

Working Together with Vulnerable Young People on Substance Use and Sexual and Reproductive Health

13th September 2016

A national resource of expertise on drug issues

www.sdf.org.uk
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**James Taylor, University of the West of
Scotland**

How To Climb a Mountain Whilst Wearing Flip Flops

AKA how to do life in the context of AOC

- Jennie Young University of Stirling
- Dr James Taylor University of The West of Scotland



Trauma knows no boundaries

Regardless of

...

- Age
- Culture
- Gender
- Class



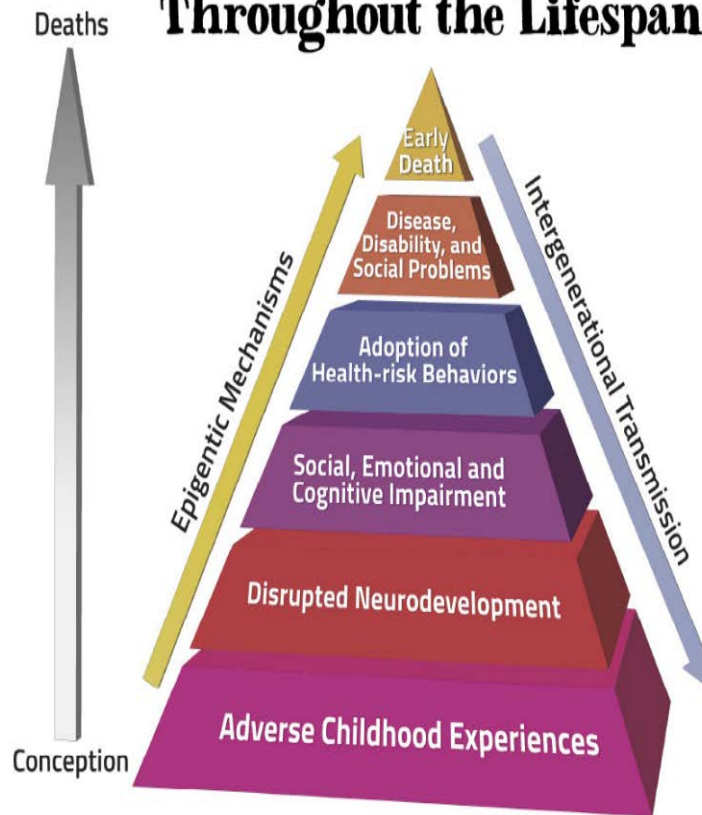
A hand is shown from the top, reaching down to hold a small, realistic globe of the Earth. Another hand is shown from the bottom, reaching up to support the globe. The globe is centered in the image, showing blue oceans, green landmasses, and white clouds. The background is a solid blue color with a faint grid pattern.

History of the Adverse Childhood Experiences Study

Vincent
Felitti
1991
Robert
Anda
17421
patients

ACE's Too High – No ACE Over 65.....

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Slide Courtesy of Rob Anda, MD, MS

The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti,
M.D.

Robert F. Anda,
M.D.

The counterintuitive aspect was that, for many people, obesity was not their problem; it was their protective solution...

The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead

By Vincent J. Felitti, MD

Background

The Adverse Childhood Experiences (ACE) Study is a major research study that compares current adult health status to childhood experiences decades earlier. With the cooperation of 17,421 adult Health Plan members and with the ongoing collaboration of Dr Robert Anda at the Centers for Disease Control and Prevention (CDC), the study is being carried out in the Department of Preventive Medicine at Kaiser Permanente (KP) San Diego—where for many years we conducted detailed biomedical, psychological, and social (biopsychosocial) evaluations of more than 50,000 adult Kaiser Foundation Health Plan members per year.

The findings are important medically, socially, and economically. They provide remarkable insight into how we become what we are as individuals and as a nation. The ACE Study reveals a powerful relation between our emotional experiences as children and our adult emotional health, physical health, and major causes of mortality in the United States. Moreover, the time factors in the study make it clear that time does not heal some of the adverse experiences we found so common in the childhoods of a large population of middle-aged, middle-class Americans. One doesn't "just get over" some things.

Study Design

The ACE Study was triggered by observations we made in the mid 1980s in an obesity program at the KP San Diego Department of Preventive Medicine. This program then had a high dropout rate. The first of many counterintuitive discoveries was that the great majority of the dropouts actually were successfully losing weight. Detailed life interviews of almost 200 such individuals unexpectedly revealed that childhood abuse was remarkably common and antedated the onset of their obesity. Many patients spoke openly of an association between the two. The counterintuitive aspect was that for many people, obesity was not their problem; it was their protective solution to problems that previously had never been discussed with anyone. An early insight was the memorable remark of a woman who was exposed at age twenty-three and gained 105 pounds in the subsequent year: "Overweight is overbaked, and that's the way I need to be." The contrast was striking between this statement and her desire to lose weight. Similarly, two men who were guards at the State Penitentiary became anxious after losing more than 100

pounds each. They made it clear that they felt much safer going to work looking "big as a refrigerator" instead of normal size. Overall, we found the simultaneous presence of opposing forces to be common: many of our weight program patients were driving with one foot on the brakes and one on the gas, wanting to lose weight but fearful of change.

In 1990 in Atlanta, I presented information about the frequent relation between obesity and abusive childhood experiences to a largely skeptical audience at the North American Association for the Study of Obesity. Unexpectedly, this presentation led to contacts with researchers at the CDC, who recognized the importance of what had been reported. They proposed a large epidemiologic study to provide definitive evidence of our clinical observations. This was the beginning of the ACE Study at KP San Diego, where each year we could easily ask more than 26,000 consecutive adults seen in the Department of Preventive Medicine if they would be interested in helping us understand how childhood events might affect adult health status. Sixty-eight percent of this population agreed to participate and understood that this information they provided about their childhood would never be included in their medical records.

The ACE Study compared current adult health status of these participants with eight categories of adverse childhood experience that we had frequently identified in the weight program. Three categories pertained to personal abuse: recurrent physical abuse, recurrent emotional abuse, and sexual abuse. Four categories pertained to growing up in a dysfunctional household—one with an alcoholic parent or a drug user, where someone was in prison, where someone was chronically depressed, mentally ill, or suicidal, where the mother was treated violently, and where the parents were separated, divorced, or in some way lost to the patient during childhood. In addition, we decided to monitor this cohort for at least five years to compare childhood experiences prospectively against adult pharmacy costs, doctor office visits, emergency department use, hospitalization, and death. An ACE score was constructed to analyze the huge mass of information we gathered. A person exposed to none of the studied categories had an ACE Score of 0; an individual exposed to any four had an ACE Score of 4, etc.

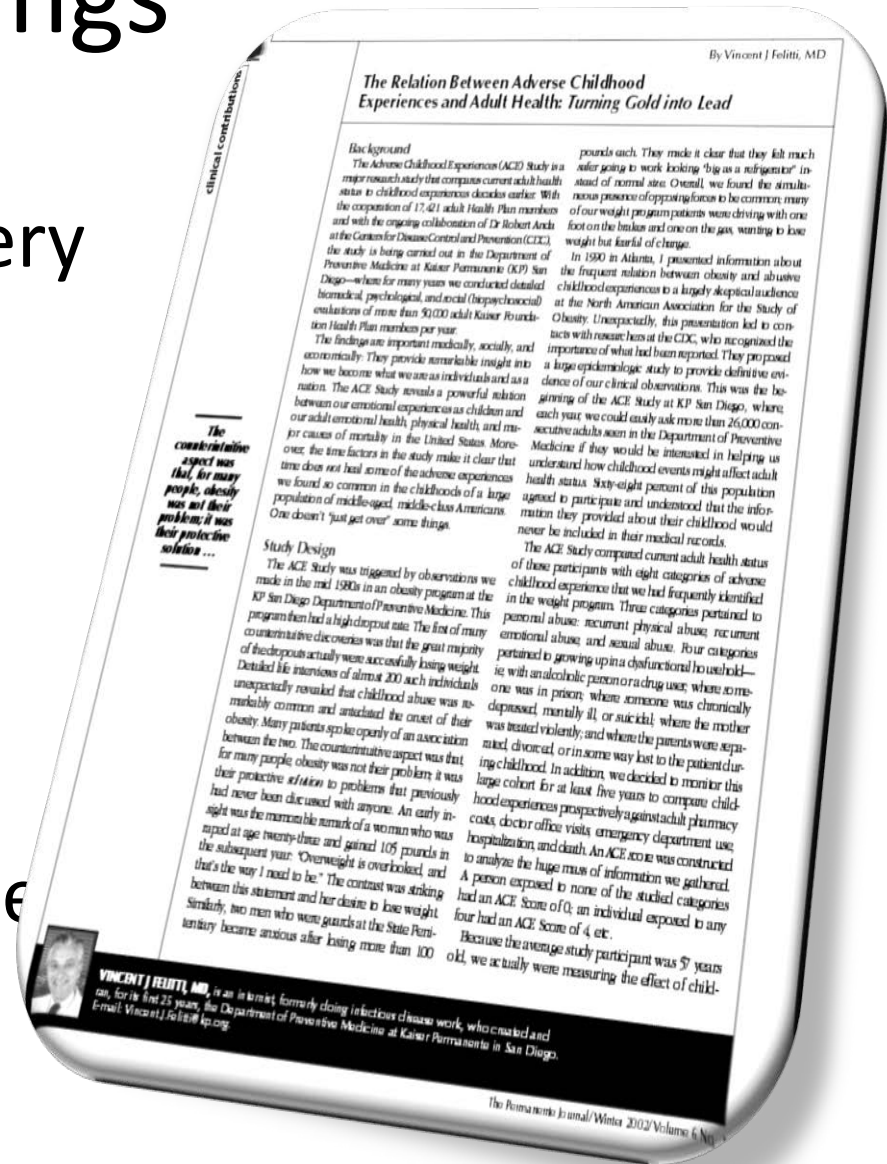
Because the average study participant was 57 years old, we actually were measuring the effect of child-



VINCENT J. FELITTI, MD, is an internist, formerly doing infectious disease work, who created and led, for its first 25 years, the Department of Preventive Medicine at Kaiser Permanente in San Diego. E-mail: Vincent.J.Felitti@kp.org.

