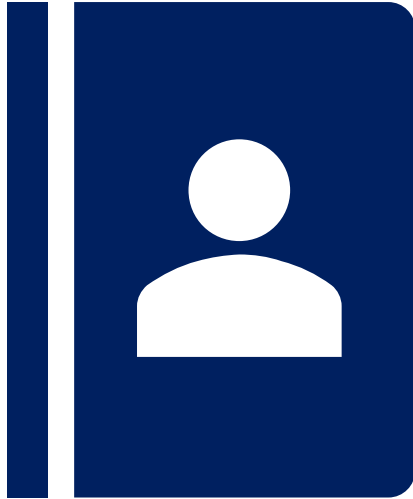


# The recording of adverse childhood experiences (ACEs) in a complex mental health needs cohort

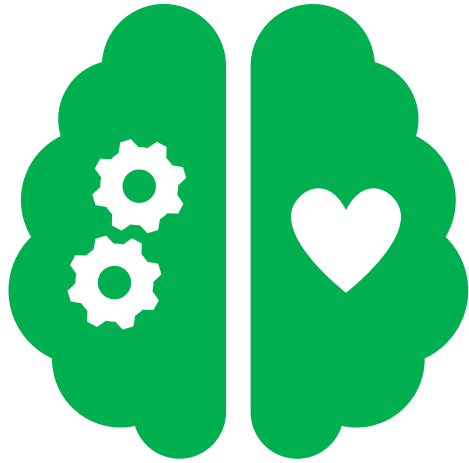
**Presented by:** Laura Sambrook ([L.M.Sambrook@ljmu.ac.uk](mailto:L.M.Sambrook@ljmu.ac.uk))

**Research team:** Laura Sambrook, Hana Roks, Dr Jackie Tait, Dr Taj Nathan & Dr Pooja Saini



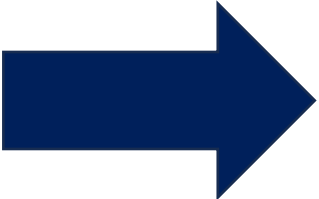
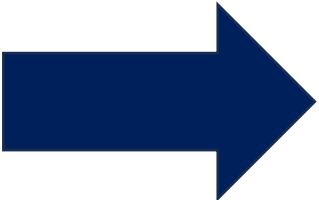
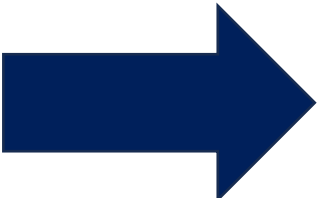
- Adverse childhood experiences (ACEs) are potentially traumatic and highly stressful events that occur between the ages of 0-17 (CDC, 2022).
- Research has found ACEs are common, with LGBTQ+, ethnic minorities and women were more likely to have experienced four or more.
- *Health consequences* -> increased risk of cancer, heart disease, diabetes and other chronic diseases. Exposure to ACEs has also been associated with physical inactivity and obesity in some sexual abuse survivors.

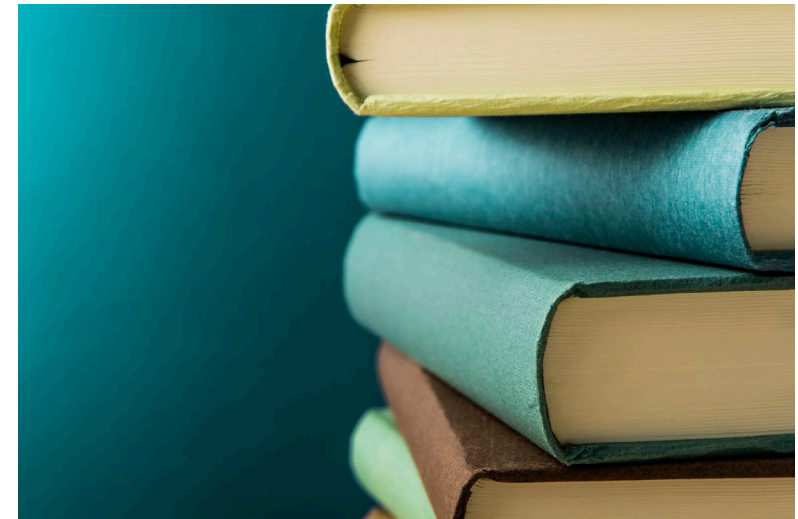
# Mental health consequences of ACEs



- Increased likelihood of depression.
- Increased likelihood of suicide.
- Increased likelihood of self-harm.
- Increased risk of maladaptive coping strategies.
- Risk of developing more complex mental health issues.

