experiences - ACEs study (Felitti et al., 1988) led to an exponential increase in research supporting the view that people who have experienced adversity and trauma in childhood are at increased risk of a number of negative outcomes in later life. The higher the number of ACEs experienced has been associated with a higher chance of being involved with the criminal justice system, either as a victim or perpetrator of crime.

In 2018 Ayrshire Division of Police Scotland announced that it would be moving towards becoming a trauma-informed division. This was partly in response to an increasing volume of non-offence calls the Division was dealing with – which consisted of 80% dealing with vulnerable people rather than crime (Community Justice Ayrshire, 2018). This pattern is similar across the UK, where increasingly the majority of calls to police are not related to crime but instead to welfare, public safety or aspects of vulnerability (Bellis et al, 2015; Boulton et al, 2017).

As a first step towards becoming trauma-informed all police officers and staff within the Division took part in ACEs awareness raising sessions. These comprised of attending a screening of the documentary "Resilience: The Biology of Stress and Science of Hope" followed by a panel discussion involving experts in a range of fields, including those with lived experience of ACEs, trauma and contact with the criminal justice system.

This report is focused on the results of research conducted to examine the impact of these preliminary awareness-raising sessions on police officers' attitudes and perceptions towards ACEs and trauma-informed policing. The first strand of this research consisted of an online survey based on a standardised measure Attitudes Related to Trauma Informed Care – ARTIC: short-form; Baker et al., 2015) to measure behaviour and attitudes towards trauma-informed care. It was sent to and completed by officers and staff within both Ayrshire and a comparable Division where staff had not yet completed any ACEs awareness training (Lothian and Borders). This allowed a comparison between the Divisions where changes in attitudes towards trauma-informed care could be measured following the completion of the awareness raising sessions.

The second strand of the research involved exploring police officers' attitudes and perceptions of ACEs and trauma-informed policing in more depth through focus groups. Three focus groups were held with uniformed officers, one in each sub-division, and one with specialist

officers within public protection unit roles across the Division as a whole. A total of 24 uniform officers and 5 specialist officers took part in the focus groups.

With the current Scottish Government's 2018/19 programme focused on ACEs and discussions of Scotland becoming a trauma-informed nation, it is important to explore the potential successes and challenges for Police Scotland of working in this way and the role ACEs may play in this.

Adverse Childhood Experiences (ACEs)

The original study which looked at links between a range of adverse experiences in childhood and chronic health problems in adulthood was carried out in 1998 (Felitti et al). Initially considering seven adverse experiences – sexual, physical and psychological abuse, familial substance use, familial mental illness, domestic violence in the home and the incarceration of a household member – these were updated to later to also include parental divorce or separation, physical and emotional neglect. This gives the ten adverse experiences now commonly referred to as ACEs. There has been some criticism that ACEs fails to consider the wider structural inequalities being experienced by individuals with higher ACEs scores (Walsh et al, 2019) however, despite this, research is showing considerable links between ACEs and poor clinical and criminal outcomes (Allen & Donkin 2015; *Chapman et al.,* 2004; Dube *et al.,* 2003; Felitti *et al.,* 1998).

The concept of ACEs has grown in popularity since this initial study and research within populations in contact with the criminal justice system has shown links between higher numbers of ACEs and those involved in violence, as either the perpetrator or the victim, and within the prison population. Within an English study those individuals with four or more ACEs were found to be seven times more likely to be either a victim or perpetrator of violence than those with no ACEs (Bellis et al, 2014). The figures were even higher within a study carried out in Wales where they were fourteen times more likely to have been a victim and fifteen times more likely to have been a perpetrator of violence within the last year (Bellis et al, 2015). Looking specifically at incarceration, a study of male prisoners in Wales found that those who had experienced four or more ACEs were twenty times more likely than the general population to have been incarcerated at some point in their lives (Bellis et al, 2015).

While no national study has been carried out within Scotland, the Scottish Prison Service began to include questions on ACEs in its prisoner survey in 2017 (13 ACEs were used – the original ten plus a further question around physical abuse, separate questions around alcohol and drug use within the household and a question around being bullied at school or

elsewhere). Of the 46% of the prison population who responded to the survey, around nine in ten prisoners (89%) reported that they had experienced at least one ACE, just over half (52%) had experienced four or more and around one in ten (11%) had experienced ten or more (Carnie et al, 2017). These values can be compared to general population studies where figures for those with four or more ACEs range from 6% (Felitti, 1998), through to 9% (Bellis et al, 2014) or 14% (Bellis et al, 2015).

With ACEs included within the Scottish Government's programme for government in 2018/19 and discussions around Scotland becoming an "ACE aware nation" it is important to consider the impact of any ACEs awareness raising on police officers and staff, particularly given that people who have experienced ACEs are more likely to encounter police officers through their contact with the criminal justice system (Bradley, 2009).

Trauma informed services

There is not one single agreed definition of what trauma-informed care is, nor what defines a trauma-informed service. However, the USA's Substance Abuse and Mental Health Services Administration (SAMHSA) definition is often used. This states that a trauma informed service is one that:

1. Realises the widespread impact of trauma and understands potential paths for recovery;
2. Recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization

They do not set out a specific list of practices or procedures but instead say that there are six principles which should be present when implementing a trauma-informed approach:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical, and gender issues

Within Scotland there is a recognition that "responding to trauma is everyone's business (NES, 2017, p. 4) and the NHS Education for Scotland (NES) produced a framework specifying what knowledge and skills staff should have across the workforce nationally to be working in a trauma-informed way. The key outcomes for being a trauma-informed workforce are:

- The widespread occurrence and nature of trauma is realised.
- The different ways in which trauma can affect people are realised.
- People affected by trauma are supported to recover and avoid unnecessary or unhelpful 'retraumatisation' and trauma related distress.
- Workers are well supported when responding to trauma.