Overview of Findings

- Adverse Childhood Experiences (ACEs) are very common – over 50% of people have at least one ACE
- ACEs are uncommonly recognized
- Concealed by time, shame, secrecy, social taboos
- ACEs are the strongest predictor of adult disease risk factors, disease and



Categories of Adverse Childhood Experiences

• Abuse:

Men Total

- | | | |
|-------------------------|-------|-------|
| – Sexual (by anyone) | 24.7% | 16.0% |
| 20.7% | | |
| – Physical (by parent) | 27.0% | 29.9% |
| 28.0% | | |
| – Emotional (by parent) | 13.1% | |
| 7.6% | | 10.6% |

• Neglect:

- | | | |
|-------------|-------|-------|
| – Emotional | 16.7% | 12.4% |
| 14.8% | | |
| – Physical | 9.2% | 10.7% |

Women



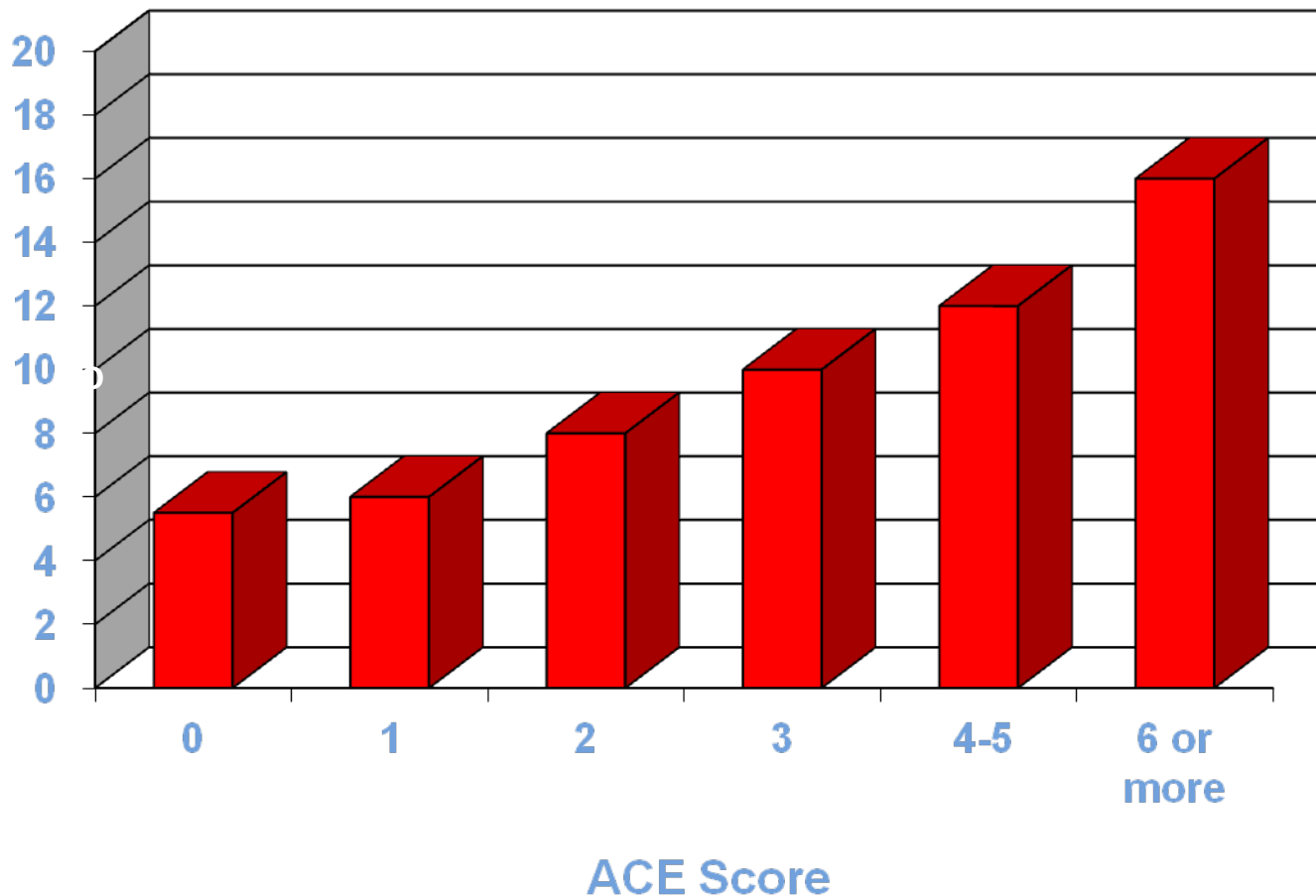
Categories of Adverse Childhood Experiences (2)

• Household Dysfunction: Womern Total

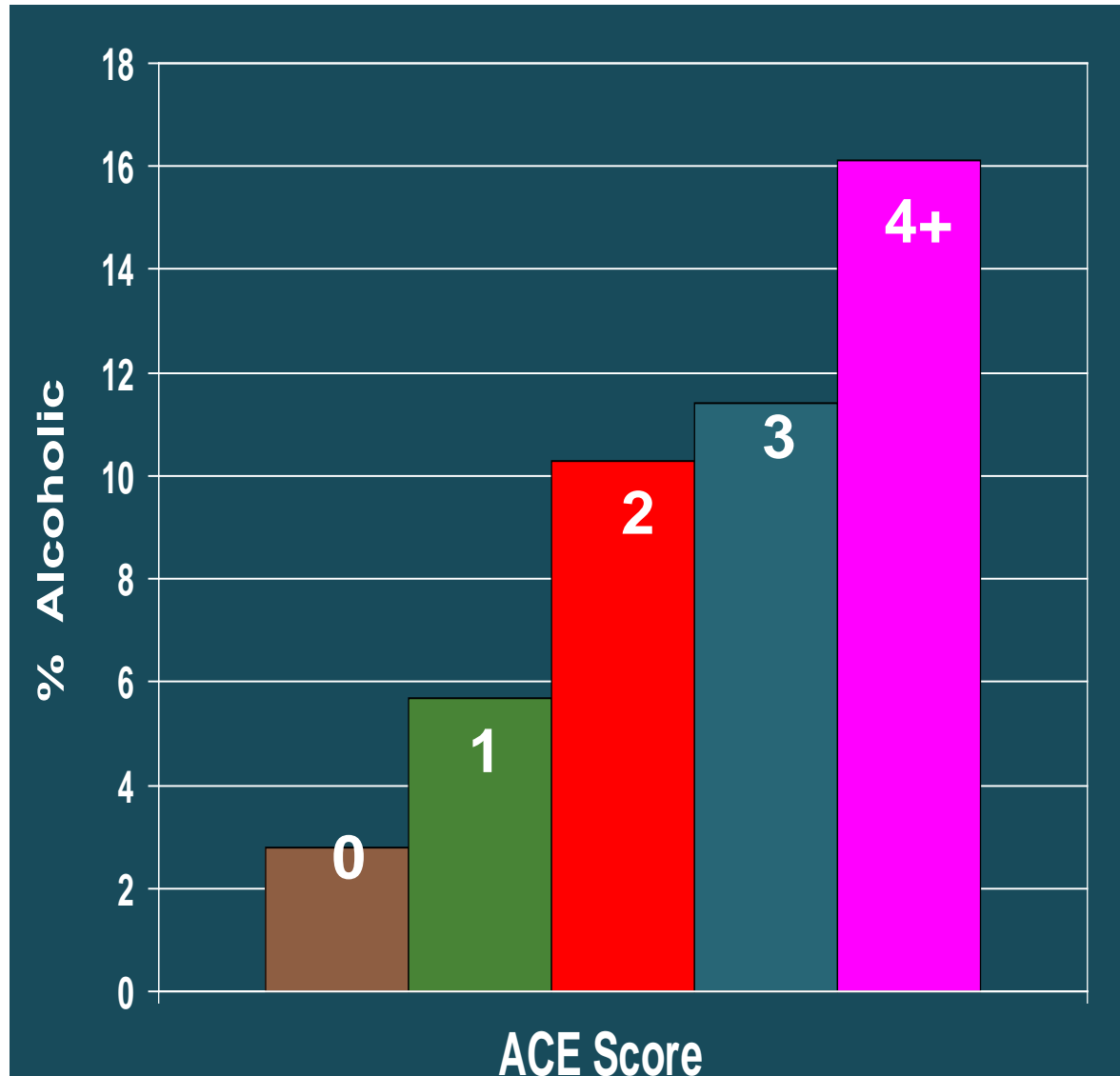
– Substance abuse	29.5%	2
– Mental illness	23.3%	1
– Mother treated violently	12.7%	13
– Parental loss (death/div)	24.5%	21.8%
– Imprisonment	5.2%	4.1%



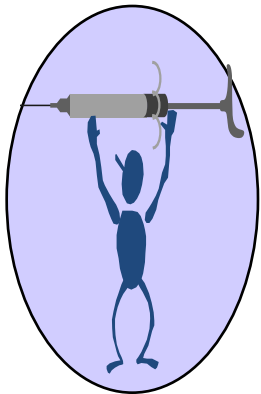
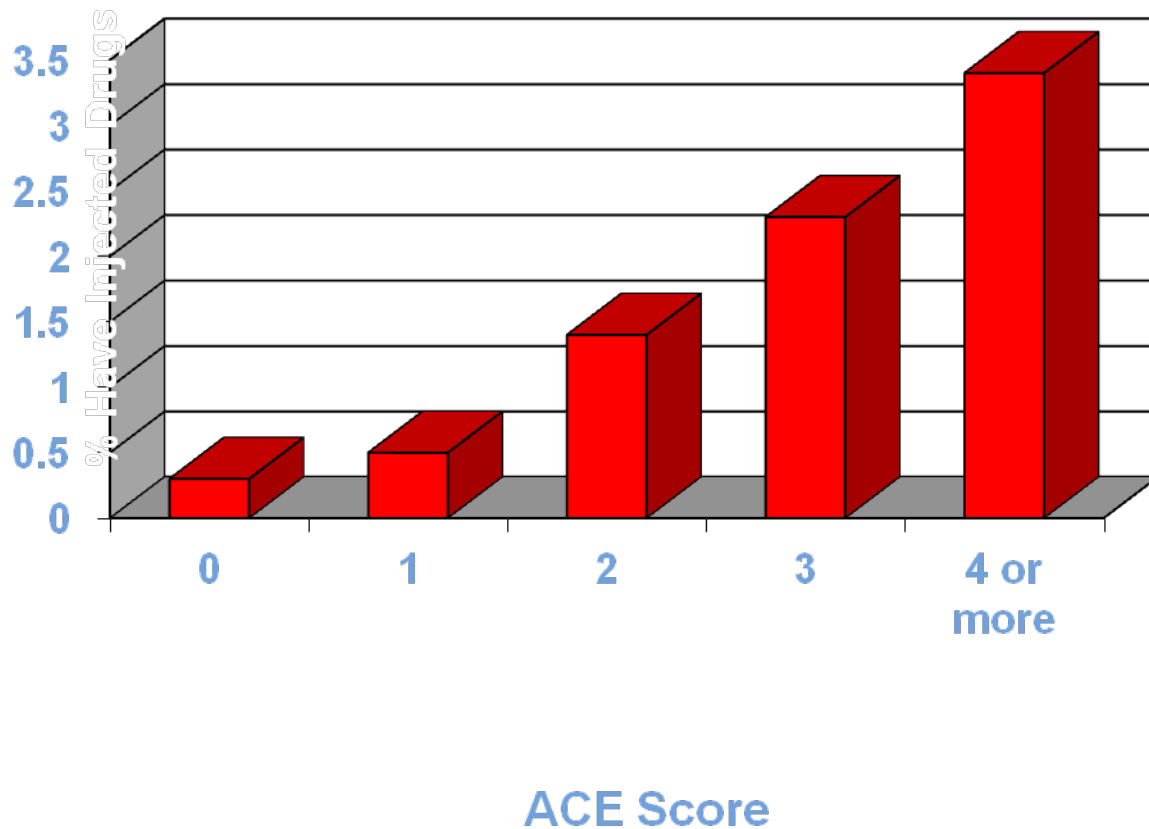
Adverse Childhood Experiences vs. Current Smoking



