

Adverse Childhood Experiences and Crime

By Christopher Freeze, M.A., M.S.

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Understanding how these unfortunate circumstances harm youths can help law enforcement agencies lead a holistic community effort to address illegal activity among juveniles.

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In 2016, juveniles committed approximately 10 percent of violent crimes reported to law enforcement, with two-thirds perpetrated by adolescents between the ages of 15 and 18.¹ While the overall violent crime rate has trended downward since 1997, youths still hold responsibility for too many murders, rapes, aggravated assaults, and burglaries.²

Communities have asked law enforcement agencies to assume an increased leadership role in addressing this serious juvenile crime problem. One new approach focuses on learning how adverse childhood experiences (ACEs) increase the likelihood that a young person will engage in violent crime. Recognizing the correlation between ACEs and illegal activity equips police departments to participate in a holistic community-action plan heavier on treatment for troubled youths and lighter on traditional incarceration.



This article offers an overview of medical research on ACEs and their harmful effects, presents evidence that they can lead to crime, and suggests an approach through which law enforcement agencies can effectively engage with the community to address such suffering.

MEDICAL FINDINGS

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes ACEs as “stressful or traumatic events, including abuse and neglect. They may also involve household dysfunction, such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person’s lifespan, including those associated with substance misuse.”³



Special Agent in Charge Freeze heads the FBI’s Jackson, Mississippi, office.

This description largely focuses on the trauma facing children and families impacted by substance use disorders; however, ACEs encompass more than that. Law enforcement personnel will find it helpful to bring the broader medical profession’s understanding of ACEs into their discussions with other community leaders.

A 1998 landmark medical study uncovered widespread exposure to 10 “conventional” ACEs that had a high correlation with disease, quality of life, and mortality risk factors.⁴ It further identified five “expanded” (community level) ACEs.⁵ Health and medical personnel can ask a series of questions tied to these stressors to assess a patient’s health risk.⁶

Adverse Childhood Experiences

Conventional	Expanded
Physical abuse	Discrimination
Emotional abuse	Witnessed violence
Physical neglect	Unsafe neighborhood
Emotional neglect	Racism
Sexual abuse	Poverty
Violence toward mother	
Substance abuse in household	
Household mental illness	
Household member incarcerated	
Parental separation or divorce	

Source: Vincent J. Felitti, Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks, “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, no. 4 (May 1998): 245-46; and Peter F. Cronholm, Christine M. Forke, Roy Wade, Megan H. Bair-Merritt, Martha Davis, Mary Harkins-Schwarz, Lee M. Pachter, and Joel A. Fein, “Adverse Childhood Experiences: Expanding the Concept of Adversity,” American Journal of Preventative Medicine 49, no. 3 (2015): 358.

The study showed a direct association between emotional and physical abuse and a child’s future health, well into adulthood. In fact, individuals who endured conventional ACEs have suffered “early mortality related to mental health and cardiovascular, pulmonary, and liver disease.”⁷

Clearly, exposure to ACEs puts a person at risk for health problems. The question then becomes whether such experiences can help lead to an individual’s involvement with violent offenses.

IMPACT ON CRIME

The U.S. attorney general’s National Task Force on Children Exposed to Violence found that “exposure to violence...affects approximately



two out of every three of our children.”⁸ Additional research concluded, “90 percent of juvenile offenders in the United States [have experienced] some sort of traumatic event in childhood, and up to 30 percent of justice-involved American youth...meet the criteria for post-traumatic stress disorder due to trauma experienced during childhood.”⁹

The documentation of high rates of childhood trauma and abuse among individuals involved in criminal activity should come as no surprise. Of course, the presence of ACEs does not mean that every child experiencing such distress will turn to crime. However, the higher probability in these cases warrants consideration when developing approaches to reducing illegal activity among juveniles.

Violence permeates some segments of society, and most people try to avoid living in communities unsafe for themselves and their families. Yet, every day, youths in certain locations either witness or participate in murders, homicides, rapes, assaults, or other violent actions. Opportunities abound for informed, responsible, and caring adults to recognize children in at-risk environments and provide leadership, guidance, and other help to mitigate the detrimental effects of ACEs.

Building upon the medical study, which focused primarily on white adult subjects, other researchers sought to determine whether results would differ among a population sample more diverse and representative of society. They found that the most frequently reported conventional ACEs included “experiencing physical abuse, having a household member struggling with substance abuse, and [enduring] emotional abuse.”¹⁰

Further, the most commonly shared expanded ACEs comprised “high rates of witnessing community violence, racial discrimination, and feeling that [the] neighborhood was unsafe.”¹¹ Perhaps most important, the findings “support the long-standing notion that higher levels of adversity exist in minority and lower-income populations.”¹²

The attorney general’s task force described the significance of ACEs.

