

Exploring Early Trauma in Welsh Secure Psychiatric Inpatients



Uned Gomiynu
Cydwethraol Cenedlaethol
National Collaborative
Commissioning Unit

J. L. Davies*, S. Mills*, A. Clarke*

*National Collaborative Commissioning Unit

Abstract

Early childhood trauma can significantly impact the mental and physical health of victims. The current exploratory study analyses data from a Welsh Government commissioned review of secure psychiatric services.

The aim of the study is to explore the prevalence of ACEs in Welsh secure inpatients, as well as factors predictive of, and predicted by, ACEs. Having a better understanding of these factors will highlight the importance of trauma-informed care in secure services. The study includes a cohort design inclusive of 275 secure inpatients (229 males and 46 females). Findings suggested that there is a higher prevalence of ACEs in Welsh secure inpatients compared to the general population. More females experienced 4 or more ACEs compared to males. The difference in the number of ACEs was significant. Presence of a personality disorder was related to a 2.5-fold increased risk of having a history of ACEs. Gender, self-harm and patient BMI predicted the number of ACEs a patient had. The findings highlight the importance of implementing trauma-informed care within secure services given that a large proportion of patients have ACEs (particularly females) and that ACEs are associated with poorer physical health and challenging behaviour.

Background



Method

Participants



Design and Method of Analysis

Cohort design

- Independent samples t-test
- Multiple linear regression
- Binominal logistic regression

Materials

Microsoft Excel

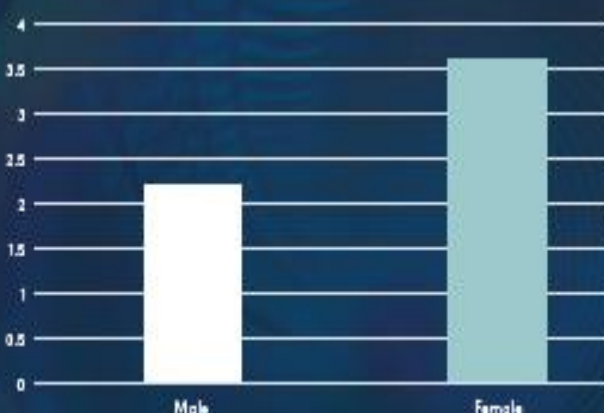
SPSS (v.27)

Results

ACE prevalence in Welsh secure inpatients



Gender differences



Associations with ACEs



Discussion

Findings

- Greater ACEs in Welsh secure inpatients compared to Welsh general population
- Consistent with literature that shows ACEs implicated in SMI and self-harm
- ACEs implicated in obesity

Implications

- Trauma informed care
- Possible risk indicator of self-harm and obesity on admission

Limitations and Future Research

- Small predictive values
- Small female numbers
- Efficacy of ACEs as a screening measure for self-harm/obesity risk

Bell, M. (2016). Welsh Adverse Childhood Experiences (ACE) Study Advers Childhood Experiences and their impact on (17 June January). <https://doi.org/10.1018/BS2.L478.1128>

Booth, A., & Gilron, J. (2016). Effect of adverse childhood experiences on children. *Journal of Child and Adolescent Mental Health*, 11(1), 1-4. <https://doi.org/10.1080/17445019.2016.1141108>

Loeber, R., Farrington, D. P., & Stouthamer-Loeber, M. (2010). Psychological adjustment in children with episodic migraines: A population-based study. *American Journal of Preventive Medicine*, 14(4), 245-256. <https://doi.org/10.1016/j.amepre.2010.07.006>

Loeber, R., Farrington, D. P., Stouthamer-Loeber, M., & Olweus, M. A. (2010). Impact of adverse childhood experiences (ACEs) on adult alcohol consumption behavior. *Child Abuse and Neglect*, 34(5), 568-574. <https://doi.org/10.1016/j.chabu.2010.08.006>

McCaskey, O. (2016). Adverse Childhood Experiences and the Association with Childhood Obesity: A Cross-Sectional Study at the U.S. National Survey of Children's Health (NSCH), 2011-2012. 2011-2012. 2011-2012. https://pubs.nwrc.gov/ada/ghp_research/477

Shannon, J. D., Olweus, M. A., & Larsson, J. S. (2016). The impact of trauma on the onset of mental health symptoms, aggression, and criminal behavior in an inpatient psychiatric sample. *Child Abuse and Neglect*, 61, 10-22. <https://doi.org/10.1016/j.chabu.2016.09.005>