Childhood Experiences vs.

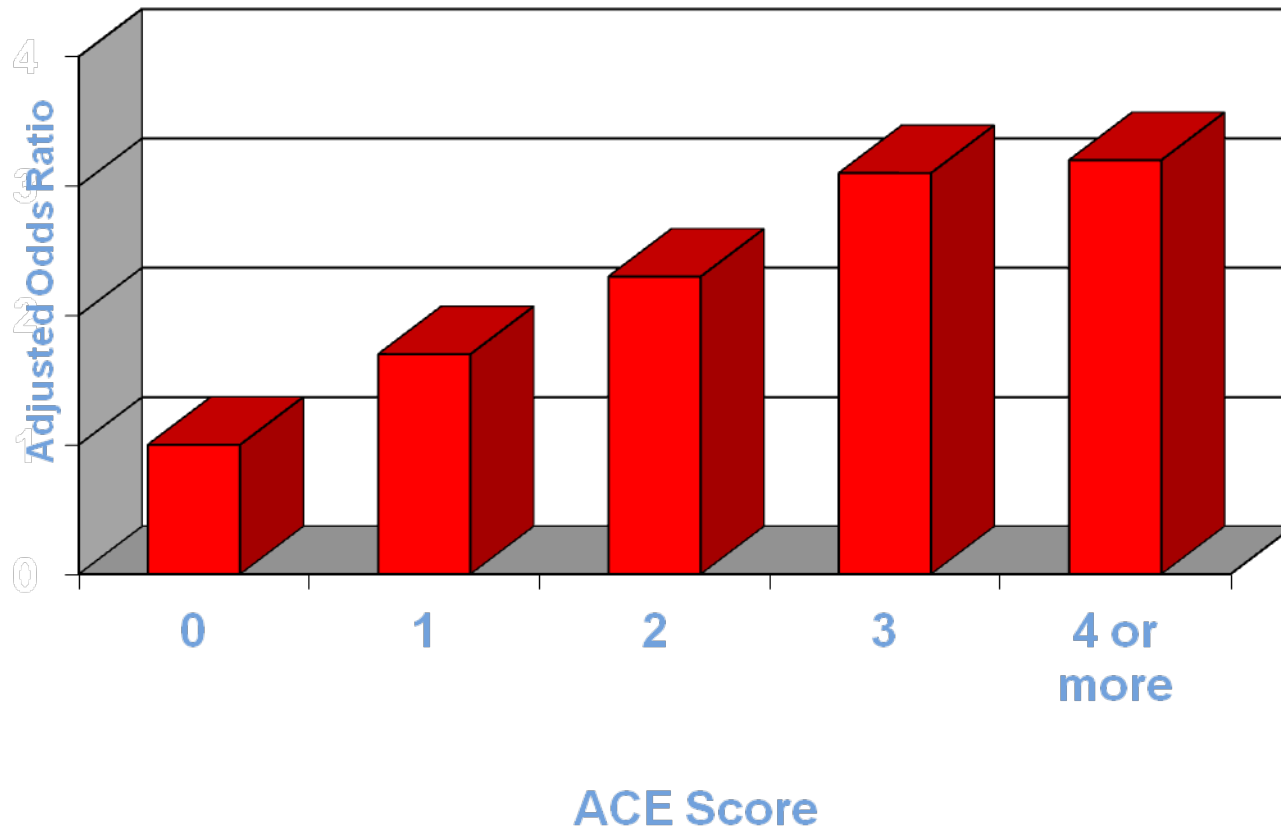


ACE Score VS. Intravenous Drug Use

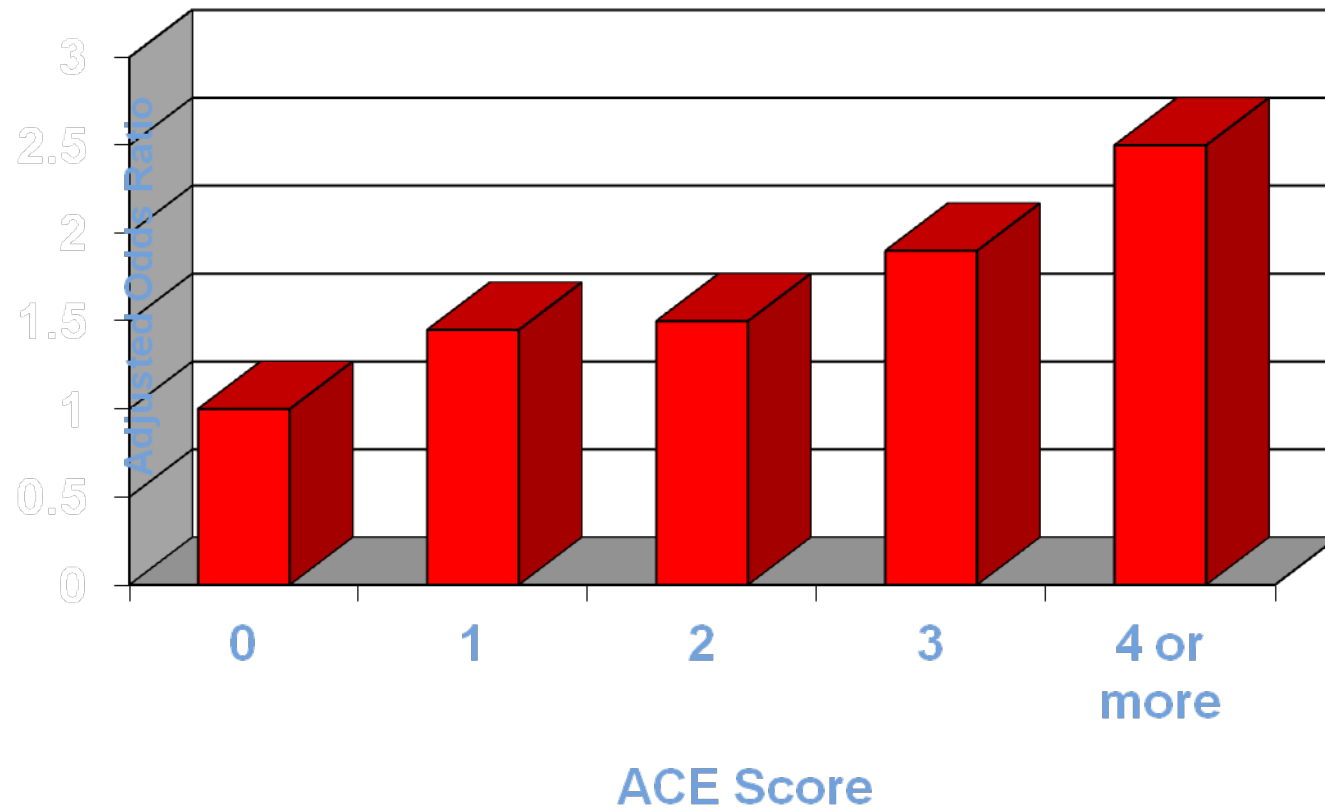


N = 8,022
p < 0.001

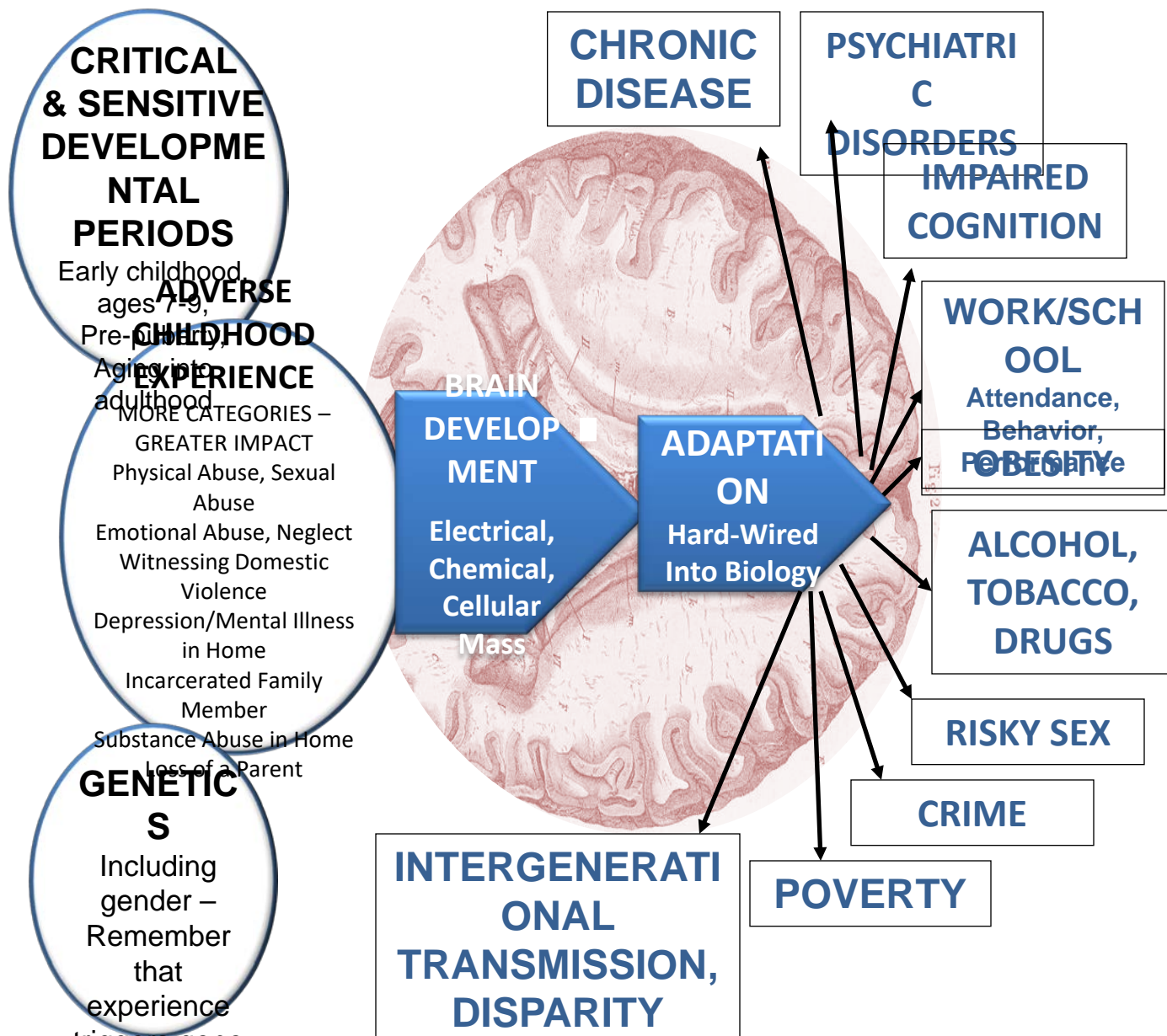
Adverse Childhood Experiences vs. Likelihood of > 50 Sexual Partners



Adverse Childhood Experiences vs. History of STD



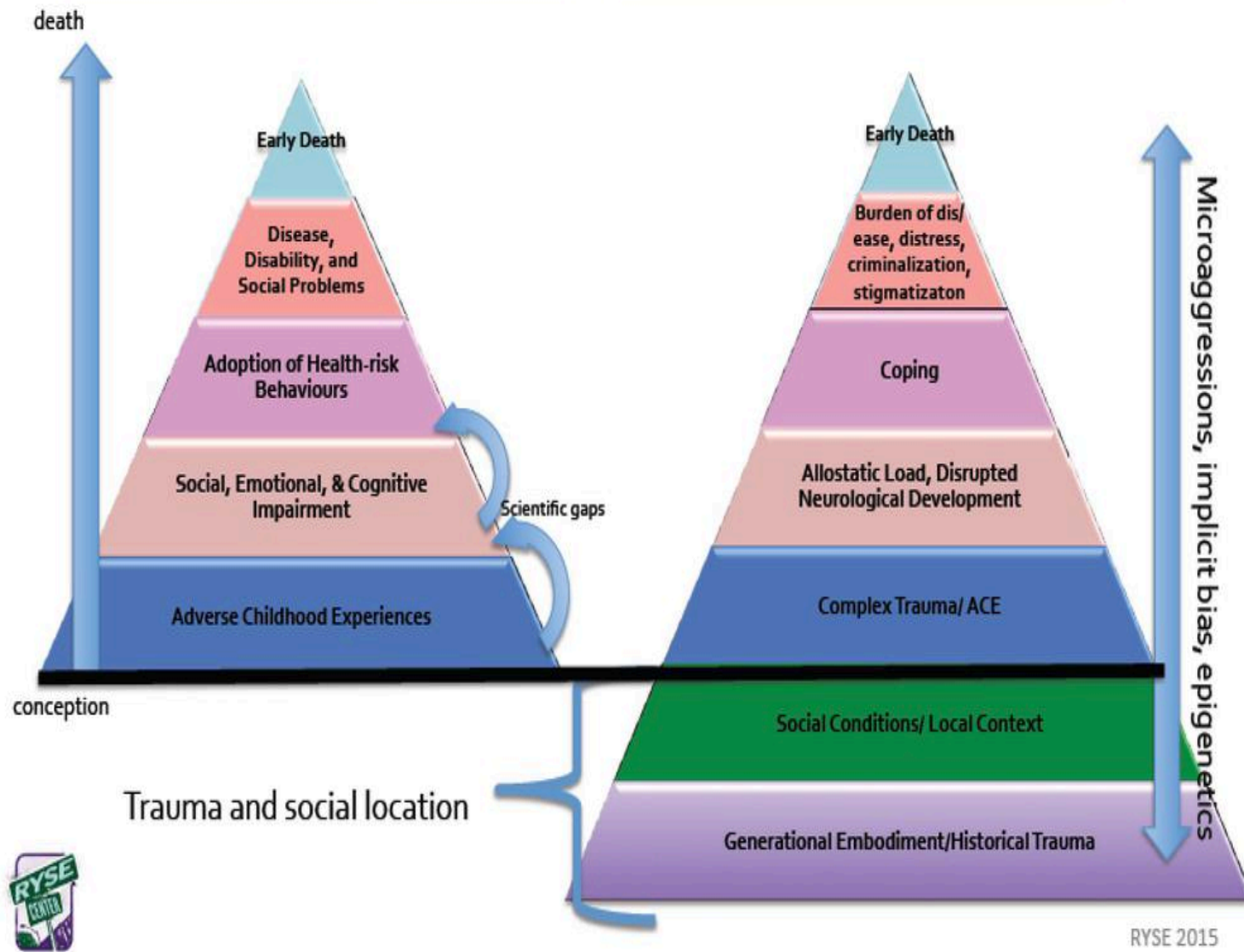
ACEs HAVE MANY IMPACTS THROUGHOUT THE LIFESPAN - FAMILY POLICY INSTITUTE OF WASHINGTON



Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