Therefore, it is imperative to understand how trauma awareness screening is impacting another service such as police, specifically regarding their attitudes and perceptions of ACEs and trauma-informed policing in Scotland. It is worth noting that trauma awareness screening is the first step towards becoming a more trauma-informed police service and is not in itself ACEs awareness 'training' (such as the ACEs training programme being implemented in South Wales division; Rammesur-Williams et al, 2019). Despite this, being aware of the impact of trauma through a documentary screening and panel may be enough to change attitudes and perceptions of officers who are dealing with various crimes.

Current Study

The aim of the current study was to examine police attitudes and perceptions regarding ACEs and trauma-informed policing (TIP).These lines of enquiry are crucial since intentional behaviour of police officers will be influenced by attitudes, subjective norms (i.e. police culture) and perceived behavioural control (i.e. how much control officers believe they have over their practice), according to Theory of Planned Behaviour (Ajsen,1988; 1991). Therefore, the first aim of this exploratory research was to evaluate and compare the attitudes of police officers who had and had not engaged in the Resilience screening towards the provision of TIP. In order to evaluate the impact of this awareness training, this project measured the attitudes of police officers from Ayrshire Division (who had engaged with the Resilience screening) towards people who have had ACEs. These were then compared with a sample of officers from the Lothian and Borders Division, a geographically similar force who had not yet received any ACEs awareness sessions. This aimed to determine whether the Resilience screening was effective in changing police officers' attitudes towards ACEs. Further, a series of focus groups were also conducted with officers who had engaged in the Resilience screening to

provide deeper insight into their experience of the resource, their perceptions of ACEs, as well as their attitudes towards becoming a trauma-informed service.

These aims were addressed through the following research questions:

Research Question set 1:

a) What are the attitudes of police officers towards trauma informed policing following the Resilience screening and discussion?;

b) What are the attitudes of police officers towards trauma informed policing who have not yet engaged with the Resilience screening and discussion?

Research Question set 2:

a) Do police officers feel the Resilience screening has changed their perceptions of ACEs?

b) What are the police officers' perceptions towards becoming a trauma informed service?

Study 1: Survey-based investigation of officers' attitudes towards trauma-informed care

Participants

147 police officers completed the online survey. The Chief Superintendents for both divisions (i.e. Ayrshire and Lothian & Borders) distributed the survey link via email to all division officers inviting them to take part. Police officers from Ayrshire division n= 58 (n = 60 originally recruited however 2 were excluded for not completing all questions) who took part in the Resilience screening were compared to officers from Lothian and Borders division n = 87, who did not take part in the Resilience Screening (please see Table 1).These two divisions were compared due to demographic similarities.

Table 1: Participant information for Study 1

Division	Mean Age (years)	Gender MF:N*	Time served as Police officer (years)
Ayrshire	41.6	31:25:2	15.7
Lothian & Borders	41.8	42:44:1	14.4

*** Not Specified**

Procedure

The participants were asked to complete a questionnaire that asked age, gender, length of employment with the police and police rank. They were then asked to complete two scales (Attitudes Related to Trauma-Informed Care Scales - ARTIC; Baker et al., 2015). One was completed in respect of their attitudes when thinking of witnesses or victims and the other when thinking of suspects or perpetrators of crimes. The ARTIC questionnaire assesses:

i) beliefs about the underlying causes of behaviours (internal and fixed versus external and malleable;
ii) beliefs about optimal responses to behaviours (focus on eliminating problem behaviours versus flexibility and ensuring feelings of safety);
iii) job-related behaviours (empathy-focused approach versus control-focused approach);

iv) self-efficacy (belief that they can meet the demands of working with a trauma-exposed population);
v) reactions to vicarious trauma ("I'm too sensitive to this" versus "being sensitive makes me better at my job");
vi) personal support for a trauma-informed approach (am I willing to implement this?);
vii) system-wide support to trauma-informed approach (are my team/the force willing to support me?).

In order to account for officer time constraints, the validated 10-item short-form version of the ARTIC was used. For each item, officers were asked to indicate where their attitudes lay between two bipolar statements. Responses to the 10 items were averaged to provide an attitudes score from 1-7, with 1 reflecting attitudes in contrast with trauma-informed principles and 7 reflecting attitudes conducive with trauma-informed principles.

Results

Effect of the intervention

In both divisions, attitudes towards both victims/witnesses (Ayrshire division = 4.9, Lothian and Borders = 5) and perpetrators/suspects (Ayrshire division = 4.7, Lothian and Borders = 4.7) were all in the mid-range. An independent samples t-test analysis of the responses to the ARTIC surveys showed there were no significant differences between the responses from the two Divisions for both attitudes towards both victims/witnesses [$t(143) = -.886$, $p = .377$] and suspects/perpetrators of crimes [$t(138) = -.029$, $p = .977$]. This indicates that attitudes towards trauma-informed care was not higher (i.e. more positive) in those who attended the awareness-raising sessions, when compared to a division that had not attended the sessions (see Figure 1).

