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Table of Contents

<i>Introduction</i>	4
<i>Defining Adverse Childhood Experiences</i>	4
<i>ACEs Versus Trauma</i>	6
<i>Treatment Options for Trauma and ACE Exposure</i>	7
<i>Trauma-Informed Practice</i>	7
<i>The Brain Story Approach</i>	7
<i>The Long-Term Health and Economic Impacts of ACE</i>	8
<i>The Long-Term Impacts of Separation from Parents</i>	8
<i>ACE and the Justice System</i>	9
<i>Divorce and Custody Cases</i>	9
<i>Parental Incarceration</i>	10
<i>Advocacy for Justice System Reform</i>	11
<i>The Alberta Family Wellness Initiative</i>	11
<i>The Multi-Agency School Support Team</i>	12
<i>Reforming the Family Justice System Lab</i>	12
<i>Legal Updates in Canada</i>	13
<i>ACEs and Nova Scotians</i>	14
<i>Services for Nova Scotians</i>	14
<i>Conclusion</i>	15
<i>References</i>	17

Introduction

The experiences of our early childhood shapes and influences us for the rest of our lives. Our brains need a strong foundation to develop to their full potential and ensure a healthy life. A strong neural foundation is constructed through positive interactions with guardians and caregivers.

Our brains are developed through a process called neurogenesis which begins in the womb and continues until our mid-twenties. Part of the process of neurogenesis and the creation of neural connections is called synaptic pruning. It is intended to make the brain more efficient by eliminating neural connections that are not often used. Our childhood experiences determine what is pruned (Brain Architecture, 2020).

According to the Alberta Family Wellness Initiative, a family wellness organization that focuses on early childhood relationships, children who experience high quality bonding and interactions will have those neural circuits reinforced through pruning, which helps develop healthy executive function. However, negative interactions and experiences reinforce negative or harmful neural circuits, which is associated with poorer social outcomes (Brain Story Narrative, 2020). Relationships or circumstances that cause toxic stress are thought of as adverse childhood experiences.

Defining Adverse Childhood Experiences

Adverse childhood experiences (ACE) are negative interactions that severely impacts brain development. They were first identified in the late 1990s during the CDC-Kaiser study, which examined a link between the history of sexual abuse in childhood and obesity later in life (Blair & Boullier, 2018). Study findings uncovered three distinct categories of adverse childhood experiences (Figure 1).

Prolonged or repeated exposure to ACEs can result in toxic stress, which is severe stress that causes a chemical reaction called *allostasis*. This reaction takes place in the sympathetic nervous system, known colloquially as the fight or flight response. When the sympathetic nervous system is activated, an individual's heart rate increases, pupils dilate, and blood is directed away from the digestive system.

Activation of the sympathetic nervous system is a normal process that occurs when the brain and body are under stress. In normal circumstances, once the stressor or perceived threat is removed, the body goes back to normal functioning and cortisol levels drop. However, if the stimulus causing the reaction is chronic or related to an ACE, allostatic overload occurs. The result is

damage to neurological systems, circadian rhythm, and the immune system (Blair & Boullier, 2018).

It should be said that not all stress is toxic. For example, positive stress may occur when an individual meets new people or starts a new job. Stress caused by difficult life events, such as a death in the family, has the potential to become traumatic, but is mitigated by strong support systems and coping mechanisms. However, if supports and coping mechanisms are not present, stress can become toxic, which is often seen in cases involving abuse, neglect, addiction, or other ACEs (Brain Story Narrative, 2020).