Impact of Trauma over the Life Span



Effects are neurological, biological, psychological and social in nature, including: – Changes in brain neurobiology – Social, emotional & cognitive impairment – Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence) – Severe and persistent behavioural health, health and social problems, and early death (Felitti et al, 1998; Herman, 1992)

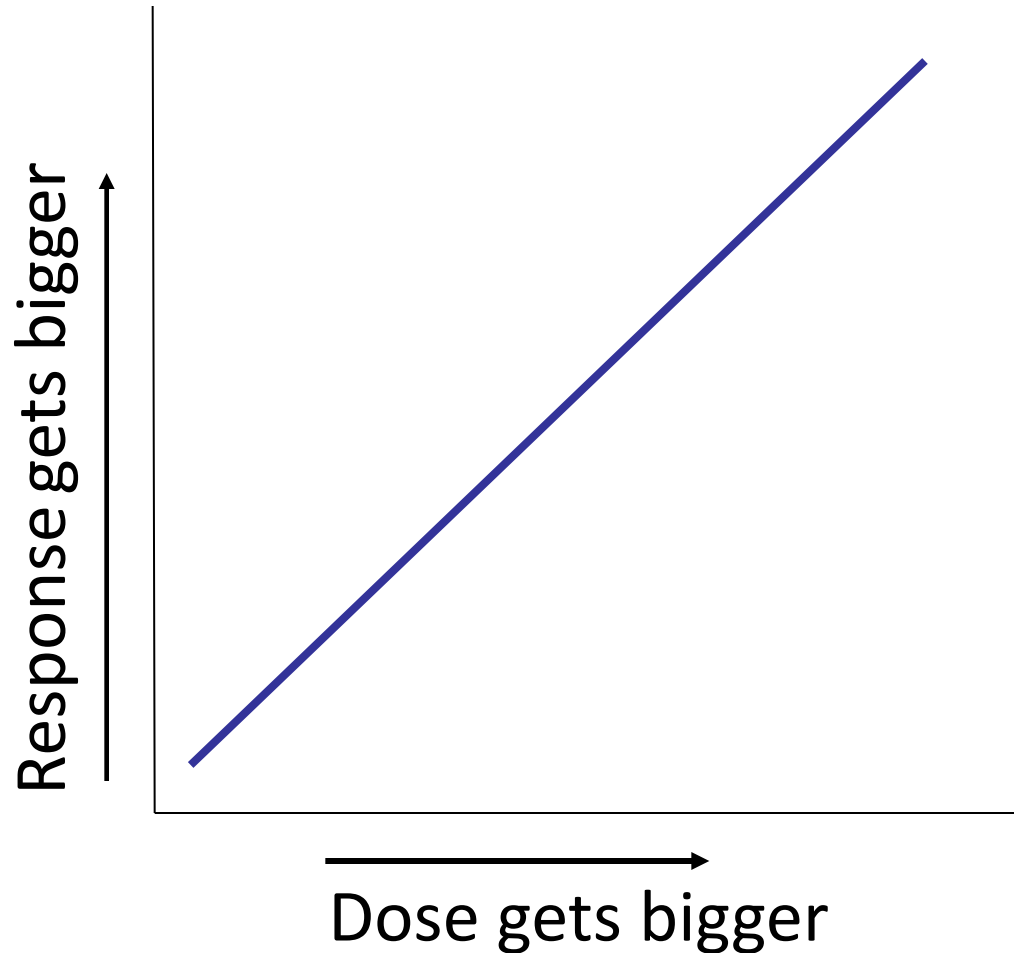
“Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0.