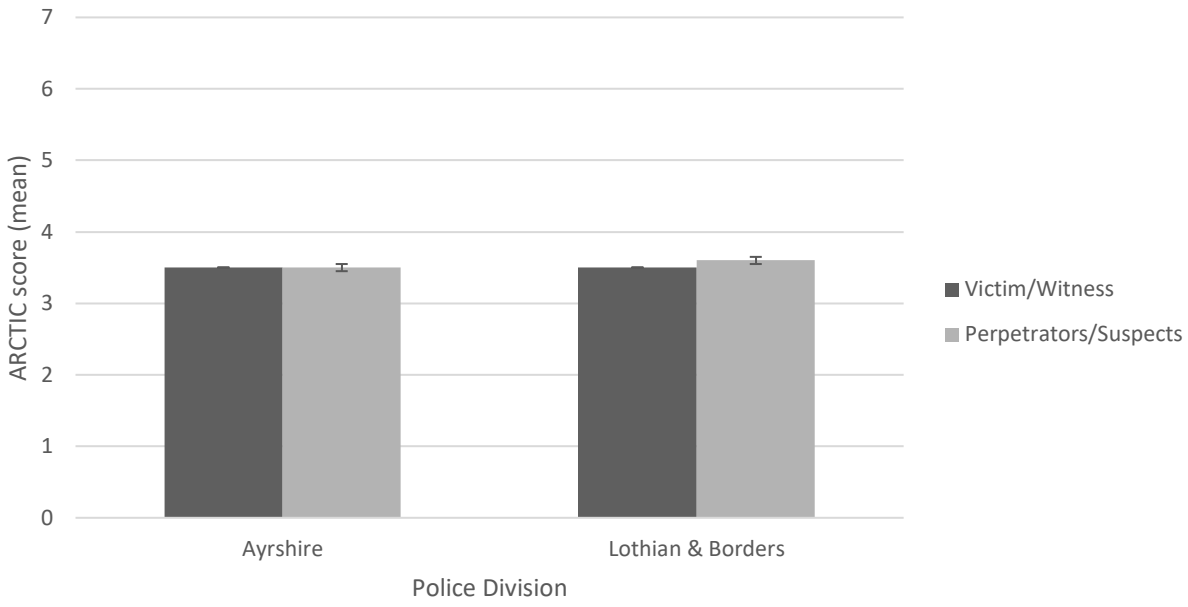

Figure 1: *ARCTIC scores for victims/witnesses compared to perpetrators/suspects in two different police divisions – Ayrshire and Lothian & Borders.*

Effect of officers' personal characteristics

When both divisions were grouped together, there were no significant relationships between attitude scores and:years spent in current roletype of role or rank. However, there were some interesting findings related to participant characteristics and their attitudes towards victims/witnesses and suspects/perpetrators. There was also a sex difference, with female officers (M = 5.17, SD = .83) demonstrating significantly more positive attitudes than male officers (M = 4.80, SD = .77) towards victims, $t(140) = -2.733$, $p = .007$and suspects (female; M = 4.95, SD = .88 and male; M = 4.55, SD = .83,), $t(135) = -2.732$, $p = .007$, than males. Age was significantly correlated with both victim (r = .17, p = .039) and suspect (r = .22, p = .01) attitudes, indicating that older officers demonstrated more positive attitudes towards both groups. Finally, number of years in the force was significantly related to attitudes towards suspects only (r = .19, p = .025); suggesting that longer service is associated with an increase in positive attitudes towards suspects who may have experienced trauma.

Differences in victims and suspects

Overall, police attitudes were significantly more positive towards victims (M = 4.97, SD = .83) than suspects (M= 4.73, SD = .87), $t(137) = 6.122$, $p < .001$.

Key findings 1

i) There were no differences between attitudes in the Ayrshire division compared to the Lothian & Borders division, indicating that the Resilience screening did not increase attitudes towards perpetrators/suspects and victims/witnesses in the short term.
ii) Female officers showed more positive attitudes towards suspects and victims compared to their male counterparts.
iii) Age was related to attitudes towards trauma informed care, indicating that as officers got older they developed more positive attitudes towards both victims and suspects.
iv) Years served in the force was related to attitudes towards suspects only with those who had been in the force longer showing a more positive attitude. Years served was unrelated to attitudes towards victims.
v) Officers showed generally more positive attitudes towards victims compared to suspects.

Study 2: Focus group of police officers' attitudes towards Trauma Informed Policing (TIP)

Participants

Four focus groups were carried out in each area of Ayrshire Division including East Ayrshire (n = 8); North Ayrshire (n = 8); South Ayrshire (n = 8) and finally a Specialist group of officers who deal with concern referrals (n = 5). In total there were 29 participants whose length of service ranged from 3.5 to 23 years. The participants had a range of roles (Table 2).

Table 2: Summary of participant information from focus groups

Area/Focus Group Type	Gender	Designation	Mean Length of employment
E. Ayrshire	5M:3F	All PCs	11y10m
N. Ayrshire	5M:3F	All PCs	11y
S. Ayrshire	6M:2F	All PCs	12y9m
Specialist	2M:3F	4DC:1PC	18y

Notes: M= male, F = female, PC = Police Constable, DC = Detective Constable

Procedure

Focus group participants were recruited by a police liaison in the Ayrshire police division based on rank and shift changes (partial convenience sample) and ensuring that rank was matched. Officers contacted with regards to the focus groups were ensured that participation was entirely voluntary and they were under no obligation to take part. Officers who were interested were given the participant information sheet by the liaison officer and invited to ask any questions before agreeing to take part. The focus groups took place on Police Scotland premises and lasted approximately one hour. A semi-structured interview proforma was used to guide the discussion, which was audio-recorded. Focus group facilitation and transcription of audio recording was conducted by KD, the project's Research Assistant. The resulting transcripts were analysed using thematic analysis. This is a method used to identify themes or ideas which are repeatedly expressed. Participants were allocated an anonymous participant code that was used when being directly quoted.