Violence in the community can prevent children from feeling safe in their own schools and neighborhoods. They may come to believe that violence is ‘normal,’ that [it] is ‘here to stay,’ and that relationships are too fragile to trust because one never knows when violence will take the life of a friend or loved one. They may turn to gangs or criminal activities to prevent others from viewing them as weak and to counteract feelings of despair and powerlessness, perpetuating the cycle of violence and increasing their risk of incarceration.¹³

ENGAGEMENT WITH THE COMMUNITY

One morning in a high school library, 10 young male “troublemakers” sat in a circle, sharing stories about their lives. Respectful, energetic, and engaged, they discussed their struggles at home, school, and in their community. “I’m tired of disappointing my mother.” “My father isn’t at home. He’s been in jail for a while.” “So far this year, I’ve been suspended from school more than I’ve been in school.”¹⁴



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At least one of the recognized ACEs that face many children, often living in inner-city, economically depressed communities, shaped each juvenile's life. No one solution exists for the problems of such youths or, by extension, those of young people in communities across America.

However, by taking specific actions—*demonstrating leadership, embracing vulnerability, and communicating expectations*—police agencies can lead a holistic community effort to address the trauma. An effective approach will involve social workers, officers who interact directly with juveniles, mental health and medical personnel, educators, representatives of nonprofit groups, and authorities who decide on possible alternatives to detention.

Healthy Development

Children have three specific needs to progress mentally and healthily during childhood.

- 1) *Safety*: “the absence of threat, neglect, and violence” in which youths feel “free from harm within their social and physical environments.”
- 2) *Stability*: “consistency and predictability in the child’s development.”
- 3) *Nurturing*: “availability, sensitivity, and warmth in responding to a child’s needs.”

Source: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, The Prevalence of Safe, Stable, Nurturing Relationships Among Children and Adolescents, Heather A. Turner, Melissa T. Merrick, David Finkelhor, Sherry Hamby, Anne Shattuck, and Megan Henly, September 2017, accessed January 7, 2019, <https://pdfs.semanticscholar.org/4a27/1685d0ea76daf7e-faa5629c8ad7b111fb682.pdf>.

Demonstrating Leadership

Regardless of where they live, what resources they have available, or how many times they have gotten into trouble, young people deserve strong adult leaders. Too often, youths—particularly those in high-crime areas—have become disappointed and disenfranchised by grown-ups who fail to listen to them or understand the context in which they struggle to survive.

Police officers have frequent interaction and the opportunity to build trust with these young people. Further, they can establish relationships with other community leaders and work with them toward initiatives that “involve men and boys in using nonviolence to build healthy communities and to develop a network of [such individuals] across the country who are committed to creating widespread change that will help break the cycle of violence in...homes, schools, and communities.”¹⁵

Such engagement with juveniles “is essential to develop effective solutions to the complex problems leading to and resulting from children’s exposure to violence.”¹⁶

Embracing Vulnerability

Law enforcement officers and other community leaders must address indifference among youths, perhaps arising from failed past relationships with adult figures. To help remedy this issue, they can demonstrate vulnerability.



Many people mistakenly equate this quality with weakness. In reality, individuals who embody vulnerability remain open to new possibilities. Such a paradigm shift may not come easily for professionals who often see the worst in people. However, vulnerability allows them to treat each juvenile with a fresh perspective. This holds value and importance when dealing with young persons who have encountered authorities on multiple occasions.

Youths “who have experienced at least one substantiated report of abuse or neglect are 47 percent more likely to participate in delinquent acts.”¹⁷ However, juveniles who have had productive and protective relationships with adults—such as those often exemplified by caring and involved law enforcement officers—are “13 percent less likely” to engage in crime.¹⁸ Although this percentage may not seem high, every young person deserves assistance and a chance to succeed in life.

To help develop quality relationships with youths, researchers suggest asking three broad questions that law enforcement officers and other community leaders easily can tailor when ascertaining a young person’s experience with grown-ups.