Might drugs be used for the



A CLASSIC CAUSAL RELATIONSHIP

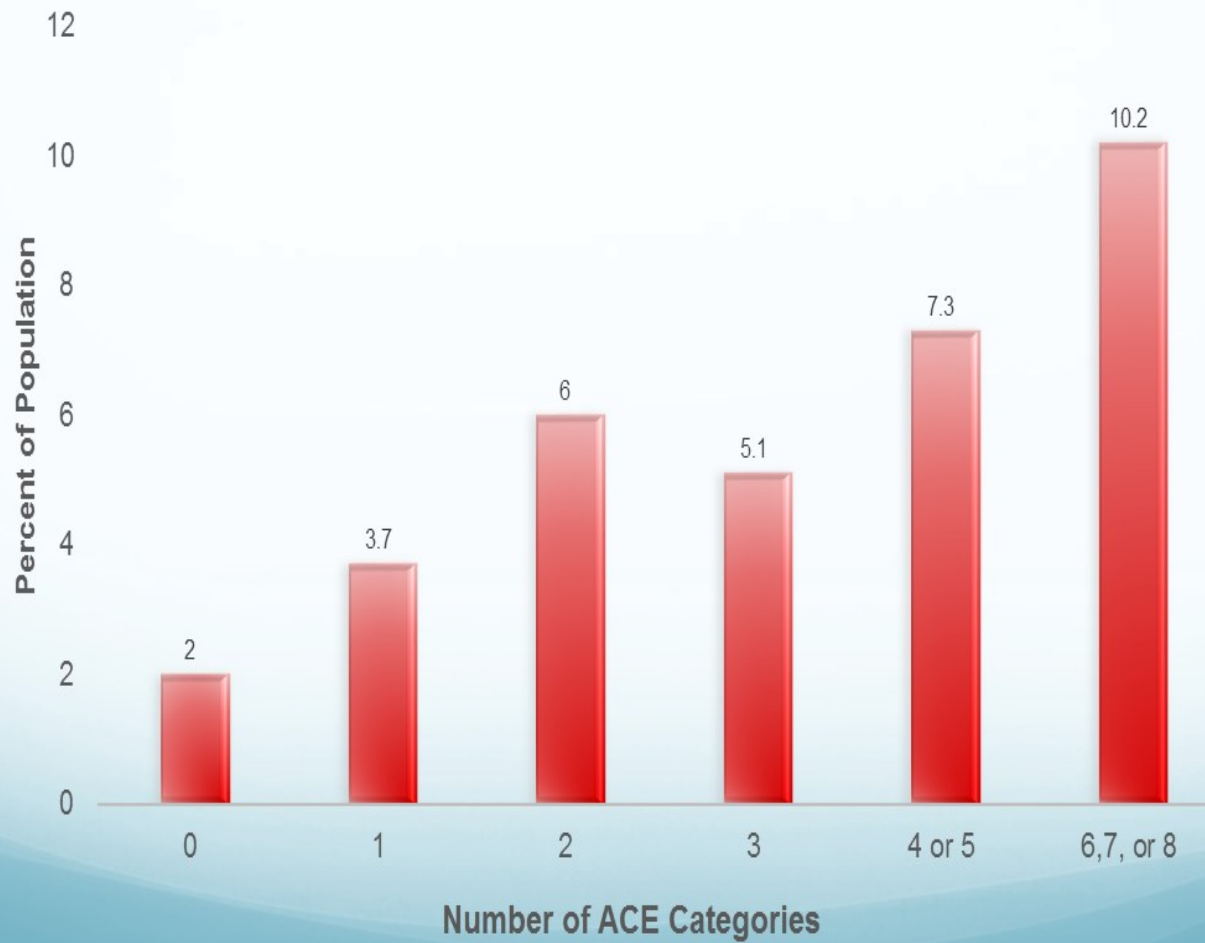
MORE ACEs = MORE HEALTH PROBLEMS



Dose-response is a direct measure of cause & effect.

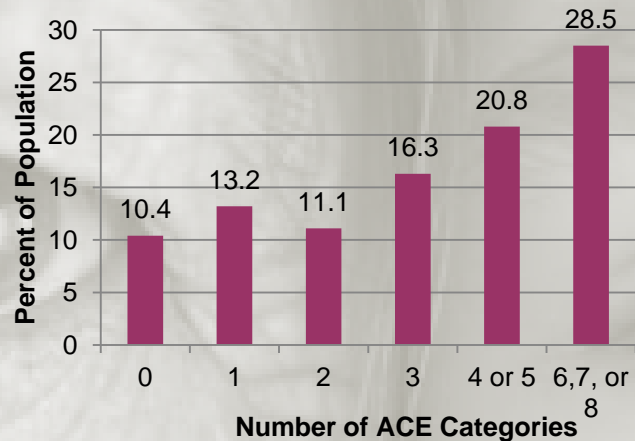
The “response”—in this case the occurrence of the health condition—is caused directly by the size of the “dose”—in this case, the number of ACE categories.

RISK FOR HIV



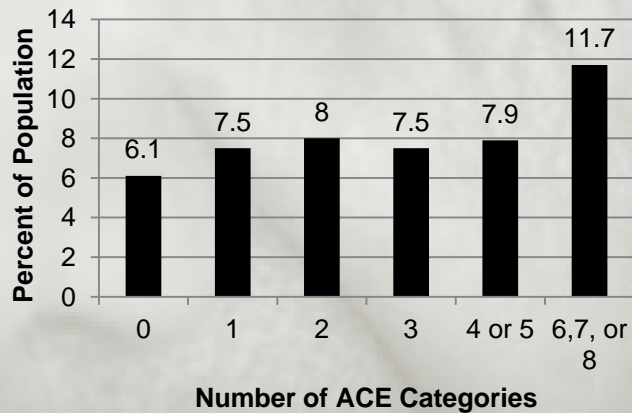
BEHAVIORAL HEALTH

Current Smoking

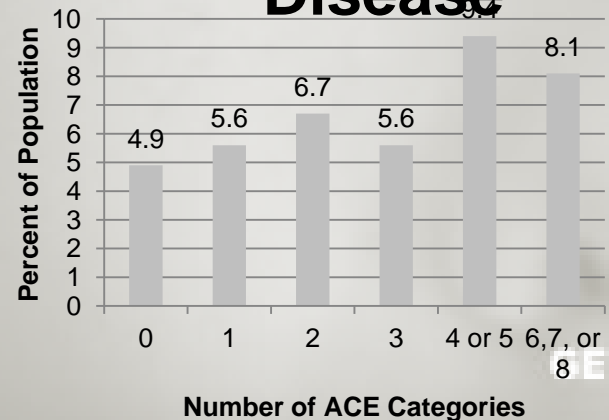


CHRONIC DISEASE

Diabetes



Cardio Vascular Disease



How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT



Verbal abuse
23%



Physical abuse
17%



Sexual abuse
10%

CHILDHOOD HOUSEHOLD INCLUDED



Parental
separation
20%



Domestic
violence
16%



Mental
illness
14%



Alcohol
abuse
14%



Drug
use
5%



Incarceration
5%

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

- 4 times more likely** to be a high-risk drinker
- 6 times more likely** to have had or caused unintended teenage pregnancy
- 6 times more likely** to smoke e-cigarettes or tobacco
- 6 times more likely** to have had sex under the age of 16 years
- 11 times more likely** to have smoked cannabis
- 14 times more likely** to have been a victim of violence over the last 12 months
- 15 times more likely** to have committed violence against another person in the last 12 months
- 16 times more likely** to have used crack cocaine or heroin
- 20 times more likely** to have been incarcerated at any point in their lifetime

Preventing ACEs in future generations could reduce levels of:



Heroin/crack cocaine
use (lifetime)
by 66%



Incarceration
(lifetime)
by 65%



Violence perpetration
(past year)
by 60%



Violence victimisation
(past year)
by 57%



Cannabis use
(lifetime)
by 42%



Unintended teen
pregnancy
by 41%



High-risk drinking
(current)
by 35%



Early sex
(before age 16)
by 31%



Smoking tobacco or
e-cigarettes
(current)
by 24%



Poor diet
(current; <2 fruit & veg
portions daily)
by 16%

Why Be ACE Aware?

ACES can have lasting effects on....



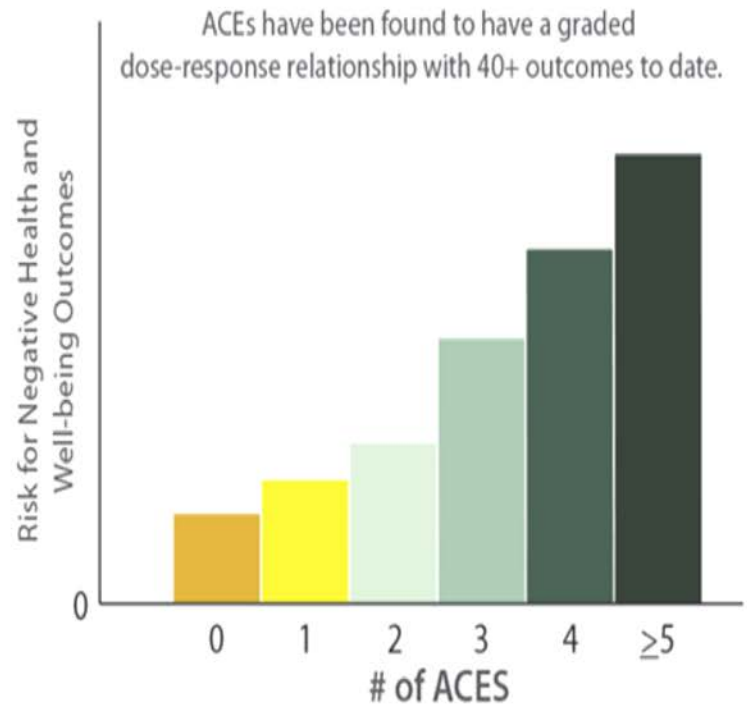
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

“What happened to you?”

instead of

“What’s wrong with you?”



Understanding the effects of trauma
becomes the **Great Integrator**

SAMHSA (Substance Abuse and Mental Health Service Administration) www.samhsa.gov

Trauma Informed Engagement

- Trauma - CONTEXT - not Diagnosis
- Trauma informed assessment gives us
 - a compassionate understanding of how someone survived the surviving
 - background to drug misuse, sexual vulnerability and health risk behaviours



- we create experiences of therapeutic failure, dependency and limited positive outcomes


Specific Focus on Trauma?

- Outcomes may be improved by adapting practices to incorporate more focus on trauma
 - Use ACE questions as a screen for who needs more intensive services
 - Educate parents about ACE so they understand the impact on their life course and parenting
 - Use understanding of ACE to develop community resources and supports for families
- “The ACE questionnaire is a tool to help clients understand their own lives and to inspire them to make decisions to protect their children from having a high ACE score.”



What can we do – (ALL of us!!)

- Accept that Trauma is ALL of our business and the role Adverse Childhood Experience plays in future health and wellbeing is not exclusively the business of Mental Health Services
- Could YOU incorporate a Trauma informed approach to your initial contact with patient? Routinely seek a history of adverse childhood experiences from all patients? “What happened to you?” accept THEIR reality – “How has this affected you?” – PARADIGM shift
- Change your practise, including the environment to become “Safer”
- Apply “Harm Reduction” in a new domain
- Lose the judgements – That’s HARD!!