Results 1: Perceptions of the Resilience Screening

Perceptions of those who attended the Resilience documentary screenings were explored and three main themes arose: *content, context* and *what now?*

Content

The majority of participants expressed the view that the main message of the Resilience documentary – that adverse experiences in childhood are linked to difficulties in later life – was information that was not new to them. There was a dominant view that the ACEs movement provided a common terminology for information that was well understood, particularly by police officers:

"*I think we've always known about it. I think ACEs has just gave it a name*." (P. 4)

For a small number of participants, the documentary had added nuance to their knowledge by highlighting the mechanism by which ACEs affected biological systems or behaviours, which then led to poor outcomes:

"*it was a total lightbulb moment for me."* (P. 20)

The new information that the documentary provided was an understanding that an individual's brain and biological systems could be affected by what had happened in the past, rather than assuming that adversity linked to crime via external factors, such as substance abuse.

There was agreement that the documentary would be useful information for initial training of new recruits. This was aligned to a dominant view that the understanding of how adversity can affect the life trajectory develops with age and experience.

"[On joining the police at 18 years old] *I wasn't quite as open-minded when it came to the, kind of, ACEs stuff but I think it's more age and experience that, you know, made me realise and appreciate, you know, just how much, you know, your upbringing and, you know, these* kind *of emotional incidents can have on your life and your behaviour later on in life*." (P. 28)

A dual effect of age and experience was highlighted. On the one hand, officers could be more aware of the range of adversity experienced by individuals in society. On the other hand, it was conceded that police work had the potential to blunt empathic feelings over time:

"…*probably the best example I can use is - we've all been there - when it's been a fifteen-, sixteen-year-old just about to get to that magical age, and we've all thought, 'I cannae wait to*

next month to give you the jail'. See if you're thinking that, I think something else needs to happen first, so due to what's happening, with the way that we're feeling, doesn't then transpose onto potential somebody's, like, say getting to a positive destination, i.e. employment" (P. 20)

Thus, for officers who were aware of the negative life trajectories that frequently follow from childhood adversity, there was an awareness that a response such as a custodial sentence, might lead to further adversity.

Context

Although focus groups participants were clearly engaged in discussion of ACEs in relation to police work, acceptability of the Resilience documentary was limited by its perceived lack of relevance to their own work and to the Scottish context.

"*So it just needs to be much more directed at police officers rather than health, and less of the medical jargon*." (P. 9)

Participants viewed that it was too focused on biology as a mechanism and was of more relevance to healthcare contexts. They also found the North American setting, with its focus on gang crime of limited to relevance to the local context. Without a guiding framework, many participants expressed difficulty in understanding which aspect of ACEs-awareness were being promoted and why:

"*I feel it's getting a bit muddied, I don't know about you, but between dealing with the public and their ACEs that they've experienced and how we deal with them, and then you get ACEs thrown in about police welfare and how the, the officers may be traumatised experiencing incidents and so I'm thinking I am lost with-…"* (P. 25)

Having other services, such as education or social work, present during the panel discussions following the screening allowed for different perspectives to be discussed and promoted understanding of the challenges faced by other services. They also enabled individuals from different services to make contact with a view to common working. Panels with members who were involved in welfare or police work were viewed as most engaging:

"…*it worked far better when it was a multi-agency approach, when they were held within another establishment, with all the services being present, and then afterwards allowing everybody to have a, kind of, networking and discussion*." (P. 1)

What now?

Overwhelmingly, regardless of how useful attendees found the Resilience screenings, they viewed it as a preliminary step only. There was a prevalent view that the screening and panel did not constitute trauma-informed training, but instead was only a preliminary step in the direction of becoming trauma-informed. Although most officers expressed the idea that they were limited by set procedures, ACEs-awareness was deemed to be beneficial:

"…*but I think if anything it just maybe gave us that, well stop and think for a, for a moment, maybe there is, we still deal with it in the same way but there is obviously things going on the in the background that have, why this particular person is presenting as they are*" (P. 14)

Considering how a person's background might have influenced their current behaviour is key to a trauma-informed approach. However, attendees felt that that this would have little impact on their day-to-day behaviour:

"*You deal with the situation, you deal with them fairly, you use as much force as necessary and talk to them afterwards, but it makes no difference how we police*." (P. 25)

The dominant view was that attendees believed further discussion and training was required on how being trauma-informed would change policies and practices:

"*I think it's all very well informing us but surely that's only stage one. Stage two should be, this is <u>how</u> we're going to change*." (P. 16)

"But if they actually said, they're bringing procedural changes, or asking us to do something specific it would be far more worthwhile, I think." (P. 28)

Thus, although individual officers could be reflective of the backgrounds of the people with whom they came into contact, they believed that this would be of limited benefit in the absence of guidance on how to implement trauma-informed policing or changes to policies and standard practices.

Key findings 2

vi) Screenings, such as the Resilience documentary, may be a useful starting point in raising awareness, particularly during initial training.
vii) The acceptability and usefulness of the such events would be improved by basing it on material tailored to policing specifically.
viii) In addition, multi-agency screenings with smaller audiences would expose attendees to a range of views and support active participation and networking.

ix) Most notably, practical information on how ACEs-awareness could be applied to specific policing work is required.