Abuse	Household Challenges	Neglect
<p><u>Emotional Abuse:</u> An adult living in the home acts in a way that scares children or causes them fear physical harm.</p>	<p><u>Mother treated violently:</u> The mother, stepmother, or female guardian was pushed, grabbed, slapped, hit, threatened with a weapon, and so on, by the father, stepfather, or boyfriend.</p>	<p><u>Emotional Neglect:</u> Family members did not make children feel loved or a close part of the family unit. Individuals in the family do not look out for one another.</p>
<p><u>Physical Abuse:</u> An adult living in the home pushed, grabbed, slapped, or hit children with a force that left marks or injuries.</p>	<p><u>Household Substance Abuse:</u> A member of the household was a problem drinker or alcoholic. A member of the household used street drugs.</p>	<p><u>Physical Neglect:</u> Children in the household did not have enough to eat, wore dirty clothes, did not have a safe environment, and so on. The adults in the household did not take care of the physical needs of the children.</p>
<p><u>Sexual Abuse:</u> An adult touched children in a sexual way, made children touch his/her body, or attempted sexual intercourse.</p>	<p><u>Mental Illness:</u> A member of the household was depressed or mentally ill. A member of the household attempted suicide.</p>	
	<p><u>Parental Separation/Divorce:</u> The children’s parents were separated or divorced.</p>	
	<p><u>Criminal Household Member:</u> A member of the household went to prison.</p>	

Figure 1: The three categories of ACEs defined by the CDC-Kaiser study.

ACEs Versus Trauma

It is important to distinguish between ACEs and trauma. These terms are often used interchangeably, but they are not the same. The similarity between ACEs and trauma is that both relate to childhood adversity, which is any variable that puts a child's wellbeing in danger. These can include bullying, racism, poverty, or community violence. Exposure to adversity can result in neurobiological shifts in the brain's neural networks, but this outcome can be mitigated by caregiver support and positive relationships (Bartlett & Sacks, 2019).

ACEs are different from trauma because they are specific subsets of childhood adversities that are likely to result in poor physical and mental health throughout an individual's lifetime. All ACEs are childhood adversities, but not all childhood adversities are ACEs. As previously discussed, the CDC-Kaiser study defined three categories of ACEs (Figure 1). New research has added additional categories including economic hardship, homelessness, discrimination, and historical trauma (Bartlett & Sacks, 2019).

Trauma is one possible response to adversity (Bartlett & Sacks, 2019). It occurs when an individual's capacity to cope is overwhelmed by a distressing event, such as an ACE. Trauma can also result from accidents, natural disasters, medical procedures, war, witnessing acts of violence, or historical trauma (Nova Scotia Health Authority, 2015). It can be acute and link to one event, or it can be complex and result from repeated exposure to harmful events over time (Ponic et. al, 2020). Researchers have found that trauma causes temporary and permanent changes to an individual's neurobiology. For example, individuals experiencing trauma can experience the inability to determine if potential threats are real, anxiety, and depression. Trauma is also lined to substance use disorders (Ponic et. al, 2020).

Individuals who experience adversity or violence can also experience trauma. However, certain types of adversity are more likely to cause trauma than others, especially in children. Examples include the unexpected loss of a family member, a school shooting, or a natural disaster (Bartlett & Sacks, 2019). Adversity linked to ACEs, such as divorce or family breakdowns, show greater variability in reactions from children. While they are harmful to the developing brain, they will not necessarily result in a trauma response (Bartlett & Sacks, 2019). However, they children that do have a trauma response to divorce or family breakdowns often experience emotional and physiological symptoms soon after the event, and symptoms can last for a long period of time (Bartlett & Sacks, 2019).

Treatment Options for Trauma and ACE Exposure

Trauma-Informed Practice

Trauma-informed practice (TIP) is a method used to treat individuals who have experienced trauma. It focuses on creating safe and positive spaces where people can receive health/mental health services. In a trauma-informed environment, staff at all levels are aware of trauma and its consequences, and the focus of health professionals is on stabilizing the treatment environment. The central goal is the avoidance of re-traumatization for individuals coping with the aftereffects of adversity or violence. Six principles are commonly used to inform TIP (Figure 2).

Principle of TIP	Associated Activities
Safety and Trustworthiness	Welcoming intake procedures, removing barriers that may make the physical environment threatening, communicating clearly, ensuring informed consent, and demonstrating predictable expectations.
Opportunity for choice, collaboration, and connection	Allowing individuals to make decisions about their treatment and pace of treatment to regain a sense of control.
Strength-based skill building and empowerment	Promoting self-regulation and resiliency, modelling skills for recognizing triggers, grounding, and staying present.
Recognition of cultural, historical, and gender issues	Recognizing that certain demographics are more likely to experience trauma such as indigenous people, people of colour, refugees, veterans, and women and girls.
Promotion of service use and peer involvement	Seeking feedback from individuals who use services and implementing changes to services.