DO NO
HARM>>>>>>

>>>>>DO “KNOW” HARM !!!!



“Walk a mile in my shoes
and tell me your feet don’t
have blisters!” (Mags 2015)

ACE Study slides are from:

- Robert F. Anda MD at the Center for Disease Control and Prevention (CDC)
- September 2003 Presentation by Vincent Felitti MD “*Snowbird Conference*” of the Child Trauma Treatment Network of the Intermountain West
- “The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare” Book Chapter for “*The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease*” Lanius & Vermetten, Ed)

Felicity Snowsill – Cool2Talk

Linzi McKerrecher – NHS Tayside



WHAT DO
YOU NEED
TO
#MAKEITGOOD?



What do young people ask and what
do they **REALLY** mean?

Felicity Snowsill
Linzi Mckerrecher

Digital interventions



#MAKEITGOOD?



**WHAT DO
YOU NEED
TO**

#MAKEITGOOD?

Drugs & alcohol



Parties, **drunk**, sex, **problems**,
arguments, **domestic abuse**,
confidence, **wild**, fun, **exciting**,
dangerous, **good time**, risks, **no**
condom, stupid things, **regret**,
mistakes, **consent**, health, **jealousy**,
volatile, **sober sex**, addiction, **bad**,
chill out, **freer**, trust, **ruin**
relationships, problems



A safe space to ask questions





It's cool2talk
A safe space to ask questions



[Home](#) [Add Question](#) [Answers](#) [Health Info Zone](#) [Services](#) [Child Protection](#) [FEEDBACK](#)

CONSENT ???

[CLICK HERE IF YOU WANT TO KNOW MORE....](#)

Ask a Question
Answered Within 24 Hours

Where do you live?*

Select Area...

Name*
(You don't have to use your real name)

Your Name/alias

Answers | It's Cool 2 Talk | - Internet Explorer

http://www.cool2talk.org/answers/



It's cool2talk
A safe space to ask questions



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[Diet & Activity](#) [General Health](#) [Mental Health](#) [Relationships](#) [Services](#) [Sexual Health](#) [Alcohol & Drugs](#)

You are here: [Home](#) / [Answers](#)

Answers

Click on the link to get your answers.

Remember to scroll down as the site can be busy sometimes

Search Answers...

Search

Unknown

I am quite a bit over weight and I am looking for some tips to loose weight can you give me any help?

[Click to Reveal Answer](#)

That guy

I have a gym and I want to have a six pack for the summer but I'm struggling. I have a bench and a treadmill but I'm about to get a pull up bar and a punch/kickbag, any

Your question will be posted back on the site with an answer within 24 hours



[Tell Us What You Think](#)

Notice

121 service

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http://www.cool2talk.org/health-info-zone/



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Search Health Information...

Search

121 on line chat: information about this service



Quicklist

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Expanding the service



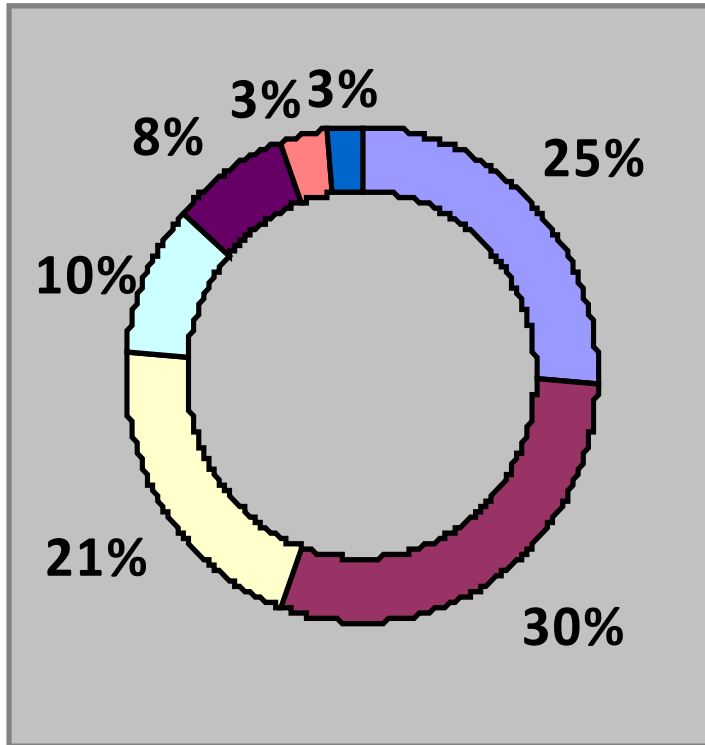
121 online chat with a counsellor



YOUNG PEOPLE'S VOICES

Last 16 months

- **3657** questions posted
- **75** feedback comments.
- **29,988** sessions on the site, **52%** of which were returning visitors
- The split between boys and girls remains **3:1**
- The site is reaching young people from **all areas** across Tayside and the Western Isles (equity of access)
- Highest usage in **14-16** year age bracket



Themes & Feelings

Isolation &
Loneliness

“Different”

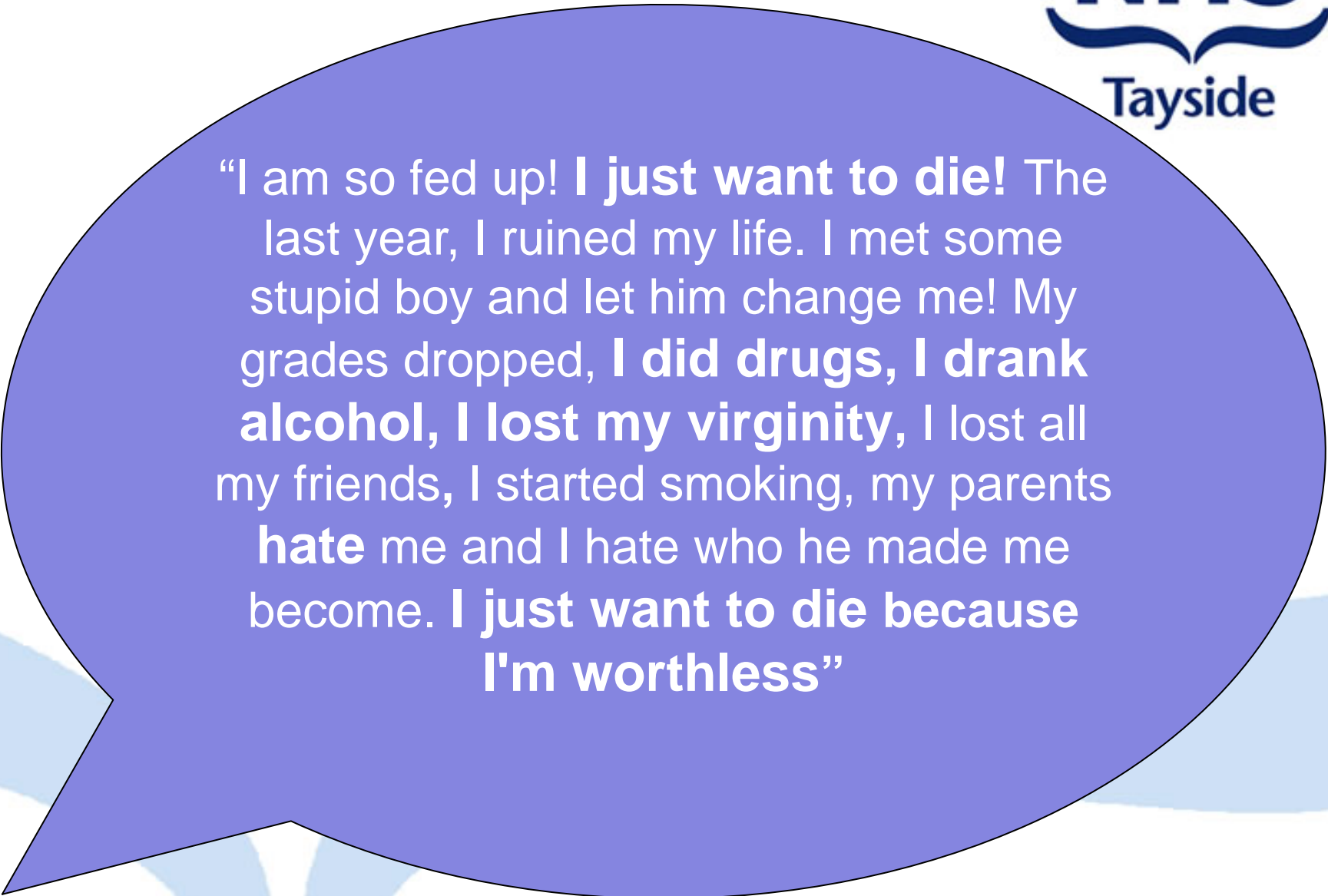
Anger,
sadness,
depression

Confusion

Worthless or
insignificant

“I needed someone to talk to **coz I can’t talk to anyone else.** I was staying at a friends house and her boyfriend was there too...we all fell asleep....there was a pillow separating me and her boyfriend. I woke up & something didn’t feel right....her boyfriend was jerking off so I’m there **freaking out.** And the next thing I know he’s on his feet leaning right over me. **I absolutely freeze, I couldn’t move** and then I have the idea to role over so I do and he leaps away. **I’m still really freaked out”**

"I feel so.. idk... **helpless**? Its just that i smoke a little and i wanna stop. But i cant. I wanna have a great life but i cant achieve that while i smoke...**am scared shitless of getting found out** but at the same time everytime i get told to not do something, for example, smoke or drink energy drinks, i do it. **Mainly to show my parents they dont own me.** I feel like when u smoke with other smokers **i belong somewhere.** But i wanna belong to someone without having to smoke. Idk... i will admit i am "trying to be cool" Then i feel more **worthless** and **self harm.**

A large, purple speech bubble with a black outline is positioned in the center of the image. It has a tail pointing towards the bottom left corner. The text inside the bubble is white and reads: "I am so fed up! **I just want to die!** The last year, I ruined my life. I met some stupid boy and let him change me! My grades dropped, **I did drugs, I drank alcohol, I lost my virginity,** I lost all my friends, I started smoking, my parents **hate** me and I hate who he made me become. **I just want to die because I'm worthless**"

"I am so fed up! **I just want to die!** The last year, I ruined my life. I met some stupid boy and let him change me! My grades dropped, **I did drugs, I drank alcohol, I lost my virginity,** I lost all my friends, I started smoking, my parents **hate** me and I hate who he made me become. **I just want to die because I'm worthless**"

Hi. I was just wondering if you would answer a few questions I have about sex etc. I'm still a **Virgin** but I was just wondering, 1) when you have sex **does your vagina need to be shaved?** 2)

How do you know If ur hole isn't big enough for sex 3) how do you have sex, 4) will it hurt? 5) what's the best way to go about? 6) **should I have a one night stand** in case it's embarrassing 7) how do you do a **blow job and a teabag?** Please answer these thanks in advance

Risk & Protective Factors



Risk factors

- Parental influence
- Family-School-Community
- Aspirations
- Peers

Protective Factors

- Parental influence
- Family-School-Community
- Aspirations
- Peers

Low income, poor housing
availability of substances,
appearing older, family
history of problem behaviour,
drug use & normalisation

Fairness, closeness,
belonging, feeling wanted,
positive conflict resolution,
peer influence, parental
involvement in school &
social life


NOT STATIC




Response: The person not the topic

- **Listening to feelings, counselling response**
- **Building of confidence**
- **Reassurance on what is normal & what isn't**
- **Stepping stone to other services (partnership work)**
- **Child Protection**
- **Resource**



A large teal speech bubble is positioned in the center of the image, containing a testimonial. The bubble has a circular body and a tail pointing towards the bottom left corner.