Results 2: Perceptions of trauma-informed approaches to policing

The second stage in the qualitative analysis focused on examining officers' general understanding of and attitudes towards trauma-informed policing. The aim of this was to identify current levels of understanding, as well as potential barriers to implementation. Six themes were identified from the focus group discussions: *Current understandings, Who 'deserves' trauma-informed policing?, Lack of inter-disciplinary working, doing the job properly, procedural challenges and support for secondary trauma.*

Current understandings

The Resilience screening focused mainly on raising awareness of ACEs and their impact, with little focus on trauma-informed approaches. Commonly, participants' understanding of trauma-informed approaches centred on preventing adversity in children, which they did not view as appropriate to police work:

"So, for us to try and stop children from getting ACEs it needs to be targeted at the people who are causing the ACEs, so to me that's more health and social work than the police." (P. 29)

As well as relating TI-policing to the prevention of ACEs, there was a perception that trauma-informed working would involve acting in a counselling capacity, which officers rejected as being part of their role:

"*And I think as a campus officer you've got a bit more scope to enquire into the background and maybe point them in the right direction, but I don't think our job as police officers to be mental health support for people and to try and fix their life*." (P. 17)

The notion that officers would be required to find out specific details about an individual's background in order to be able to respond in trauma-informed ways was common:

"*You're delving into people's psyche, their whole childhood and you're trying to get in their heads to, and then we're, it's such a huge issue I just don't think that, I think to be aware of it, and I think being aware of ACEs is excellent and it might humanise more people a wee bit to know how they broach things and how they speak to people*." (P. 6)

Given the increasing number of welfare and concern calls that are being referred to the police, and the brief interaction that police officers have with individuals, it was unsurprising that officers were unable to see how they could implement trauma-informed practices. Rather, their perception with regards to policing was focused on intervention. It was common to think that officers would be required to have knowledge of an individual's trauma to practise trauma-informed practices.

Although there were instances offered where practices were being implemented that might be considered trauma-aware, the impact of these was downplayed, as they were not viewed as 'fixing the problem':

"If someone's breaking the law, they're breaking the law to an extent, and, yeah, you can be a wee bit more compassionate in dealing with them or, you know, whatever, you can change your approach, your personal skills [with] that person while you're dealing with them, but we're limited as to what we can really do and it almost feels like, it's good to have an awareness of it but the actual mechanics of it, and put in to practice, would really fall with other agencies." (P. 28).

In short, found it difficult to see alignment between their role as an officer and the ACEs documentary, which focused on children and the health impacts of ACEs. Confusion was further compounded by a lack of understanding of how an ACEs framework should be applied to different groups:

"*I feel it's getting a bit muddied, I don't know about you, but between dealing with the public and their ACEs that they've experienced and how we deal with them, and then you get ACEs thrown in about police welfare and how the, the officers may be traumatised experiencing incidents and so I'm thinking I am lost with-…"* (P.25)

"*It was the documentary, you were shipped in, you were shipped out and then you were trauma-informed and I have no idea of what that means*." (P. 5) This highlights that providing clear structure around the strategic objectives of moving towards trauma-informed policing, as well as a clear explanation of how the ACEs concept relates to trauma-informed approaches, would be beneficial. Without a clear end-goal, or a clear instruction into how to change practice, officers were left with the impression that they had been taught something that they already knew.

While the role of the police in a trauma-informed society did not always seem clear, there were mentions of their role in referring individuals on to other agencies and the responses open to the police which may be related to working in a trauma-informed way (e.g. ensuring an entry

is made on the iVPD (Vulnerable Persons Database). This highlights different perceptions of trauma-informed policing depending on whether an organisational response is being considered or the interpersonal behaviour of officers in their day-to-day dealings with people. Officers' perceptions of trauma-informed policing were much more in respect of the former, with much of the discussions focusing on processes and procedures within this context.

Who 'deserves' trauma-informed policing?

There also appear to be differing perceptions of policing in a trauma-informed way depending on whether this was in respect of adults or children, or in respect of victims or suspects. Most of the discussions within the focus groups centred around children, and it tended to be on their experiences of adversity rather than the consequences of experiencing this adversity on behaviour. This may be as a result of the awareness-raising sessions focusing on ACEs. For children there was a focus on avoiding putting them in situations where they could be adversely affected (e.g. the execution of drugs warrants), or where they were already in these situations (e.g. a witness to domestic incidents) to at least try and mitigate any trauma. Where the children were offending, rather than witnesses or victims of offences, the perception was that processes and procedures were in place and should be followed in respect of trying to reduce young people's involvement within the criminal justice system (EEI warnings and the process around reporting to the Children's Reporter were given as examples of this).

"*Certainly, in my role and most police officers I speak to, the last thing that you ever want to do is charge a child*." (P. 18)

Where adults were concerned, the perception of policing in a trauma-informed way was mentioned in respect of the victims of sexual assault but working in trauma-informed ways was viewed as less relevant to perpetrators of crimes. Adults were viewed as having higher levels of personal responsibility, meaning that even those who had experienced significant adversity would elicit less empathy, as the assumption was that they could make rational choices about their own behaviour:

"*Sometimes, we do need to decide, right, we need to do this. But quite often it will, as we've said, it will come down to their behaviour. That, they're in control of that ultimately*." (P. 12)

It appeared that there was a perception that the appropriateness of trauma-informed practices was partly dependent on what level of responsibility an individual could take for their own actions. Thus, although participants asserted that they were aware of the link between childhood adversity and later behaviour, the issue of personal responsibility was more dominant than the link between ACEs and impulsivity, poor decision making or limited life

choices. The current understanding of trauma-informed approaches as being focused on young people and prevention of ACEs was a barrier to participants being able to imagine how trauma-informed approaches could be rolled out across a Division.