Figure 2: The principles of trauma-informed practice (Nova Scotia Health Authority, 2015).

The Brain Story Approach

The Alberta Family Wellness Initiative (AFWI), an organization dedicated to improving the wellbeing of families by focusing on early childhood relationships, ACEs, and toxic stress, use the Brain Story Approach to discuss how experiences influence the brain. AFWI states that relationships with other human beings establishes an individual's brain architecture. By understanding when and how to support families, AFWI can help to change how the story

unfolds and support healthier lives, stronger communities, and reduced risks for mental health challenges or addictions (Brain Story Narrative, 2020).

While the Brain Story Approach contains many elements of TIP, such as avoiding re-traumatization, the focus is ensuring children who have experienced ACEs can have meaningful, positive connections with adults. However, the program recognizes that children who have experienced ACEs are not necessarily traumatized. As such, the program encourages strong, social supports within the context of ACEs that children face.

The Long-Term Health and Economic Impacts of ACE

Aside from the developmental implications, ACEs and toxic stress have far reaching economic consequences. People who suffer from ACEs and toxic stress in childhood are at a higher risk of developing cancer, diabetes, cardiovascular disease, respiratory disease, anxiety, and depression. These individuals are also predisposed to becoming obese, developing drinking problems, and struggling with illicit drug use (Burke Harris, 2020). According to the 2020 California Surgeon General report, adults with histories of ACEs costs the healthcare system an extra \$500 a year. This may not seem like much, but when spread across the entire population of North America and Europe, the extra expense adds up to \$1.3 trillion in health care costs. (Burke Harris, 2020).

Increased health expenditures due to ACEs point to areas where government budgets in North America and Europe could be evaluated. For example, the Scotland Children's Wellbeing Report makes several budget recommendations to mitigate ACE risks linked to economic hardship. Children living in poverty have limited opportunities to participate in extracurricular activities which can lead to increased social isolation. They may also deal with food insecurity, reduced access to shelter, and contact with parental stress (Trebeck & Baker, 2020). The report suggests that too much funding is allocated towards maintaining the 'status quo' or dealing with the aftermath of poverty. Instead, funds should be reallocated to prevent child poverty. By prioritizing children's wellbeing in federal budgets, many long-term health issues could be avoided, which will save trillions of dollars down the line.

The Long-Term Impacts of Separation from Parents

Approximately half of all marriages in the western world end in divorce. As previously stated, divorce is classified as an ACE and the effects on children include a higher likelihood of mental illness, especially cluster DSM-5 disorders (Schaan et. Al., 2019). The increased vulnerability to mental illness also places children from divorced homes at higher risk of developing chronic stress, loneliness, anxiety, and attachment avoidance (Schaan et. Al., 2019).

It is important to note that children whose parents have gone through divorce or separation are more likely to experience other ACEs such as parental conflict and violence within the home (Vezzetti, 2016). Divorce can also result in physical manifestations of stress in children, such as chronic headaches (Juang et. Al., 2004).

Similar health issues arise in other situations where children are separated from parents for long periods of time. These can include incarceration, loss of custody, and death. Separation from a parent in early childhood can have negative impacts on a child's attachment style, which is shaped by the way a child bonds with caregivers. If a caregiver is unreliable or absent, the child may develop avoidant or anxious attachment styles, which makes it difficult to trust or feel close to others (Bowlby, 1988). These styles also set up dynamics for possessive or toxic relationships later in life.

Researchers have found evidence of physical effects linked to toxic stress and the separation from parents. Many children who experience parental loss, especially boys, have elevated cortisol levels in the brain long after the separation has occurred (Vezzetti, 2016). Long-term elevation of cortisol levels can inhibit TSH secretion and interfere with the hypothalamic-hypophyseal-adrenocortical axis, all of which are linked to Type 2 diabetes, obesity, and osteoporosis in adulthood (Vezzetti, 2016).

ACE and the Justice System

Divorce and Custody Cases

The justice system is a major contributor to ACEs in children. As previously discussed, issues like divorce, child custody battles, and parental incarceration have detrimental impacts on developing brains.