The reply I got from this site has made me feel so much better. Just knowing that someone is out there that would listen to my problem and try to help, helped me in itself. This site is wonderful. Thank you so much.

A large, teal-colored speech bubble is positioned on the left side of the image, containing a testimonial. The bubble has a circular body and a tail pointing towards the bottom right.

Thanks for your help, cool 2 talk. I recently asked about how to cope with my anxiety, depression and self harm. Your help was fantastic and it felt great to have people to rely on when times got too tough. I am very thankful to have this service.



Felicity Snowsill

fsnowsill@nhs.net

Linzi McKerrecher

lmckerrecher@nhs.net

Questions and Discussion

REFRESHMENT BREAK

11:15 – 11:35

Nina Vaswani

Centre for Youth and Criminal Justice

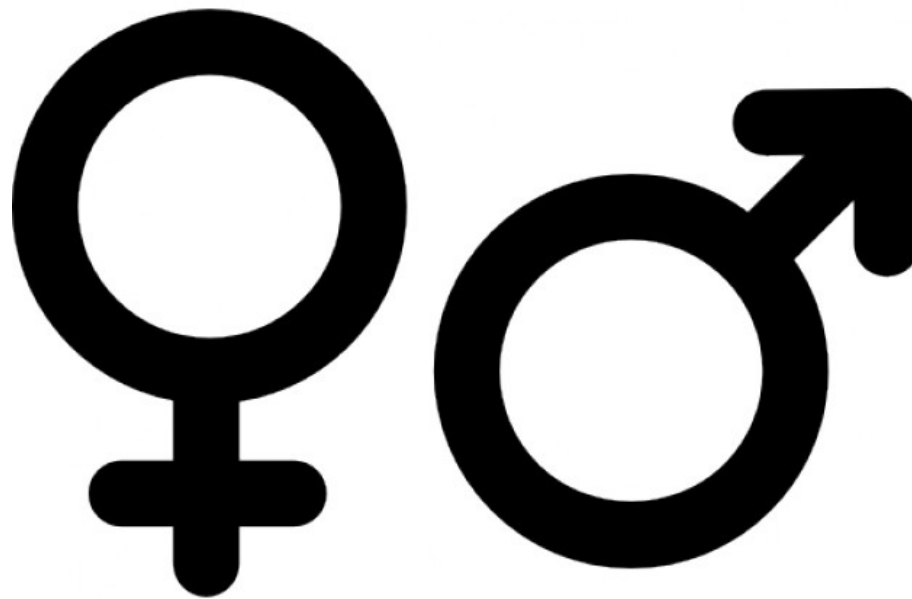


Working with Young Men:

Young males' experiences of loss, trauma and bereavement

Nina Vaswani, Research Fellow, Centre for Youth and Criminal Justice

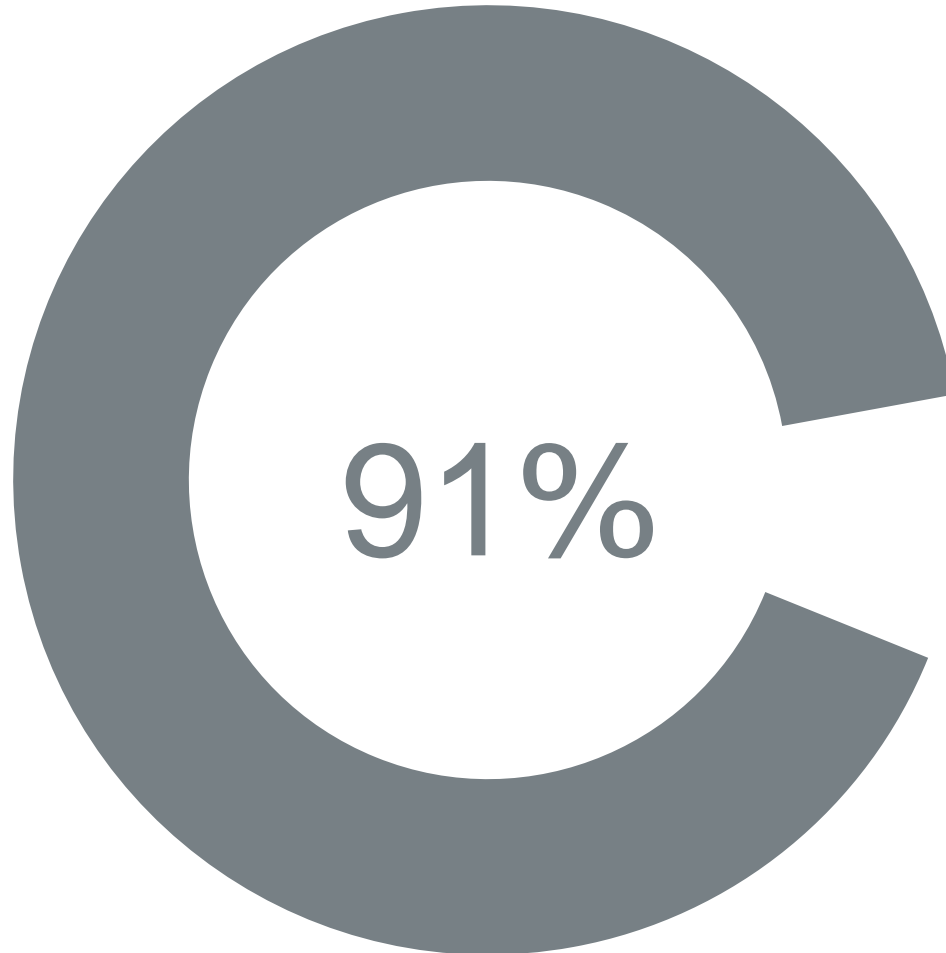
Gender-informed practice



Bereavement among young people involved in offending



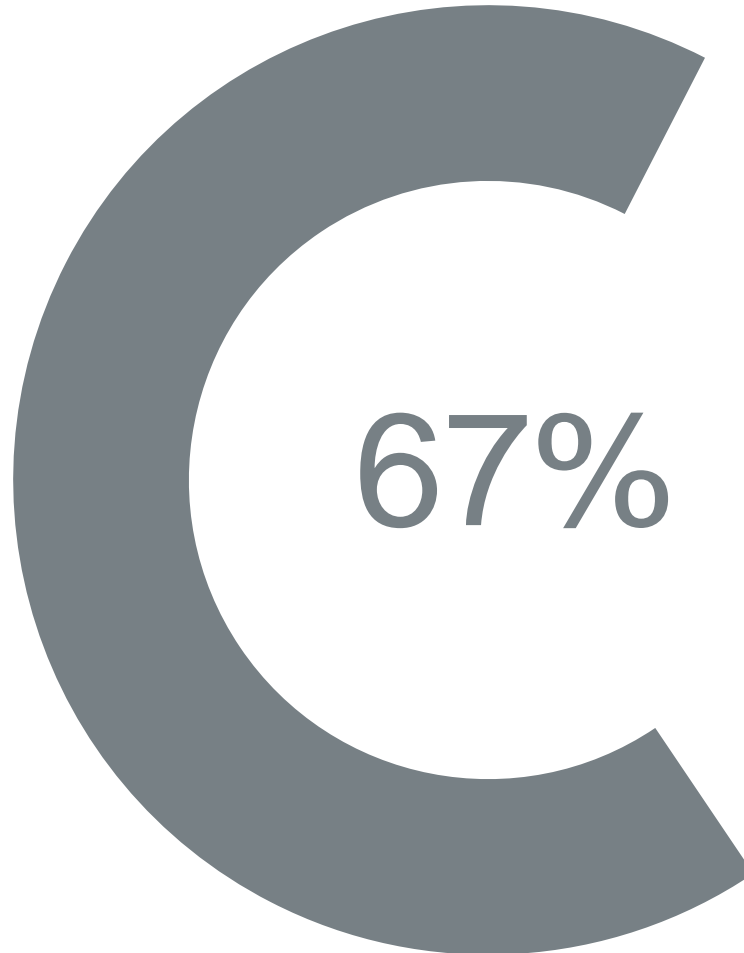
Bereavement in Polmont YOI



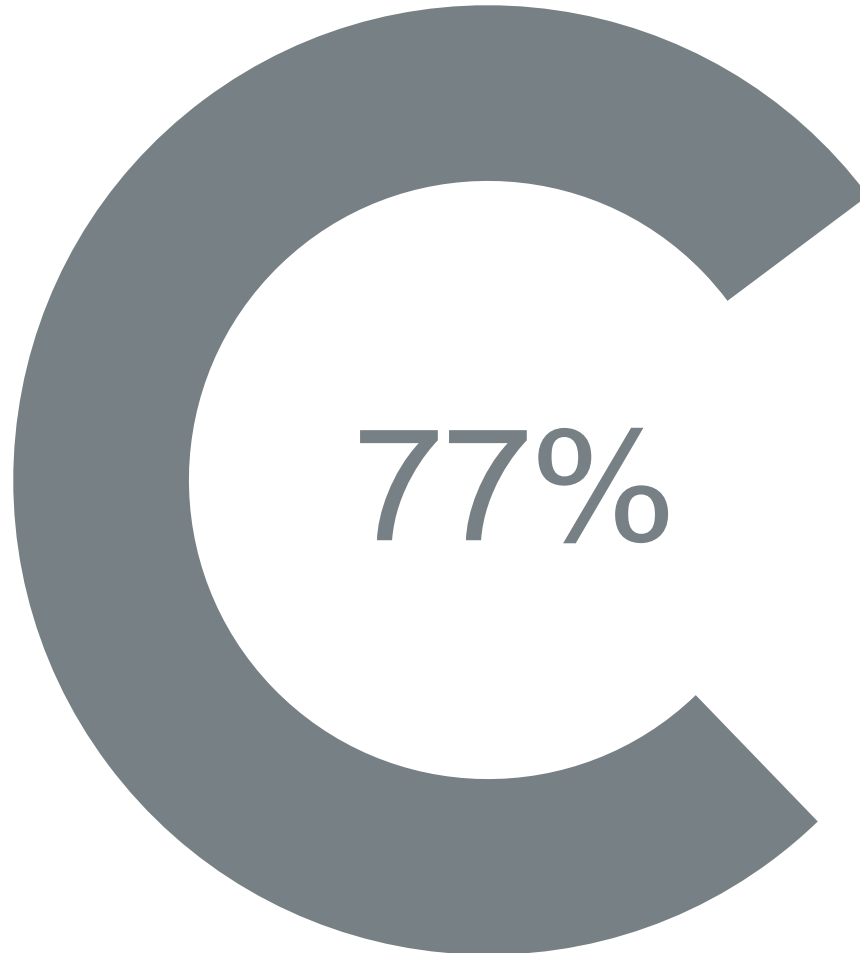
Bereavement in Polmont YOI



Bereavement in Polmont YOI



Bereavement in Polmont YOI



Young men's words

I was thinking about like 'how many more people do I have to see die? Am I gonnae grow up and see everybody die off?' know what I mean? That was the way I kinda felt, I'm only 19 and that's five people died already and I keep thinking to myself 'are the rest of them gonna die?' know what I mean then I'll grow up alone.

A catalogue of losses

- A range of losses:
 - Loss of relationships
 - Loss of status
 - Loss of stability
 - Loss of future
- Ambiguous losses
- Disenfranchised Grief

Young men's words

...my daughter dying and my brother dying...my sister getting raped...being in care my whole life, just lots of stuff, my mental health...

Obviously my father's been in prison for nearly five years and I've got nobody to follow by, no role model so I had nobody...I've got a Mum but I don't class her as a mum because I don't feel like I've had a mum.

The impact of loss and bereavement on behaviour

- Sadness, shock, anger, numbness
- Common reactions
- Resilience
- Problematic scenarios
 - Substance misuse
 - Risky sexual behaviour
 - Self-harm / suicide
 - Increased risk-taking

Young men's words

I just didnae bother with anything,
even the police they didn't scare me,
they didn't bother me anymore

I'd no been in prison before but after my
Gran died everything got worse just from
there, I just started drinking a lot more and I
drink every day now basically

Young men's words

the more I drank the more I wouldnae think of him basically ...Not to forget about him, but forget about that [the bereavement]. The good things you obviously remember and then the bad things kinda take over

when ma Grandad passed away any time I was feeling low about it I used to smoke a lot of cannabis so and then I found [my stepdad dead], after that I just started using different drugs, like cocaine and ecstasy and stuff like that so that was basically my way of dealing with it all.

What can cause a problematic scenario?

- High rates of traumatic and multiple death
- Ambiguous loss and disenfranchised grief
- Poor coping strategies and a lack of support / help

The gender gap in help-seeking

- Emotional distress
- Substance use
- Health symptoms
- Common low level issues

Young men's words

I tried putting a brave face on for my mum and that and at the time it felt good but after the visit I went up to the cell...when you're on remand you're stuck in all day...and just worrying

I mean I've never seen my dad cry...when ma Granda died I didn't see him greet, when ma Gran died I didn't see him greet...I spose I've just always held myself back as well, rather than talk about things

Young men's words

...I couldn't talk to anyone, I couldn't open up...if I was angry I would just explode, start smashing things up, start fighting with people...

I didn't even know what grieving was...

I felt a lot of things, a lot of things I hadnae felt before. And I didnae know how to deal with them so I just didnae deal with them. I forgot about them

Why are males vulnerable to reduced help-seeking?

- Gender Role Theory
- Social Psychology
- Emotional literacy
- Lack of social support
- Poor coping strategies
 - Avoidance
 - Acting out
 - Self-medication
 - Misinterpretation of behaviour

Normativeness

going to that group I realised I wasn't the only one that had bad things happen to them in their life, and that's being honest with you, cos I thought generally only the bad things were happening to me ken what I mean, and that's why I was the way I was eh. But just listening to other people telling me what happened to their family an' that, aye, was like, it was really like opening, eye-opening, you'd never think that.

What can we conclude?

- High levels of traumatic and multiple bereavements
- Childhood characterised by other losses
- Young men have reduced help-seeking and a lack of social support
- Young men with poor coping strategies
 - Unresolved grief
 - Pain and distress for the young men
 - Acting out and challenging behaviour
- System responds to this behaviour by creating additional losses and disrupting coping strategies and support

The outcome

- Hazardous alcohol use
- Self-injury and self-harm doubled
- Mental illness more common
- Violence – as perpetrators and victims
- Suicide

What can we do?

- Universal grief and death education
- Awareness-raising and understanding
- Ensure availability of bereavement support in the community
- Help-seeking: role modelling and education
- Ensure services are responsive to males
- Try not to let the system make things worse
- Where necessary minimise the impact of institutions on loss, trauma and grief

Young men's words

I had a cuff on which is the big long chain plus I had 2 handcuffs on so I was like triple cuffed. And I was saying 'can you not take one off so I can give people a hug' because people were hugging me and I just had to lean in to them. It was so horrible man

I was sad, that was the only time I ever cried over her at the funeral...I think that's when I came to reality that she wouldn't be coming back...and everyone else was greeting

It's not all doom and gloom

I've never been able to open up and express myself at all, and express my feelings an' that. I've never been able to do it for all my life. And just daein' that was like weight was falling off my shoulders, ken what I mean?

It felt like I had a bar, a weight bar with about four tonne on it, trying to lift it every day. But see every time I was letting it oot it felt like that bar, the weights were just falling off it.

I've started to act totally differently since I've got it all off my chest. I think I was maybe a bit angrier and that before I'd actually spoke about it all and I think that was probably what had led me to being in here as well

Reports

- Persistent Offender profile: Focus on bereavement

<http://www.cycj.org.uk/wp-content/uploads/2014/05/Bereavement-Paper-CJSW-Briefing.pdf>

- What works with vulnerable young males: a review of the literature

<https://www.glasgow.gov.uk/CHttpHandler.ashx?id=1613&p=0>

- Encouraging help-seeking behaviour among young men

<http://www.glasgow.gov.uk/chttpandler.ashx?id=5252>

- The ripples of death: the bereavement experiences and mental health of young men in custody

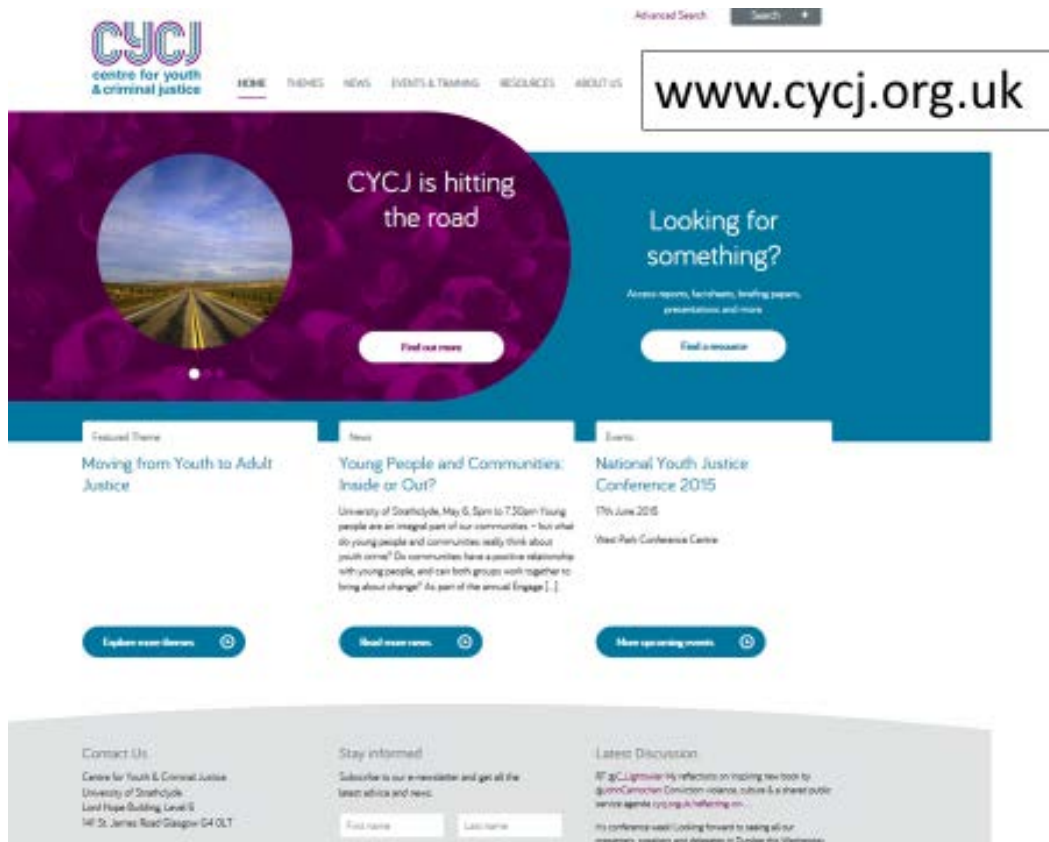
<http://onlinelibrary.wiley.com/doi/10.1111/hojo.12064/abstract>

- A catalogue of losses

<https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/PSJ%20220%20July%202015.pdf>

- Trauma, bereavement and loss in Polmont (forthcoming)

More info



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...and what about women?

- Why do we lock up young women? Is it to protect other people or to protect the young women themselves?
- What does this say about society's values and attitudes to young vulnerable young women?
- How might we work with young women in a more positive way?
- What forces stop us doing this and what do we as workers need to do to change this?

LUNCH

12:45 – 13:40

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