Lack of inter-disciplinary working

There was a good understanding of the intergenerational nature of ACEs and the fact that adversity and trauma are likely to be repeated in families. Officers identified that addressing ACEs or preventing further negative impacts from existing ACEs would require multi-service working:

"When you're dealing, you're on a shift and you're dealing with things, it's not up to the police to fix people's trauma, you know, we are causers of trauma, we can't immediately fix trauma for people. I think it's a multi-agency way of dealing with things. I think it starts with health, I think it starts with, even before women are pregnant, before they're born and it's a huge social issue. I don't know that it is for Police Scotland to fix, but I think it's a Scotland-wide issue". (P. 7)

Many officers also spoke of how they perceived ACEs and the response to them to be multi-agency, but that this did not appear to be the reality for them in their day-to-day roles. They spoke of feeling there was a lack of effective data sharing between themselves and social work, perhaps a reflection of a lack of feedback on the outcome of reports submitted to the interim Vulnerable Persons Database or child protection referrals. Instead they reported encountering the same families repeatedly, submitting further referrals or reports but, again, receiving no indication of progress or end results:

"*I think though there's a breakdown now between social work and police really and that gap needs to be bridged…"* (P. 22)

Officers felt they were limited by the boundaries of their own role and that, especially in relation to very vulnerable individuals, they required interactive working with agencies who were better positioned to take on that role:

"*And I know all these organisations don't have enough employees and enough money, however we're not helping, collectively, as all partner networking agencies. Nobody's helping one another*" (P. 21)

With the police increasingly taking on work outside the remit of simply dealing with crime and criminality, officers spoke of being the "first port of call" or the "last line" where other agencies, perhaps impacted by austerity and cuts, turned to the police to deal with wider issues. This

includes mental health or vulnerable individuals, which would previously not have fallen under their remit, or certainly not to the extent it appears to now. These feelings may add to the perception that ACEs and trauma are now falling solely to the police to deal with, and a lack of confidence in the multi-agency work they feel is necessary to deal with these problems.

Doing the job properly

Based on their current perceptions of what trauma-informed policing entailed, participants equated a trauma-informed practice with being more lenient or employing practices that might potentially conflict with their capacity to carry out police work effectively. There was a tension between practices that were viewed as trauma-informed and the role of the police, to prevent and deal with criminality:

"*I get all that [ACES], but first and foremost I think we're, we're police officers and we've got a job to do.*" (P. 20)

Concerns were raised regarding drugs warrants being executed during school hours, with the aim of minimising trauma to children residing in a premises. This raised the potential conflicting issue of ensuring the greatest success of a warrant (as measured by a full recovery of the drugs held within the property), which may come from an early morning execution before the drugs are moved on during the day:

"*I mean, people either want us to get drugs off the street or they want us not to potentially emotionally upset a young child. Because you can't always do both*" (P. 28)

Where a perceived conflict existed, participants believed that what they viewed as their primary role should take precedence. In particular, it was viewed that trauma-informed approaches were less likely to be considered in situations where risk was a factor. Risk-focused training meant that public safety would take precedence over concern for the wellbeing of those who posed a potential risk:

"…*if we were to go to a call that involves a child, albeit you might be thinking about ACEs and stuff like that in the back of your head, in reality is it going to change the way you deal with that call, probably not, right. Because your first, your first and foremost thought is protecting that member of the public*." (P. 19)

The prioritisation of safety over other concerns extended to ensuring the safety of colleagues and to their own personal safety, alluding to the fact that the policing role is no different to any other job, where employees hope to avoid physical injury in the course of their work:

"*I'm thinking of my own safety, my colleague's safety, and if they're kicking off and being violent to the extent that they need to be restrained, then they'll be restrained*." (P. 28)

Participants also expressed the view that taking a trauma-informed approach would reflect badly on them. For example, interpreting guidance in a more flexible way could lead to negative consequences, for which they would be accountable to senior staff and colleagues:

"*if you are dealing with younger people…that's the kind of guidance we're given. If they then run away or whatever then it's, you 're talking a high risk – missing, missing kids and stuff like that - and the question would be put on you, why did you have the handcuffs? Why were they not restrained properly*?" (P13)

The predominant view was that trauma-informed approaches involved being more compassionate and more lenient in terms of everyday interactions and sentencing. Particularly with young people, there was an awareness that certain actions on the part of the police (for example, charging someone) could push a young person further along a negative trajectory. However, participants also felt that there was an inherent conflict in public attitudes towards the police becoming more trauma-informed, with the public often still prioritising individuals who offend being dealt with in a way that they consider appropriate in order to protect their safety:

"*Whereas, the old people, the vulnerable people in that street are saying, 'Well actually we're being targeted by that young person, we're suffering, we're stressed.' So, we've got a duty to them, as well, and it looks as though, with the things coming out, that we might be, appear to be getting soft in our approach. So, it's a difficult balance*." (P. 25)

Thus participants identified a number of areas where they believed trauma-informed approaches, as they currently understood them, would comprise their role in terms of safety, attending to what they viewed as the key purpose of the role and their performance as rated by their seniors, colleagues and the public.