Family breakdown is a traumatic event in and of itself. Working out the details of separation agreements in the justice system can create more stress (Jehn et. al., 2015). The judicial system in Canada is structured around the adversarial system, meaning that two advocates represent their parties' case before an impartial person, such as a judge, who then attempts to determine the truth and pass judgement accordingly.

Since the introduction of the *Divorce Act* by the federal government in Canada, the legal system has played a role in the dissolution of family units. This places divorce in a strictly legal context. However, researchers suggest that families would benefit from changing the legalistic mindset to one that views divorce as a "social and relationship issue with a legal element" (Jehn et. al.,

2015, p. 2). This shift would open the door for supports or services outside of the legal system. For example, legal processes could include programs that focus on eliminating toxic stress and mental duress.

Reforming the family justice system will involve a breakdown of knowledge silos between legal professionals and service providers. Stakeholder conversations that focus on all aspects of health and wellness, including legal professionals, healthcare providers, psychologists, and educators, may produce strategies have not been previously considered (Jehn et. Al., 2015). However, large scale justice reforms will not prevent all children from being exposed to the justice system.

Aside from divorce there are many reasons children may be exposed to the judicial system, including adoption, migration, and violence. The Council of Europe published a list of recommendations to facilitate *child friendly justice*, which is defined as a child friendly justice system that “guarantees the respect and implementation of children’s rights” (Council of Europe, 2010). That is, the justice system must treat children with dignity and respect and make every effort to communicate information in accessible language. For example, the Council recommends the availability of child-friendly reading materials that explain legal processes (Council of Europe, 2010).

In summary, this report published by the Council of Europe reviews possible supports for children and recommends the following five principles of child-friendly justice:

1. The best interest of the child.
2. Care and respect.
3. Participation.
4. Equal treatment.
5. Rule of law.

Parental Incarceration

Parental incarceration can put children in contact with the justice system. In 2013, 63 percent of federally incarcerated inmates in the United States were the parents of children under the age of 18. Of that group, 16 percent are parents to children under the age of 4 (Roberts et al., 2013).

Researchers have found that children who have incarcerated parents experience mental illness at double the rate of their peers. Despite these large numbers and symptoms, including behavioural and emotional dysregulation, only 10 percent of these children receive support from mental health services (Roberts et al., 2013).

As previously discussed, children rely on their parents to learn how to form relationships. Bowlby's theory of attachment states that when a parent is absent, children can experience severe attachment issues related to a lack of trust and personal autonomy (Bowlby, 1988). These variables create a greater risk of mental illness. In early childhood, these symptoms may present as disorganized feelings and behaviours, gradually becoming more serious as the child ages.

The impact of incarceration on children has led to programs such as the Supporting Children when a Caregiver is Arrested: The REACT Model program. This program was developed and is implemented at the Child and Health Institute of Connecticut (Roberts et al., 2013). It is comprised of a network of social workers and psychologists that track children following a parent's arrest and provide services such as counselling or positive adult support.

Advocacy for Justice System Reform

The Alberta Family Wellness Initiative

The Alberta Family Wellness Initiative (AFWI) is working with justice system players to place greater emphasis on brain health and childhood experiences. Through awareness and education, AFWI hopes that parents approach divorce with the children in mind and settle out of court when possible (Brain Story Narrative, 2020). Now, families based in Calgary who are in custody disputes must meet with a Family Dispute Resolution Officer or mediator before they are eligible to appear in court.

AFWI created a pilot program called Family Justice Navigators that operates out of community service offices and educates litigants about available services. Program staff operate in place of family court counsellors, are typically not lawyers, and are trained in the Brain Story Approach (Brain Story Narrative, 2020). The implementation of this program has provided opportunities for parents to find support for themselves and their children outside of the judicial system.

The Brain Story Approach has changed the way some legal professionals navigate the courtroom in Alberta. One testimonial submitted by a lawyer stated that because of the Brain Story Approach, he advocates for breaks on behalf of his clients when conflict escalates in the courtroom. This approach attempts to create an environment that does not trigger the fight or flight response.

Since 2020, upwards of 400 members of the Calgary Police Service have been certified in the Brain Story Approach. Since the training was completed, follow up qualitative interviews indicated that practices involving marginalized groups, such as indigenous peoples and survivors of sexual assaults, has shifted and is now more understanding of trauma and trauma-informed

environments (Tilghman et. al., 2020).

