Exploring Early Trauma in Welsh Secure Psychiatric Inpatients



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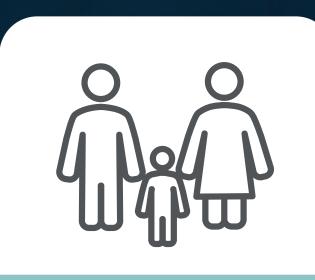


Early childhood trauma can significantly impact the mental and physical health of victims. The current exploratory study analyses data from a Welsh Government commissioned review of secure psychiatric services.

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



ADVERSE CHILDHOOD **EXPERIENCES** (ACEs)



MENTAL HEALTH



PHYSICAL HEALTH



1ACE = 47%

4 ACEs = 14%



Method







Participants



adult secure psychiatric impatients





83.3%

Mean BMI: 32.9kg/m2

Design and Method of Analysis

Cohort design

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

Materials

Microsoft Excel

SPSS (v.27)

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Results

ACE prevalence in Welsh secure inpatients

1ACE

72%

Males - 69% Females - 83% 4 or more

27%

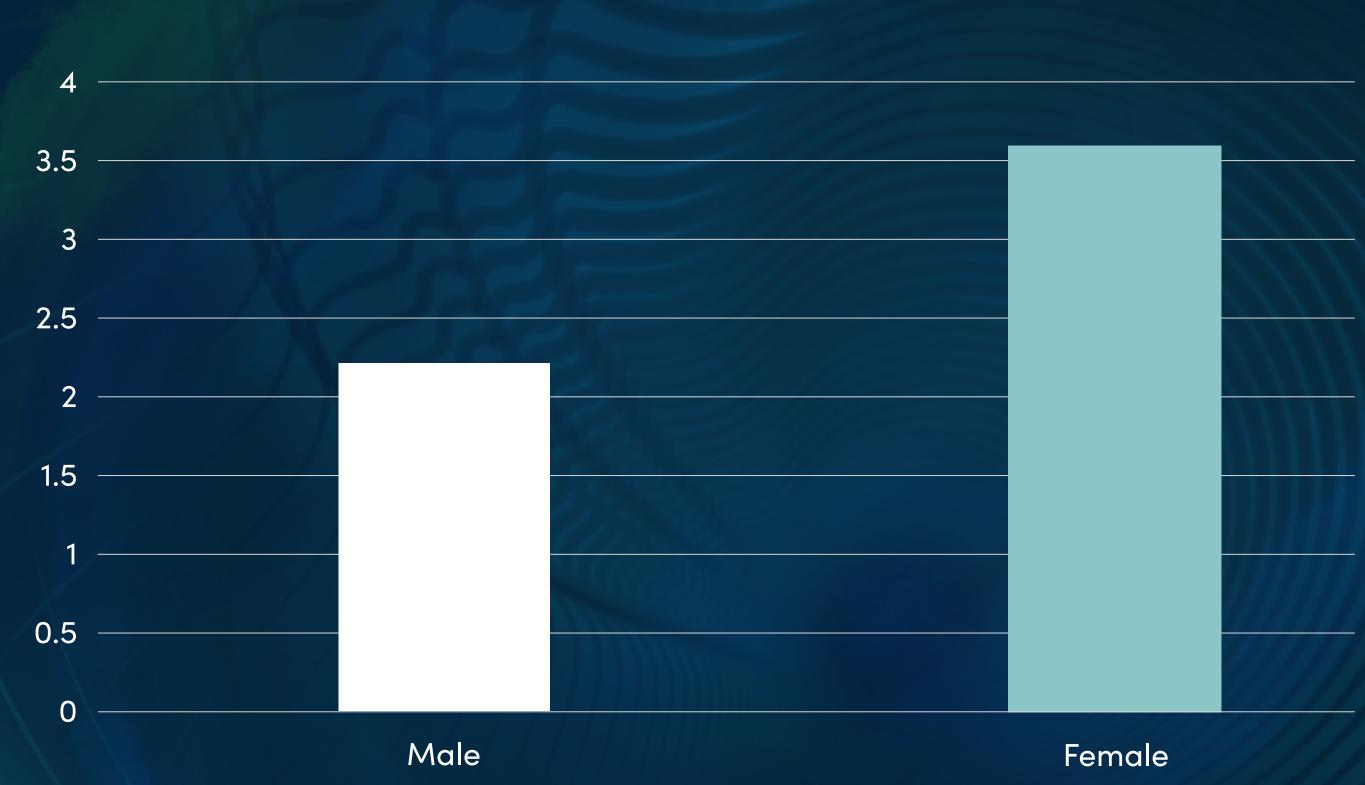
Males - 22% Females - 54%

Gender differences





Mean difference = 1.4, 95% CI [0.78, 2.1], t(266) = 4.360, p < .001)



Associations with ACEs



Personality Disorder

 $(P = .009, NagelKerke R^2 = .038).$ OR = 2.512



Number of ACEs

Gender + Self-harm + BMI

 $(P = <.001, adj R^2 = .112)$



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 indictor 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