Procedural challenges

In the absence of changes to policies or procedures, there was a perception that the current set procedures they are required to follow did not enable an officer flexibility to respond in ways that they considered to be trauma-informed:

"*We're dealing with it as an incident-based thing, so if they've tried to commit suicide, we'll be passing it on to social work. We won't be saying, 'Oh well they're feeling a bit low, but actually*

they've had a lot of stuff in their past, so we'll do something different with it'. We're dealing with it the exact same, so it makes no difference." (P. 25)

This left them limited in terms in ways in which they could change their individual behaviour. Despite this, there was recognition that treating others with respect and compassion could be conducive to getting a job done well and there was recognition that some individuals would require additional support:

"I think it does kinda get to the prevention in it, prevention kind of side of it, but I would still think about it, see if I'm taking a statement from an adult, I still have it in the, kind of, back of my mind, that the statement might not go as well as what I wish it to go and I might need to take a bit of, kind of, extra time, to get what I'm looking for." (P. 1)

A lack of training or procedural guidance in trauma-informed practices left officers felling very limited in terms of set guidelines or a framework for interacting with individuals who may have experienced trauma:

"*And I think as police officers what needs to be obviously highlighted, we don't have very many disposals in our bag, ken what I mean. We, we're there to uphold the law and the kind of tool we've got, if you like, is, is charging folk and obviously incarcerating folk*." (p. 20).

In sum, it is apparent that participants would welcome guidance on how to work in trauma-informed ways within the confines of current practices. There is also potential for the relevance of current training to be put into a trauma-informed context, or to provide specific training.

Support for Secondary Trauma

Participants felt strongly that being a trauma-informed division should extend to supporting officers in their roles. Their motivation to adopt trauma-informed working was impacted by perceived limitations in the support available to them. A key aspect of trauma-informed practice is that the trauma in the workforce is recognised and supported, whether that arises from childhood adversity, adult trauma, or directly or indirectly via work. Whilst is was acknowledged that support structures were available, various barriers to accessing that support were identified. Participants noted concerns about confidentiality and the police culture of coping and dealing with difficult situations may also prevent people from coming forward and asking for help:

"*I think the mechanisms are there to do it but I don't think it's really. I think it's just that attitude that you always get in the police, you just get on with it*." (P. 28)

These concerns and cultural norms made it difficult to seek professional help on an active basis. Officers instead felt that an opt-out form of support would allow people to access support where necessary without having to ask for it. One participant noted that it was easier to accept counselling when it was a mandatory exercise and when a rapport could be built with support staff:

"*And they, the counsellors that we had at that particular time they, you probably saw one or two so if you'd been doing it for a few years you got to see them again and they, they kinda got to know you a bit as, as well*." (P. 29)

It was felt that a one-to-one meeting with a supervisor following a critical incident would allow for a debrief, however this depended on the availability and willingness of the superior:

"*If you do get any sort of follow-up about things it's generally because your Sergeant's decent, you know. It's more a personal-based thing, based on the relationships you've got with Sergeants, Inspectors, and things like that, rather than, we have this, as an umbrella organisation we are fantastic at it*." (P21)

Trusted and mutually supportive relationships with colleagues formed a key aspect of personal support, and were considered an accepted alternative to formal counselling, especially in instances where officers had experienced traumatic situations on the job. This included relying on trusted colleagues or superiors to notice when officers were finding situations difficult and to offer support:

"It's personal relationships, your gaffer sitting you down, saying, look are you alright, or even your, you know, your fellow cops sitting you down saying, god that looked awful, are you alright with this. But that, there's nothing directly official in that…" (P16)

Due to the volume and nature of calls that uniform officers were exposed to, there was a recognition that police work could impact individuals and their work in ways that they did not desire:

"*De-humanises you, it makes you forget and I think that, for me, that made me think about my, my role and being more, kind of, human, […] it's just call after call after call after call and, you know, let's just get this over and done with, whereas I think […] no I need to actually be a decent person*." (P1)

It was therefore recognised that a trauma-informed police force should recognise the potential impact on officers in terms of secondary trauma, as well as those with whom they come into contact.

Key findings 3

x) Officers would benefit from information sessions defining the trauma-informed framework and its relevance to policing work. This includes defining the limitations of ACEs-aware approaches, for example clarifying that these do not include directly addressing trauma in individuals. Officers highlighted a need for improved communication between police and partner networking agencies such as social work.

xi) Identifying current policies and practices that align with an ACEs-aware framework would assist in highlighting what is possible at different levels (e.g. individual officers vs. overarching policies)

xii) Future information sessions need to address the perceived tension between operating in ACEs-aware ways and effective policing and to highlighting potential training that could address this tension. A specific example is de-escalation training which would enable officers to work effectively in a ACEs-aware manner.

xiii) An ACEs-aware approach should acknowledge and support trauma experiences in police officers. Officers reported preferring a proactive 'check-in system', rather a self-referral system. This could be supported by the multiple levels within the trauma-informed organisation (i.e. peers, sergeants, inspectors as well as counsellors).

Conclusions

The results demonstrated that the Resilience awareness-raising event had no discernible impact on short-term attitudes of police officers who attended it. This may be related to the fact that initial awareness-raising may require a longer time frame to effect attitude change. Officers reported seeing merit in the event, particularly for officers in training. Furthermore, there were significant limitations in how the events were presented. Without a guiding framework, or examples relevant to policing work, officers found it difficult to align this with their work. Despite this, there were engaged debates in the focus groups, indicating a clear interest in what trauma-informed policing might look like. Interestingly, some examples were raised of trauma-aware procedural changes for example around the execution of drugs warrants. Individual officers also reported practices that would be deemed as trauma-aware, although these were not consciously recognised as such. The lack of a guiding context or practical advice meant that attending officers were confused about what a trauma-informed approach meant, or how they should amend their practice.

While there was a professed recognition or an awareness of ACEs, both prior to and following the sessions, confusion around the aim of trauma-informed practices meant that officers viewed them as incompatible with their roles. In particular, there was a concern that trauma-informed practices were more lenient, and possibly would reflect badly on officers in

terms of their superiors and the general public. These issues need to be acknowledged and addressed in order to increase support for trauma-informed policing.