The Multi-Agency School Support Team

AFWI partnered with Alberta Health Services and Human Services to identify supports and for youth that have come into contact with the Calgary Police Service. The three stakeholders developed a program called the Multi-Agency School Support Team that is focused on early identification of high-risk behaviours in children aged 5 to 12. Each school under the Calgary Board of Education and the Calgary Catholic School District now has a MASST program that is run by a police officer and a registered social worker (Multi-Agency School Support Team (MASST), 2021).

MASST identifies behaviours that put youth at risk of victimization or patterns of victimization, involvement in a crime, patterns of victimization, or seeking belonging from negative influences. They also offer support to youth that have a family member going through the justice system or have and a limited attachment to the community (Multi-Agency School Support Team (MASST), 2021). If high-risk behaviours are identified, the social worker and police officer will intervene by offering services to the child and his/her family. The efforts of MASST prevent youth from encountering the judicial system and support connections with the community.

Reforming the Family Justice System Lab

The Reforming the Family Justice System Lab (RFJS) believes that a paradigm shift is required to transform the family court system from an adversarial system to one that supports families and reduces toxic stress (Jerke et. al., 2018).

Diana Lowe, a co-lead at the RFJS lab, stated that the lab has shifted away from access to justice avenues and instead, focuses on a theory of change that is centered around avoiding contact with the adversarial system. Its goal is to provide families with the support they need to foster resilience and resolve disputes outside of the justice system (Lowe, 2018). This work involves encouraging legal professionals to educate themselves about the Brain Story Approach, collaborating with frontline service providers to empower them to help families, and enhancing the public's understanding about harm to children during parental disputes (Lowe, 2018).

When dealing with child welfare, the RFJS emphasize the importance of collaborating with indigenous communities and traditional ways of knowing. In situations where there is no immediate danger to the child, alternatives to child intervention, such as family therapy, and child welfare monitoring, should take place before removing children from the family and thus, initiating family breakdown (Jerke et. al., 2018).

In terms of family violence, RFJS emphasizes the introduction of a synthesized screening system that exists across service platforms including police departments, welfare agencies, and shelters. A screening program to detect family violence could differentiate between severe cases where protective orders are needed versus situations that have not yet progressed to that point. This system could identify families that would benefit from supports and programs, avoiding the criminalization of the family members behaviour, which furthers intergenerational harm experienced in families where violence is common (Jerke et. al., 2018).

Finally, the RFJS created an app called coParenter that acts as a “telehealth service for the justice system” (RFJS, 2019). The app provides on demand access to retired mediators and court workers. CoParenter has a wide variety of services including advice about custody schedules, parenting agreements, expense reimbursement, right of first refusal, weekend parenting swaps, and visitation with third parties, to name a few (RFJS, 2019). In 2019, coParenter has assisted with the successful resolution of over 120,000 disputes.

Legal Updates in Canada

On July 1, 2020, the *Divorce Act* was amended and language shifted to a more child centred approach (i.e., “child custody” versus “parenting time”). The amendments also require lawyers to encourage clients to solve disputes through mediation before going through the courts. Parental responsibilities are more defined as the Act now sets out a *parenting order*, which replaces the previous use of the term *custody order*. Essentially, it determines which parent will be responsible for making important decisions for the children. It is expected that the updated terminology is less likely to cause conflict between parents because the wording does not imply a winner or loser (Information for Families, 2020).

Legal Reforms in Nova Scotia

After the *Divorce Act* was amended by the federal government in July 2020, the Government of Nova Scotia has announced plans to update the *Parenting and Support Act* to align with federal reforms. The plan was to replace terms such as ‘custody’ with ‘decision-making responsibility’. In addition, decision-making responsibilities fall to the parent who is exercising their parenting time. This change is meant to prevent conflict over which party makes decisions regarding the children (Changes to Parenting and Support Act Will Strengthen Family Justice, 2021). On April 7, 2021, the amendments to the *Parenting and Support Act* came into force.