# What did we do?

-  76 service user files were explored in total
-  Service users were from the Cheshire/Wirral region
-  Each service user was defined as having complex mental health needs



# What did we find out?

68% of the cohort were male

96% of the cohort were White British

Missing data on sexuality for almost half of the sample

61 service users were single

Age ranged from 21-70, with a mean age of 40.6

Missing data on religious denomination

Most reported religious affiliation was Christian

Demographic data collected was representative of the Cheshire and Wirral area



# What did we find out?

ACEs Categories	Frequency
Parental separation	24
Parental violence	15
Parental substance misuse	9
Parental criminality	1
Parental mental health illness	12
Another parental issue	15
Childhood sexual abuse	17
Physical sexual abuse	22
Emotional abuse	14
Death of parent/sibling	7



# What did we find out?

The most frequently reported ACE was parental separation (n=24)

Parental criminal involvement was the lowest reported ACE (n=1)

Over 30% reported experiencing physical childhood abuse

Almost a quarter of the sample reported childhood sexual abuse

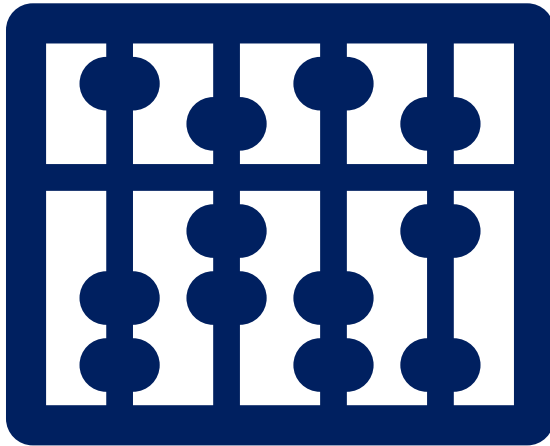
21% of the sample reported 'another parental issue', same with parental violence

Parental mental health illness was reported by 12 of the cohort

Parental substance misuse was reported by 12% of the cohort, death of a parent or sibling 10%

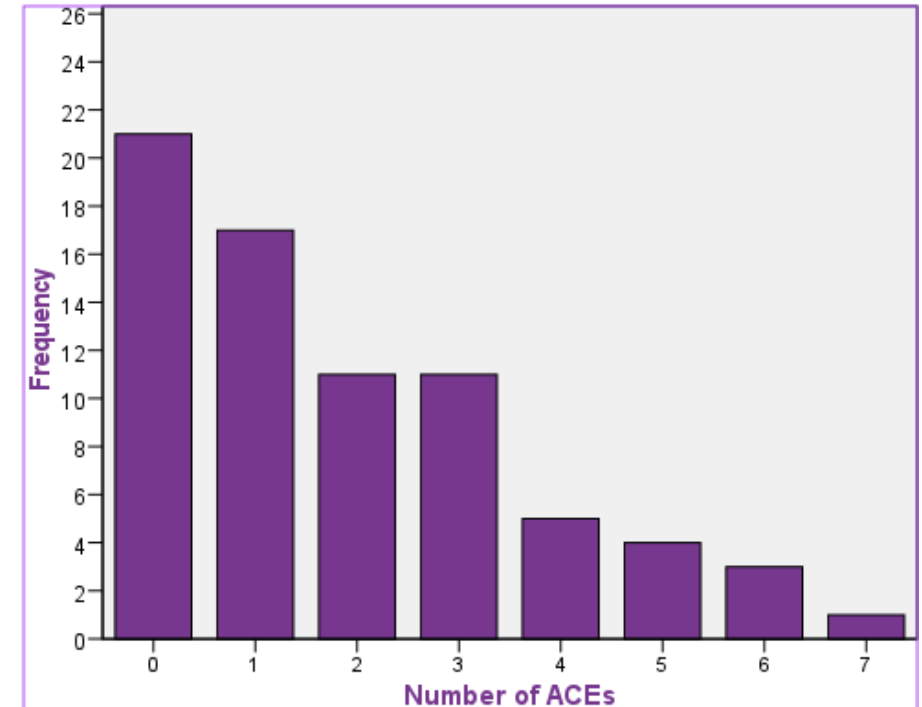
Parental criminal involvement was reported by one service user





Almost half of the cohort reported more than one adverse childhood experience

2 and 3 adverse childhood experiences were most common





- Our in-depth exploration of service user files showed that many service users had been exposed to ACEs, which was impossible to ignore.
- It became apparent that this information is not routinely collected and there is no coding for such data to be captured, resulting in this information becoming buried within the system.
- There were no standardised ACEs exposure collection questions or surveys present.
- It is unlikely that a mental health professional would have the time to sit and read through a service user's notes for hours at a time to access this information (if it is present at all), thus rendering it unusable and inaccessible.
- Datasets with a focus on a cohort of service users may easily miss important data on negative early life experiences and, as a result, drastically underreport them.



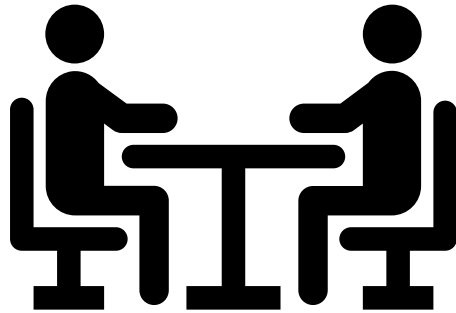
Clinical, Developmental, Violence and trauma

# 'Childhood trauma stories tend to be buried in medical notes...'

Laura Sambrook, Hana Roks, Jackie Tait, Rajan Nathan and Pooja Saini on adverse childhood experiences and the need for them to be more routinely recorded.

18 September 2023





- Should service users be asked about childhood trauma during primary care assessments?
- Should ACEs information be routinely collected and systematically recorded?
- Should ACEs information be at the forefront of service user records? Or does this bring up problems of its own?
- Would early intervention in school be prioritised more if ACEs were routinely recorded and thus more visible?
- Would clinicians understand their patients better if they were aware of their potentially traumatic past?

**Thank you for listening! Any questions?**