Incompatibility with a police role was related to beliefs that trauma-informed policing requires prior knowledge of an individual's background, empathy for that individual and a need to counsel that individual. A belief that the primary purpose of TI-policing is related to reduced ACEs in society also led to the belief that TI practices were incompatible with the role of the police. Distinct attitudes were noted in relation to acceptability of TI-practices for children or adults and for perpetrators or victims, with officers tending to be considerably more aware of its importance in working with children and victims of crime.

Perceived barriers were related to a lack of interdisciplinary working between services, particularly with the sharing of information, a lack of flexibility in current policies and practices and a lack of specific training. Consideration needs to be given to the fact that the police are an organisation traditionally focused on criminality and its prevention and control. While the nature of calls may have changed, the basis of the organisation, its training and recruitment has not necessarily reflected this. Officers and staff are situated within a criminal justice system which is ultimately focused on punishment and consideration must be given to what it means to be trauma-informed within this context.

Finally, there was recognition from participants that a trauma-informed service should also extend to that provided to employees within that service. Although it was noted that support was available, there were various barriers to accessing that support, such as lack of trust. Trusted and mutually supportive peer relationships were particularly valued within the context of support provision, rather than official support channels.

Conclusions about the impact of the Reslience event on attitudes are limited by two main factors. First, due to the timing of the research it was not possible to measure officers' attitudes prior to exposure to awareness-raising. Although there was no difference in attitude between divisions, it cannot be concluded that the event did not effect a change in attitude in some officers. Second, attitude change is unlikely to occur within a short period of time. The research did not allow for a repeat measure at a later date to determine whether attitudes changed some weeks or months after the event. The study here does offer insight into factors that are related to more positive attitudes, namely gender, age and experience. Furthermore, it indicates that officers are likely to view trauma-informed approaches as more appropriate for those who have witnessed or been victim to a crime, rather than for perpetrators.

Recommendations Based on this small-scale study a range of recommendations are made to support moving towards trauma-informed practices. These are related to ACEs-awareness sessions and more generally to trauma-informed working and are separated into short-term, medium term and long-term recommendations:

Short term

- ACEs-awareness sessions could be routinely incorporated within probationer training as a low-cost initial step.
- This should occur within a clear framework of how ACEs-awareness is related to trauma-informed practices.
- Ideally, the focus of these sessions should be tailored to policing and should be hosted as inter-disciplinary/multi-agency events.

The event could include a presentation of TI-policing work already in progress, such as focusing on positive relationship-building, referrals to partner agencies and putting intervention high on the agenda.

Medium term

- Further training on the aims and limitations of trauma-informed policing is encouraged, particularly for more experienced officers. This is key to acceptability of any future initiatives.
- Collaborative working with more experienced and senior officers would enable explicit recognition of practices that are already trauma-informed, as well as practices that could be easily amended to involve trauma-informed ways of working.
- A review of trauma-informed policing practices currently being implemented in other forces could provide concrete examples of changes to policies, practices and training that would support officers in developing a trauma-informed practice.
- This could include a review of trauma-informed working that is relevant to adults (victims and offenders), rather than focusing predominantly on children and young people.

Longer term

- Based on the medium-term stages, Ayrshire Division could consider policies or practices to be adjusted in line with trauma-informed policing.
- Any recommendations should take account of the concerns raised by officers in relation to their capacity to undertake their work effectively.

- A review of current support practices would enable identification of good practice and barriers to accessing support. Ultimately, a trauma-informed service requires supporting both clients and employees.

References

Allen, M., & Donkin, A. (2015). *The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects.* University College London Institute of Health Equity.

Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C. & Lowey, H. (2014). National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. *BMC Medicine*, 12(72), 1-10.

Bellis, M. A., Ashton, K., Hughes, K., Ford, K., Bishop, J., Paranjothy, S. (2015). *Adverse childhood experiences and their impact on health-harming behaviours in the Welsh population.* Cardiff: Public Health Wales

Boulton, L., McManus, M., Metcalfe, L. & Brian, D. (2017). Calls for police service: Understanding the demand profile and the UK police response. *The Police Journal: Theory, Practice and Principles*, 90(1), 70-85.

Carnie, J., Broderick, R., Cameron, J., Downie, D. & Williams, G. (2017). *Prisoner Survey 2017*. Edinburgh: Scottish Prison Service

Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of affective disorders*, *82*(2), 217-225.

Dube, S. R., Felitti, V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Preventive medicine*, *37*(3), 268-277.

Felitti, V., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P. & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine,* 14(4), 245-258.

Ford, K., Newbury, A., Meredith, Z., Evans, J. & Roderick, J. (2017). *An evaluation of the Adverse Childhood Experience (ACE) Informed Approach to Policing Vulnerability Training (AIAPVT) pilot*. Public Health Wales NHS Trust

National Health Service Education for Scotland (2017). *Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce.* Edinburgh: National Health Service Education for Scotland / Scottish Government.

Ramseur-Williams, J., Newbury, A., McManus, M. A. & Rivers, S. A. (2019). Benefits of delivering Adverse Childhood Experience (ACE) training to police: An individual perspective. *Journal of Community Safety and Well-being,* 4(2), 32-36.

Vaswani, N. & Paul, S. (2019). 'It's Knowing the Right Things to Say and Do': Challenges and Opportunities for Trauma-informed Practice in the Prison Context. *The Howard Journal of Crime and Justice*, 58(4), 1-22.

Walsh, D., McCartney, G., Smith, M. & Armour, G. (2019). Relationship between childhood socio-economic position and Adverse Childhood Experiences (ACEs): a systematic review. *Journal of Epidemiology and Public Health*, 73(12), 1087-1093.