- 1) Do you have an adult from whom to seek help if you have a serious problem?
- 2) Could you go to a parent or someone similar to discuss a significant predicament?
- 3) Has a grown-up encouraged and believed in you?¹⁹

Indeed, police officers and their counterparts can have an enormous impact. “Children exposed to violence can heal if we identify them early and offer specialized services, evidence-based treatment, and proper care and support. We have the power to end the damage to children from violence and abuse in our country; it does not need to be inevitable.”²⁰

Further Reading

Lane County, Oregon, Public Health Prevention Program

- “Adverse Childhood Experiences/Trauma”

<http://www.preventionlane.org/adverse-childhood-experiences-trauma>

The National Child Traumatic Stress Network

- “Creating Trauma-Informed Child-Serving Systems”

https://www.nctsn.org/sites/default/files/resources//creating_trauma_informed_child_serving_systems.pdf

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

- Adverse Childhood Experiences Resources

<https://www.cdc.gov/violenceprevention/acestudy/resources.html>

U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention

- Related Publications

<https://www.ojjdp.gov/Publications/typesofpublications.html>



Communicating Expectations

Not all juveniles will accept help offered by police officers or other professionals; however, they all deserve to have high standards set for them.

When a youth comes from a “good home” with all the advantages that phrase implies, setting expectations for sound behavior, grades, and decision making proves fairly easy. However, juveniles from a family in which they have encountered numerous ACEs too often become “written off” as a troublemaker, delinquent, or waste of time.

Yet, all young people, regardless of their demographics, deserve to hear that adults have high expectations for them. How many juveniles would benefit from knowing that a police officer or other community leader believes in them and the person they can become? If adults selectively offer their praise and hopes, no behavioral changes, successful achievements, or brighter tomorrows will result among many youths.

Officers should know what resources exist for young people in need before setting expectations. With the community policing and outreach efforts most police departments undertake, officers can collect points of contact and share them with young people needing services and assistance.

All leaders, including officers, must understand that “without services or treatment, even children who appear resilient and seem to recover from exposure to violence still bear emotional scars that may lead them to experience [the] same health and psychological problems years or decades later.”²¹ A small problem not addressed today can become much larger tomorrow, with life-altering consequences.

CONCLUSION

No one should view adverse childhood experiences as “just a way of life” for certain youths living in troubled communities. Research has demonstrated that ACEs have a lasting and often devastating impact on juveniles and, ultimately, society.

Law enforcement officers do not have to become social workers, medical practitioners, or mental health counselors. However, they must understand the context in which many children experience ACEs and then engage with professionals in other protective agencies to positively impact the challenges of juvenile crime.



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Special Agent in Charge Freeze can be reached at chris@mrchrifreeze.com or <https://www.linkedin.com/in/christopherfreeze/>.



Endnotes

- ¹ U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States 2016*, table 20, accessed January 4, 2019, <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/topic-pages/tables/table-20>.
- ² U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States 2016*, table 1, accessed January 4, 2019, <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/topic-pages/tables/table-1>.
- ³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for the Application of Prevention Technologies, *Adverse Childhood Experiences*, July 9, 2018, accessed January 4, 2019, <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>.
- ⁴ Vincent J. Felitti, Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks, "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," abstract, *American Journal of Preventive Medicine* 14, no. 4 (May 1998): 245-46, accessed January 4, 2019, <https://www.ncbi.nlm.nih.gov/pubmed/9635069>.
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- ⁸ U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, *Report of the Attorney General's National Task Force on Children Exposed to Violence*, 3, accessed January 4, 2019, <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>.
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- ¹⁰ Cronholm, Forke, Wade, Bair-Merritt, Davis, Harkins-Schwarz, Pachter, and Fein, 356.
- ¹¹ *Ibid.*
- ¹² *Ibid.*, 357.
- ¹³ *Report of the Attorney General's National Task Force on Children Exposed to Violence*, 4.
- ¹⁴ Interviews by author, October 10, 2017.
- ¹⁵ *Report of the Attorney General's National Task Force on Children Exposed to Violence*, 19.
- ¹⁶ *Ibid.*, 9.
- ¹⁷ Samantha M. Brown and Audrey M. Shillington, "Childhood Adversity and the Risk of Substance Use and Delinquency: The Role of Protective Adult Relationships," abstract, *Child Abuse and Neglect* 63 (January 2017): 212, accessed January 7, 2019, <https://www.ncbi.nlm.nih.gov/pubmed/27884507>.
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- ¹⁹ *Ibid.*, 213.
- ²⁰ *Report of the Attorney General's National Task Force on Children Exposed to Violence*, 5.
- ²¹ *Ibid.*, 12.