Aside from terminology shifts, the *Parenting and Support Act* indicates that parents have a responsibility to protect their children from the harmful effects of adversarial conflict and places priority on the best interest of the child. This includes the judge being required to review and consider “any civil or criminal proceeding, order, condition or measure that is relevant to the safety of the child” (Changes to Parenting and Support Act Will Strengthen Family Justice, 2021). A review of pending court hearings or orders may identify the potential for family violence and prevent incidences that could endanger the children.

ACEs and Nova Scotians

A recent study conducted at Dalhousie University surveyed a group of adults attending a collaborative family health centre in Lunenburg, Nova Scotia. The survey was designed to measure exposure to ACEs, resilience, and overall health. Of the 226 patients surveyed, 73 percent had experienced at least one ACE and 31 percent had experienced four or more (Ross et. al., 2020).

Although limited research has been done on the extent to which ACEs impact populations in rural communities such as Lunenburg, the survey findings match with results recorded in urban settings. A study conducted on adults attending a primary care clinic in Calgary reported the frequency of ACEs was like those observed in Lunenburg. Also, both populations had the same top three ACEs: living with a household member who was depressed, mentally ill, or has attempted suicide; living with a person who was a problem drinker or used illegal drugs; and separated or divorced parents (Ross et. al., 2020).

Services for Nova Scotians

The SeaStar Child and Youth Advocacy Centre at the IWK in Halifax, Nova Scotia provides general medical and mental health assistance to children who may have been abused or experienced violence. It is a collaborative centre that brings together professionals from law enforcement, health care, child welfare, mental health, and the justice system (Child and Youth Advocates - SeaStar Child & Youth Advocacy Centre, 2021). Children are referred to the Centre by the Department of Community Services, the Mi'kmaw Family and Children's Services Office, or by law enforcement.

The Centre's goal is to provide a safe and welcoming environment for children, while serving as a one-stop shop for the investigation, assessment, and treatment of suspected violence or abuse (Child and Youth Advocates - SeaStar Child & Youth Advocacy Centre, 2021). During the process, child and youth advocates are a point of contact for families and the Centre provides

emotional supports. Services are free and can be accessed after children have been assessed and released, regardless of the outcome (Child and Youth Advocates - SeaStar Child & Youth Advocacy Centre, 2021). Having a consistent and supportive point of contact who is not an authority figure, such as a police officer or health care professional, makes the service more accessible for everyone.

Conclusion

ACEs and trauma can exist side-by-side. However, ACEs are not trauma; rather trauma is one possible outcome of exposure to ACEs. Not everyone who experiences ACEs will develop a trauma response, and not everyone who has trauma has experienced ACEs.

With the distinction between trauma and ACEs, there is a distinction between Trauma-Informed Practice (TPI) and the Brain Story Approach. As discussed at the beginning of this paper, both practices share many of the same principles, especially the avoidance of re-traumatization and trauma awareness. TPI assumes that trauma has occurred and is focused on helping patients regain a sense of control and safety. The Brain Story Approach is focused on the education and awareness of how to mitigate ACEs and foster healthy brain development through individual awareness and broader policy changes.

The consequences of not dealing with the existence of ACEs is costly, not only for the individuals who experience it but also for the healthcare system. ACEs contribute to lifelong physical and mental health problems, such as anxiety and depression, diabetes, obesity, and heart problems. People who have experienced ACEs are also at risk of exposing their children to ACEs, which can create a vicious cycle of intergenerational trauma.

Children exposed to the justice system are at high risk for ACEs, primarily due to the conflict heavy nature of the Canadian court system. Exposure to ACEs in the justice system can be mitigated through individual and system level reforms such as the education of judges and lawyers on the Brain Story Approach and legislative updates, such as those made to the *Divorce Act*.

Through awareness of the Brain Story Approach, there are promising individual and systemic changes rooted in the psychological science. Examples include programs run by the Alberta Family Wellness Initiative and the Reforming Family Justice Lab. Lawyers and judges have begun to understand the harm caused by the adversarial nature of the Canadian justice system and practices are beginning to change.

While there is still a long way to go, awareness of what a community can do to build healthier brains for everyone is an important first step. Collaboration of between different wellness

sectors, including education, healthcare, the justice system, and government, can yield meaningful policy changes that ensure every child can live in environments that foster healthy brain development.

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